

Clinical Update

California Society for Clinical Social Work



Volume XLIV Number 4, November 2012

INSIDE Update

TEEN LINE – A Teen Suicide Prevention Program By: Elaine Leader, PhD, CGP, FAGPA	Page 1
District Meetings	Page 2
Inside the Institute & Do you know	Page 4
Legislative Wrap Up By Geraldine Esposito	Page 5
CSCSW San Francisco Law & Ethics Workshop flyer/registration	Page 6
A One Stop Website for Youth Suicide Prevention By Richard Lieberman NCSP	Page 7
AAPCSW	Page 8
Important To Know About Teen Suicide By Elaine Leader, Ph.D., CGP, FAGPA	Page 9
Legislative Corner	Page 10
Classifieds	Page 20

**CSCSW will be closed
November 19 through the 25th
for the Thanksgiving Holiday!**



TEEN LINE – A Teen Suicide Prevention Program

Elaine Leader, Ph.D., CGP, FAGPA

The need to create a teen suicide prevention and outreach program became imperative when we realized that approximately 5% of the callers to TEEN LINE's teen-to-teen hotline were suicidal, some requiring immediate intervention. TEEN LINE began as a telephone support service in 1981 affiliated with Cedars-Sinai Medical Center in Los Angeles. Providing outreach to schools and youth groups, as well as training law enforcement on how to intercede with suicidal teens and their families became important missions for TEEN LINE. This article describes the development of this program, and illustrates the effectiveness of the panelists of youth who have made suicide attempts and parents who have lost a child to suicide, as well as how their participation impacted them.

Background

In 1987 TEEN LINE published a Suicide Prevention Brochure distributed to high schools throughout the Los Angeles Unified School District. Although this, along with our student-led outreach, had the effect of helping teens identify a friend (or even him or herself) who was depressed and/or suicidal, we realized that this was insufficient. We needed to educate adults and first responders in the case of an imminent suicidal threat. This led to the development of workshops for school counselors and other school personnel, and to postvention outreach following a school suicide. Additionally, it led to our efforts with community policing and an expansion of the suicide training of TEEN LINE's hotline staff. (An updated suicide educational brochure for teens and another specifically for adults as well as teen suicide prevention videos and DVDs have since been developed.)

(Continued on Page 11)



Published by and for the members of the
California Society for Clinical Social Work

2011 - 2012 CSCSW
Board of Directors

Officers:

President

Michael "Mick" Rogers, LCSW
(530) 320-1075
mrogers@clinicalsocialworksociety.org

President Elect

Leah Reider, LCSW
(650) 325-5867
lreider@clinicalsocialworksociety.org

Secretary

Anne Petrovich, PhD, LCSW
(559) 260-6822
apetrovich@clinicalsocialworksociety.org

Treasurer

Nina Unger, RN, LCSW
(916) 717-8579
nunger@clinicalsocialworksociety.org

Directors

Conrad Fuentes, LCSW
cfuentes@clinicalsocialworksociety.org
(949) 437-0006

Myles Montgomery, JD, LCSW
mmontgomery@clinicalsocialworksociety.org
(916) 422-2301

Alicia Outcalt, LCSW
aoutcalt@clinicalsocialworksociety.org
(858) 344-9440

Laurel Quast, LCSW
(707) 571-1714
lquast@clinicalsocialworksociety.org

Jean Rosenfeld, LCSW
(916) 487-8276
jrosenfeld@clinicalsocialworksociety.org

Paula Van Doren, LCSW
(310) 245-6814
pvandoren@clinicalsocialworksociety.org

Executive Director

Luisa Mardones
(916) 560-9238
lmardones@clinicalsocialworksociety.org

Mentorship Committee Chair

Leah Reider, LCSW
(650) 325-5867
lreider@clinicalsocialworksociety.org

Code of Ethics Committee Chair

Myles Montgomery, JD, LCSW
(916) 422-2301
mmontgomery@clinicalsocialworksociety.org

District Meetings

GREATER LOS ANGELES:

Coordinator: Lynette Sim
Coordinator phone: 310.394.7484
Coordinator email: simlcsw@verizon.net
Date: November 17, 2012
Time: 10:30 to 1:00
Location: 3267 Corinth Ave., Los Angeles, CA
Topic: **Psychodynamic Psychotherapy with Special Needs Patients**
Presenter: Joan Dasteel, PhD, LCSW
RSVP: Judy Messenger, 310.478.0560 or messingerlcsw@yahoo.com

Understanding and treating people with disabilities such as mental retardation, Autism Spectrum, Aspergers Syndrome and Down Syndrome is challenging, but possible. They think and they feel and are fascinating. Dr. Dasteel will share her experiences as a mother of a daughter with special needs and a therapist in working with this vulnerable population.

The purpose of this presentation is to educate clinicians about special needs adults. It will offer suggestions about ways to communicate with these challenged adults and their families.

Dr. Dasteel will illustrate ways of talking with individuals with special needs to maximize their understanding of their psychological dilemmas and determine when it is necessary to incorporate family members to assist in the treatment process and how to deal with issues of patient cooperation and confidentiality.

We meet at the home of Judy Messenger, 3267 Corinth Ave., LA 90066. 2 and 1/2 blocks south of National, 1 block west of Sawtelle. Corinth does not intersect National, within a mile of the junction of the 10 and 405.

Make sure to RSVP to Judy to assure enough seating, handouts etc.

Dr. Dasteel is a clinical consultant to LA GOAL and is in independent practice in West Los Angeles.

CSCSW members earn 1.5 CE credits at no cost. Credits for non-members are \$10 per unit. Non-members are welcome and may attend at no cost (no CE certificate). MSW students are encouraged to attend and our meetings are open to all regardless of geography so if you see a topic of interest, please join us. We have time before and after our presentation for chatting, continental breakfast and networking so bring business cards etc. 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. PCE #1.

(Continued on Next Page)

District Meetings (cont'd)

GREATER SACRAMENTO:

Coordinator: Stephanie Brodsky, LCSW
Coordinator Phone: 916-384-7458
Coordinator Email: stephaniebrodsky@msn.com
Date: November 17th
Time: 1:30-4pm
Topic: **Postpartum Mood Disorders**
Presenter: Catherine O'Brien, MFT
RSVP: Stephanie Brodsky (See Above)

This presentation is intended to provide information and resources regarding evidenced-based screening, diagnosis, treatment, and referral resources for Perinatal Mood and Anxiety Disorders (PMAD). There have been several documented research studies on the negative impact that PMADs can have on women, their developing children, and their families. However, despite the risks, approximately 50% of women who experience a serious perinatal mood or anxiety disorder are never identified, and even less ever receive treatment.

Providers will learn about the prevalence of "Baby Blues" and postpartum mood and anxiety disorders, the risk factors to look out for, how providers can be sensitive in detecting the most severe conditions, and what can happen to both mothers and babies when severe depression or mood disorders are left untreated.

Ms. O'Brien has worked in the field of psychology for almost 15 years, with her Bachelor's Degree in Psychology and a Masters in Counseling Psychology. She is a Certified Gottman Educator, qualified to facilitate their Bringing Home Baby program, and has Postpartum Support International's (PSI) Perinatal Mood Disorders Certification. She also is currently California State Co-coordinator for PSI.

Members earn 2.0 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 2.0 hours of continuing education credit for MFTs, LPCCs, and/or LCSWs as required by the California Board of Behavioral Sciences. PCE#1

MID-PENINSULA DISTRICT:

Coordinator: Virginia Frederick LCSW
Coordinator Phone: 650-324-8988
Date: Friday, November 16, 2012
Time: 12:20 to 2:00PM
Presenter: Lonnie Prince, PhD, LCSW
Topic: **The Meaning of Therapeutic Leaks in Psychotherapy - Why Therapists Gossip**
Location: Stanford Department of Psychiatry, 401 Quarry Road, Room #1206

Dr. Lonnie Prince completed her PhD at the Sanville Institute in 2012. Her PhD dissertation was entitled "The Meaning of Therapeutic Leaks in Psychotherapy - Why Therapists Gossip." Her research focused on a qualitative study exploring how therapists experience, describe and think about the experience of casual anecdotal leaks outside formal consultation. Her sample population consisted of therapists with at least fifteen years of experience or more. She will share her interesting results and facilitate an open discussion of the many thoughts and questions that come up.

Dr. Prince has had a private practice in Berkeley for the past three decades. She does long term therapy with individuals and couples. In addition to this, she is a teacher and supervisor at the Women's Therapy Center in Berkeley. She received her MSW in 1974 at Hunter College, School of Social Work. Join us to hear some interesting research results as well as joining in for a lively discussion on the topic. 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. PCE#1

Meetings generally take place on the third Friday of the month with the exception of February which will be the fourth Friday. Future meetings: January 18 - TBA, February 22 - TBA, March 2 - Saturday - 6 hour program on Law and Ethics, March 15 - Sharon Levin LCSW and Susan Yamaguchi LCSW - "Resilience in the Face of Trauma," April 19 - TBA and May 17 - TBA (Continued on Page 18)

Inside the Institute *Social Work and Psychotherapy*

A Message from Whitney van Nouhuys, PhD Academic Dean

Students and faculty begin the new year attending mentorship meetings, clinical consultations, seminars; writing papers and dissertations; and getting together for our Fall Convocation – these are the activities that characterize The Sanville Institute’s unique program.

In June our two recent graduates, Jean Kotcher, PhD, MFT and Lonnie Prince, PhD, LCSW, presented on their dissertation research to the Sanville community. As it happens, both research studies address controversial clinical questions and contribute to a fuller appreciation of the complexities involved. Jean studied psychoanalytically oriented therapists’ experience of long-term (15 years or longer) psychotherapy. Lonnie looked at “Why Therapists Gossip,” referring to the common phenomenon of casual disclosures about clients.

The recently formed Sanville Community Alliance will promote collaboration with other organizations – beginning with the Smith School of Social Work alumni – and sponsor continuing education programs. It will also re-establish a “service arm” for the Institute with volunteer therapists providing direct services for selected groups, such as low-cost therapy for MSW and MFT students.

Speaking of continuing education programs, we have several in the works. In the south:

October 25 (evening) at ICP in Los Angeles: Valerie Sinason “Key Findings in Psychoanalytic Treatment of Adults and Children with Intellectual Disability”

November 10 (morning, address TBA): Gloria de la Cruz Quiroz, “Family History Taking”

January 26, Winter Convocation at The Sportsmen’s Lodge in Studio City

April 21, 6th Jean Sanville Day with presentation by Pat Ogden

In the north, in November we will present a video showing and discussion of his original play with Berkeley therapist and author David Shaddock, PhD, MFT, straight from the Spoleto Festival in Italy. Check our website and stay tuned. We are a state-approved educational institution with centers in Berkeley and Los Angeles offering PhD and certificate programs in clinical social work, open to social workers, MFTs, and psychiatric nurses with a master’s degree in their field. For further information please contact The Sanville Institute office at 510-848-8420 or at admin@sanville.edu

Do You Know??

CSCSW has scheduled **Law & Ethics** workshops throughout California....see <http://www.clinicalsocialworksociety.org> for dates and times

CSCSW will be presenting **DSM V** workshops throughout California in the Spring....more info to follow!

CSCSW has 5 new Board Members:

Elected effective 7/1/12, Myles Montgomery, JD, LCSW, Sacramento,

Alicia Outcalt, LCSW, San Diego,

& Conrad Fuentes, LCSW, Orange County;

Appointed effective 10/15/12, Ellen Eichler, San Diego

Appointed effective 10/20/12, Nancy White, Sacramento

(Both Ellen & Nancy will be on the ballot for continuation of their appointment on 6/30/13)

LEGISLATIVE WRAP-UP

By Geraldine Esposito, MSW
Former Executive Director of CSCSW

This legislative season marked the end of a two-year session. We saw mixed results on the passage of health care related bills, success with child abuse reporting bills, and avoided near disaster with regard to two bills related directly to our profession.

All of the year's health related bills were considered preparatory to the full implementation of the federal Affordable Healthcare Act (ACA) by 2014. Legislators tried to conform California law to the requirements of ACA's insurance exchange provisions, its essential benefits provisions, and certain prohibitions against insurers in the individual insurance market. While the exchange and essential benefits bills were signed by the Governor, the individual insurance bills were vetoed. The Governor plans to call a Special Session on insurance early in 2013, explaining that he wants a more in-depth look at the issues he vetoed. Another bill, AB154 (Beall) the Mental Health Party bill, failed passage this year. This bill has been introduced for the past five years and will inevitably become part of the Governor's Special Session.

Perhaps the two most contentious bills the Society dealt with this year were SB1172 (Lieu) Sexual Orientation Change Efforts and SB1183 (Lieu) Board of Behavioral Sciences Continuing Education. We will discuss them separately. First, SB1172 is a bill that would make it unprofessional conduct for a therapist to engage in sexual orientation change efforts with a person under eighteen years of age. As the bill was initially written, it called for an incredibly onerous informed consent agreement, and it also contained sections which

appeared to intrude on therapists' professional knowledge and ability to practice within their professional scopes. We took an initial Oppose unless amended position, as did the Psychiatrists, Psychologists, MFTs and Professional Counselors. After months of negotiation with the author, and several iterations of the bill, all of the professional organizations were able to change our positions to Support. The bill caused most of us great angst because as professionals, we found reparative therapy to be abhorrent, and yet were forced to register opposition to parts of the bill we felt to be dangerous to all therapists. We are glad that the resolution and final wording of the bill allowed us to support it.

Regarding SB1183 (Lieu), the Continuing Education bill, the provisions sought to remove from the BBS all authority to approve providers of CE. Instead, providers would have to be approved by one of several national accrediting associations. The bill would have effectively put an end to most CE operations, including the Society's, because of the prohibitive costs, per unit, charged by the national associations. This was a very protracted battle over the legislative year, but we are happy to report that, thanks in great part to the efforts of our Executive Director, Luisa Mardones, the Senator withdrew the bill, and the BBS is in the process of rewriting its provider certification rules. Look for ongoing details of what the final regulations will look like.

To see an update on bills in the State Legislature, that are relevant to clinical social work, please go to page 10.

Presented at:
San Francisco Public Library

100 Larkin St, @ Grove
Latino/Hispanic Community Rm
Enter at Grove St., proceed
downstairs to the lower level.

Parking: See Attached

*This is not a library sponsored
program*

Tuition:

CSCSW Members \$100
Non-Members \$130

Registration begins at 10:00

Program begins at 10:30

**Drop in Registration – subject to
availability** \$110 mem/ \$140 non
A boxed lunch will be provided

To register complete form below
or contact Cindy Esco, 916-560-9238
cesco@clinicalsocialworksociety.org

100% **refund** if notified within 48
hours of program. Less than 48
hours notice no refund.

This course meets the
qualifications for **6 hours of
continuing education credit in Law
& Ethics for MFTs, LPCCs, and/or
LCSWs** as required by the California
Board of Behavioral Sciences. CEU's
provided by **CSCSW - PCE #1**

**California Society for Clinical
Social Work**

OFFICERS

Michael Rogers, LCSW, MBA *President*
Leah Reider, LCSW *President Elect*
Anne Petrovich, PhD, LCSW *Secretary*
Nina Unger, RN, LCSW *Treasurer*

BOARD OF DIRECTORS

Conrad Fuentes, LCSW
Myles Montgomery, JD, LCSW
Alicia Outcalt, LCSW
Jean Rosenfeld, LCSW
Laurel Quast, LCSW
Paula Van Doren, LCSW

**California Society for Clinical Social Work
Presents
Contemporary Issues and Emerging Legal/Ethical
Developments in the Age of Cyberspace**

Presenter:

Myles Montgomery, JD, LCSW

Saturday, January 12, 2013, 10:00 A.M. to 4:30 P.M.

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

With a background in English literature, Myles presents Law and Ethics through various works of literature. Because of its importance to our field, Law and Ethics should be taught in a way that informs and delights, and, at the same time, remains relevant. Attendees should expect to explore legal and ethical concepts through various works of Shakespeare, Dante's Inferno, The Odyssey, and more.

Participants will be able to:

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

Myles Montgomery, JD, LCSW: Currently, Mr. Montgomery has a private practice in Sacramento, CA. He is a CSCSW Board Director and chairs the committee currently re-writing the CSCSW Code of Ethics.



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

CSCSW

P O Box 1151
Rancho Cordova, CA 95741

Or Call to reserve your space

Phone: (916) 560-9238
Toll Free: (855) 985-4044
Fax: (916) 851-1147

cesco@clinicalsocialworksociety.org

Name: _____

Address: _____

Phone: _____ Email: _____

Course Title/Date: _____

Credit Card: Visa/MasterCard/Discover Number _____

CVC: _____ Exp Date _____

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



A One Stop Website for Youth Suicide Prevention

By Richard Lieberman, NCSP
Region 11 Student Mental Health Initiative

<http://preventsuicide.lacoe.edu/>

After several decades of declining rates of youth suicide, there have been steady increases in recent years. In 2009, 4630 youth aged 10-24 died by suicide in the U.S. and suicide ranked as the third leading cause of death for adolescents and young adults; only accidents and homicides occurred more frequently (CDC, 2012). In recent years, more young people have died from suicide than from cancer, heart disease, HIV/AIDS, congenital birth defects and diabetes COMBINED!

The Los Angeles County Youth Suicide Prevention Project (YSPP) is a joint effort between the Los Angeles County Department of Mental Health (LACDMH), the Los Angeles County Office of Education (LACOE) Center for Distance and Online Learning (CDOL), and the Los Angeles Unified School District (LAUSD). This project was supported by funds provided through Proposition 63, the Mental Health Services Act (MHSA).

The YSPP website has been developed to provide administrators, staff, parents, and students with information, protocols, materials and resources on the prevention of youth suicide in 80 school districts within Los Angeles County,

Four out of five students who die by suicide demonstrate observable warning signs and it is critical for all school gatekeepers (school personnel, staff, students and parents) to know the risk factors and warning signs of youth suicide and the procedures for identifying and intervening with potentially suicidal students.

In the **about suicide** section, viewers can find downloadable fact sheets about suicide and depression, statistics, and answers to frequently asked questions. In the **survivors of suicide** section, the website provides resources to those who have lost loved ones to suicide, individuals who have a history of attempted suicide and to those clinicians who have had a client die by suicide. In the **administrator** section, administrators will find a multitude of handouts that provide guidelines for

intervening with suicidal and self-injurious students; postvention guidelines for proceeding in the aftermath of a student death by suicide; a toolkit for schools for preventing depression and extensive information on safe messaging when addressing media, clergy, parents and students.

In the **staff** section, staff will find information, resources and links that address the role of the teacher in suicide prevention; a guide for staff in recognizing and responding to the warning signs of suicide; a training model for school counselors; a guide for educators on safe and responsible use of the Internet and resources for school personnel from the National Child Traumatic Stress Network.

In the **parent** section, parents can find handouts and links that address the role of the parent in suicide prevention; the emotional impact of a suicide attempt on families; links for resources in Spanish; tips for parents if they think their child might be depressed; information of the use of medication in treating childhood and adolescent depression; tips on helping their child cope with loss, trauma, violence, natural disasters, bullying, and economic stress and how to deal with the Internet and create Cyber-Safe Kids and Cyber-Savvy Teens.

Some children and adolescents are more vulnerable to suicide than others. The web pages in **diverse populations** focus on specific groups who may be at greater risk of suicide, such as **Lesbian, Gay, Bisexual, and Transgender or Questioning** youth. Research seems to indicate they are particularly at-risk, especially if they have experienced parental rejection or have been exposed to violence or bullying by their peers. Researchers at Yale School of Medicine have found signs of an apparent connection between **bullying, being bullied and suicide** in children. An additional study concluded among girls, being bullied or bullying others are both potential risk factors for depression and suicidal behavior. (Continued on Page 14)



**American Association for Psychoanalysis in
Clinical Social Work, AAPCSW.org
Northern California Chapter:
Co-Chairs: Velia Frost, LCSW, & Rita Karuna Cahn, LCSW**

Program: Very Long-term Therapy: The Therapists' Experience
Presenter: Jean Kotcher, PhD, MFT
Date: Saturday, December 8, 2012
Time: 10 a.m. to 12:30 p.m.

You are invited to join us for an in depth presentation and discussion of therapists' experience of very long-term therapy. What are our assumptions & expectations about the length of therapy? And how do clinicians feel about therapy relationships that last more than 15 years? The psychoanalytic literature reveals controversy and direct or implied criticism. The lack of clinical case presentations at professional meetings and the absence of positive models or guidelines leave therapists feeling insecure and self-doubting. Dr. Kotcher will discuss her findings from her Sanville Institute Dissertation, and her view of very long-term therapy as a lifelong developmental process, where patients evolve according to their individual psychic needs and are not expected to terminate therapy *unless* and *until* they are ready. You are welcome to bring your own case examples and reflections on this topic. We look forward to a lively discussion.

Jean Kotcher, PhD, MFT, received her PhD from the Sanville Institute. She is in private practice in San Francisco, working with adult individuals and couples.

*******Please note Different Location*******

Location: 120 Commonwealth Ave., (Betw. 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
2.5 CEUs offered at no charge to members of AAPCSW & CSCSW
Cost of CEU's to non-member participants is \$25. Payable by check or cash

Linder Psychiatric Group, Inc.
and
The Center for the Treatment of Bipolar Spectrum Disorders

Offering immediate access to medication management services and comprehensive evidence based treatment. Low cost treatment available.

www.echildpsychiatry.com

Folsom
(916) 608-0714
193 Blue Ravine R. #170
Folsom, CA 95630

Roseville
(916) 780-1070
970 Reserve Drive
Roseville, CA 95678

IMPORTANT TO KNOW ABOUT TEEN SUICIDE

By Elaine Leader, Ph.D., CGP, FAGPA

TEEN SUICIDE

Teen Suicide is the third leading cause of death amongst teens in the United States- resulting in approximately 4,000 teen suicides annually. In addition about one million youth attempt suicide each year while three million contemplate taking their own lives. The biggest increase in the last ten years is in the suicide rate among 10 - 14 year olds. (*Centers for Disease Control and Prevention*)

What can lead teens to commit suicide?

Depression, anxiety, stress, pressure, and confusion are among the most common feelings troubling youth these days. Most teens who attempt or commit suicide are suffering from depression that leads to a sense of hopelessness and despair. There are usually many factors leading to such desperation but the final trigger usually includes some form of loss. For example, going to a new school, ending a romantic relationship, or having to deal with parental divorce. Some find problems to be so stressful that they feel they have no alternative and that the best way to end their troubles is to commit suicide. When people get this troubled their thinking becomes narrowed, like tunnel vision, and suicide appears to be the only solution.

Risk factors associated with suicidal behavior

- Depression
- Drug and alcohol abuse
- Aggressive-impulsive behavior
- Hopelessness
- Pessimism
- Family history of suicidal behavior
- Environment
- Firearm availability
- Lack of parental support and diminished family cohesion
- Negative life events
- Child sex abuse
- Sexual orientation/ gender identity issues
- Suicidal behavior/ previous suicidal behavior
- Psychopathology

Warning Signs

- Change in eating and sleeping habits
- Withdrawal from friends, family and regular activities
- Violent actions, rebellious behavior, or running away

- Drug and alcohol use
- Unusual neglect of personal appearance
- Marked personality change
- Persistent boredom, difficulty concentrating, or a decline in the quality of school work
- Frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.
- Loss of interest in pleasurable activities
- Not tolerating praise or rewards
- Irritability

(*American Academy of Child & Adolescent Psychiatry: Facts for Families: Teen Suicide*)

A teenager who is planning to commit suicide also may:

- Complain about being an awful person or complain about feeling empty, without anything worth living for. They may say things like: "Don't worry, I won't get in your way anymore, I won't be a problem in your life."
- After a long period of depression they may appear happy and cheerful. This could mean they have made a plan. The depressed mood can lift when a "solution" is planned and is an ominous sign.
- Place his or her affairs in order (such as cleans up his/her room, gives away his/her favorite things, throws many important things away)

(*American Academy of Child & Adolescent Psychiatry: Facts for Families: Teen Suicide*)

Crisis Interview Model - Seven Steps to Complete During a Crisis Interview:

1. The counselor presents self as a concerned, effective helper
2. The counselor focuses on the teenager's emotion and encourages its expression
3. The counselor explicitly empathizes with the expressed affect
4. The counselor gathers information about the crisis-inducing situation
5. The counselor makes a comprehensive statement formulating the teenager's problem(s) with which the teenager agrees
6. The counselor and teen engage in exploration of potential strategies to improve or resolve the crisis-inducing stress

(Continued on Page 14)



Legislative Corner

Update on bills in the Senate or Assembly that are relevant to clinical social work

- CA AB 154 **AUTHOR:** Beall [D]
TITLE: Health Care Coverage: Mental Health Services
SUMMARY:
Expands the coverage requirement for certain health care service plan contracts and health insurance policies issued, amended, or renewed on or after a specified date, to include the diagnosis and treatment of a mental illness of a person of any age and defines mental illness as a mental disorder defined in the Diagnostic and Statistical Manual of Mental Disorders IV, including substance abuse but excluding nicotine dependence. Exempts certain health care service contracts.
STATUS: Failed Passage
Position: Support
- CA AB 171 **AUTHOR:** Beall [D]
TITLE: Pervasive Developmental Disorder or Autism
SUMMARY:
Requires health care service plan contracts and health insurance policies to provide coverage for screening, diagnosis, and treatment, other than behavioral health treatment, of pervasive developmental disorder or autism. Provides that no benefits are required that exceed the essential health benefits that will be required under specified federal law. Prohibits denial, termination, or refusal to renew coverage solely because the individual is diagnosed with or has received treatment for those conditions.
STATUS: Failed Passage
Position: Support
- CA AB 367 **AUTHOR:** Smyth [R]
TITLE: Board of Behavioral Sciences: Reporting
SUMMARY:
Amends existing law requiring certain healing arts boards to report to the State Department of Health Care Services specified licensure information relating to any person whose license has been revoked, suspended, surrendered, or made inactive in order to prevent improper State reimbursement for services. Makes such reporting requirement applicable to the Board of Behavioral Sciences.
STATUS:
07/23/2012 Signed by GOVERNOR.
07/23/2012 Chaptered by Secretary of State. Chapter No. 154
Position: Support
- CA AB 493 **AUTHOR:** Perea [D]
TITLE: Registered Sex Offenders: Community Care Facilities
SUMMARY:
Prohibits a person required to register under the Sex Offender Registration Act from residing, working, or volunteering in specified homes or facilities licensed by the State Department of Social Services or a county child welfare services agency. Provides a prohibition waiver. Sets forth requirements for specified officials who register a person. Requires the department to provide specified information concerning certain homes or facilities that service children. Requires residence comparison.
STATUS: Failed Passage
Position: Support

(Continued on Page 15)

TEEN LINE – A Teen Suicide Prevention Program

Elaine Leader, Ph.D., CGP, FAGPA

(Continued from Page 1)

A colleague, whose son had killed himself at age 14, began participating in the training of our teen volunteers and it became clear that her personal testimony impacted them. They were better able to understand the underlying depression that can lead to suicide, and became more cognizant of warning signs. Moved by her personal story, they became open to sharing their own experiences with family members or friends who had been suicidal. Later, taking calls, I noted that they were more comfortable asking critical questions to assess suicide risk. The personal sharing had a powerful impact on their capability to handle suicidal callers.

In the early 90's I became a consultant for an HBO special called *A Deadly Secret*. This is a docudrama about two friends, one of whom, fearful of losing his friendship, keeps the secret of his best friend's suicide attempt, tragically resulting in the young man killing himself and the friend's overwhelming survivor's guilt. At TEEN LINE we developed a highly successful workshop for teens using this video as a prelude to discussing warning signs. Then, my experience hosting the Donahue Show with a panel of youth and parents of youth who had made suicide attempts, further convinced me that the teen suicide prevention message was most effectively conveyed when personal experiences are shared and when the panelists are open to answer queries from the audience.

Collaborating with law enforcement began in 1996, when we became instructors for the Training Division at the Los Angeles Police Department's Police Academy in their Juvenile Procedures School and with the DARE (Drug Abuse Resistance Education) program. We trained SWAT team members and Hostage Negotiators. We eventually branched out to include training for Los Angeles Unified School District School Police, Sheriff's Department Deputies and other local law enforcement departments.

With the growing number of requests for teen suicide prevention trainings we needed to increase the number of panelists who were willing to participate on the Team. Telling one's personal story can be healing, but it can also become stressful and triggering. We needed to figure out how best to prepare the panelists to present their material without being repetitive or obscure, so

they would be educationally effective as well as emotionally compelling.

The Teen Suicide Prevention Team

A typical workshop session consists of a panel that includes a parent, two youth who have been suicidal in the past, and myself (or other mental health professional). For obvious reasons I do not include youth who are currently at risk. On occasion the team has included an adult or teen that has lost a parent or sibling to suicide. The age of the youth on the panels ranges from 14 – 26 years. All participants have stated that they feel they have benefited from their participation and that it has helped their own healing process.

I spend considerable time establishing rapport with each team member, listening to their personal histories, and asking pertinent questions to help them to elaborate what is most relevant for their presentation. I try not to be intrusive and to give them time to evolve their story at their own pace, developing their own voice. With the young team members I've become a mentor and role model, and I am available to them when they need to debrief or just talk. When presenting, it is important that the panelists feel safe and not fear ridicule or judgment, so I act as a buffer if the need arises.

The Adult Panelists

A total of six adults have participated over the years, all but two on a regular basis. Dana's* candor and openness was apparent to me when we were both guests on a television show as she talked about her daughter's suicide and its impact on her and her two sons. Dana became our main parent panelist particularly with our community policing efforts. Over time, not only did her speaking talents develop but she became close with our youth panelists. This was very helpful when we put on our DARE seminars, intense trainings that necessitated being away from home for three days as we trained 400 officers who rotated through classes given three or four times daily.

One day as we were doing a training at the LAPD, Dana became "lost" in her story and seemed distracted. She was disassociating. She needed to take care of herself and take a break from participating with TEEN LINE and other volunteer activities. It is crucial to be aware of the

panelists' vulnerabilities and keep in mind that they are "reliving" a most painful period in their lives. Even though their loss may have occurred many years prior, post-traumatic stress reactions can happen at any time. Fortunately, Dana got excellent care and took steps to reduce stressors in her life so that she is now fully recovered.

Rob* is another parent whose participation on the team has enriched the learning of our teen volunteer staff and law enforcement trainees; his involvement also has had a positive effect on his own life. Rob is a high school coach whose daughter committed suicide. Since he works in a school he is very much aware of the difficulties that some students encounter in their daily lives. Rob was willing to participate in a music video, *Hold On*, produced by a collaboration of the American Foundation for Suicide Prevention and the band, Good Charlotte. He was written up in the New York Times and the London Telegraph. The Principal of Rob's school asked him if TEEN LINE would do a suicide prevention presentation to the 1,000 students at their school. Two of our youth, one of whom appears in the "Hold On" video, participated. It was a remarkable experience – we had numerous questions during the assemblies. Of the many students that came up to us after the presentations, two were sufficiently suicidal as to require hospitalization. "Going public" changed Rob's relationships with his coworkers, as he found himself less concerned about what they would think about him and more able to talk openly about his loss. Recently, he told me that students who are troubled now seek him out to talk about their issues, seeing him as someone who is compassionate and willing to listen to their troubles. His involvement has expanded so that he is now TEEN LINE's Outreach Coordinator for teen suicide prevention efforts in Riverside, Orange and San Bernardino Counties.

Youth Volunteers

A total of 18 youth suicide survivors have participated in our teen suicide prevention efforts over the years. Some have appeared on television programs, some on the *Hold On* music video, some in educational videos. Many of them have spoken in classroom presentations and at assemblies in schools. And some have been regular participants in our law enforcement trainings. Six have also been involved in our TEEN LINE/Sheldon Andelson LGBT Outreach. Sharing their personal experiences in the service of teen suicide prevention has positively impacted all.

John* became involved with our team when he was only 14. John is transgender, born a biological female. At age 11 years, unable to understand and cope with his gender identity issues, he became suicidal and was hospitalized. He subsequently began abusing drugs, experimenting with heroin, speed and marijuana. When I first met John he was a freshman at a local high school where we were doing a presentation to classes on "growing up gay." He confided in our LGBT panelists and me that he felt very isolated as he had experienced himself as a boy until he reached puberty, at which point his physical attributes conflicted with his inner gender identity.

John began to participate on our LGBT panel and developed friendships with other members of that team. He was a very articulate speaker and openly talked about his past suicidal actions. He was able to educate adults and other youth not only about depression and suicide but also about what it is like to be transgender. Since LGBT youth are three or four times more likely to become suicidal than their peers, it is important that school and law enforcement personnel are aware of this vulnerability.

I saw a remarkable change occur with John as his life took on meaning and purpose. He gave up drugs, except for occasional marijuana use, and expanded his friendships. With our support he came out to his parents as transgender. As a result, his parents agreed to treatment needed to assist in his transition to being male.

Vera* was 15 when she became a TEEN LINE listener. She was always an excellent peer counselor on the phone, caring and concerned for the callers. She used the TEEN LINE herself after she attempted suicide when she became pregnant by a boyfriend who abandoned her. With no one to turn to, as her workaholic mother rejected her and her father and brother were in jail for drug offenses, she felt desperate. She began therapy and used her TEEN LINE friends and staff as a support system. She miscarried the baby. She began to feel better and to gradually detach herself from the family's tribulations. She then chose to participate on our Suicide Prevention Team. After high school she attended a local college and continued participation in suicide prevention, eventually becoming one of our most valued members of the Team for training law enforcement. After earning a BA in psychology she spent a year in Massachusetts with Americorps helping develop a counseling line for youth in a rural area

before coming back to Los Angeles to pursue studies towards an MSW. Vera counts her participation as a suicide survivor panelist as giving her the courage and confidence to move ahead in constructive ways. When she tells her personal story she ends by saying, “As an African-American female I am here to put a face to teen suicide. We always think it can’t happen to us – it will only happen to the other guy. But, let me tell you, depression is an illness and it can happen to anyone.”

Discussion

Although we are accredited by the American Association of Suicidology, the full impact of our Teen Suicide Prevention work at TEEN LINE is difficult to quantify. As a hotline we only involve outside intervention when a life is in danger, otherwise a caller is entitled to anonymity. As educators, through our

community outreach services, we are able to gather more quantifiable data. More ephemeral, however is the impact of this work on those of us who do the training and participate on panels in order to teach others how to intervene with suicidal teens. However, a word of caution is in order – we must keep an eye out for burnout in the volunteers, observing and checking with them to make sure they are not being stressed or harmed by their participation.

On a final note, I personally have gained tremendous insight into teen depression and suicide as a result of my development of this project. My association with the adults and youth who have faced adversity so courageously, and have chosen to share their stories in order to help others, has enriched me. I salute them.
*not their real names

Dr. Leader is Co-founder and Executive Director of the Center for the Study of Young People/TEEN LINE and has been in private practice in Los Angeles since 1970. In addition, she is a consultant to the media and to the Los Angeles Police Department. She can be reached at 310 277-6279 and drleader@earthlink.net

Know the Signs

www.SuicideisPreventable.org is a very accessible website with information about recognizing warning signs, how to have a conversation with someone who you may be concerned about and where to find support and resources.

DVDs at the www.teenlineonline.org store:

A Deadly Secret

An HBO docudrama on the suicide of a teen whose friend kept the secret of a suicide attempt, resulting in the ultimate completed suicide of his friend.

Saving Lives: Preventing Teen Suicide

Testimonials from teens who made attempts and parents who lost a child to suicide, and news clips following a suicide pact.

Teen Line Discusses Teen Suicide

The pain underlying suicide and how teens are trained to handle suicide calls.

BROCHURES:

Suicide Prevention – for teens

Teen Suicide Prevention: A Guide for School Personnel and Law Enforcement

Brochures are available on **other topics** including

Cyber Harm and Eating Disorders

One Stop Website for Youth Suicide Prevention

Richard Lieberman, NCSP

Region 11 Student Mental Health Initiative

(Continued from Page 7)

Another **diverse population** includes our nation's **Veterans and their families**. Research indicates Veterans

are at much greater risk for depression, anxiety and posttraumatic stress disorder, as well as alcohol and substance abuse. A section in **diverse populations** directs Veterans and their families to comprehensive services, resources and information.

Suicide is very complex and can have widespread impact in a school community. The web pages in **special issues** focus on some of the unique issues associated with youth suicide. For example, suicide is a contagious behavior in youth and after a suicide occurs in a community there is a greater risk of contagion. A section in our **special issues**

Richard Lieberman NCSP is a school psychologist and currently the lead consultant for the Region 11 Student Mental Health Initiative for LA County schools. He is a lecturer in the Graduate School of Education at Loyola Marymount University and he has co-authored numerous books, chapters and articles on crisis intervention, suicide prevention and self-injury.

E-mail: Lieberman_Richard@lacoedu.edu

directs school personnel to invaluable resources from the Centers for Disease Control that provides recommendations for a community plan for the prevention and containment of suicide clusters. In addition, it provides information and resources on other **special issues** such as: alcohol, substance and inhalant abuse among youth, firearms, and, of paramount concern to all parents, Internet safety.

The Los Angeles County Youth Suicide Prevention Project website is the "one stop shopping" site for resources for suicide prevention in the schools. In addition, there is a calendar of upcoming professional development events and ways to contact the project or join the mailing list.

IMPORTANT TO KNOW ABOUT TEEN SUICIDE

(Continued from Page 9)

7. The counselor reviews with the teenager the mutually determined strategy for the relief of stress and ways of dealing with future stress

Planning the Interview

A. Once you suspect a potential suicide, the best possible approach is to confront the person directly in a warm, accepting, non-judgmental manner and as something similar to, *"Have your problems been getting you down so much lately that you've been thinking about harming yourself?"*

B. Usually the suicidal person will answer that question honestly but a teenager could be frightened by facing someone in authority, in uniform or from the police.

Once the person has admitted that he/she has been contemplating suicide, then follow this procedure:

For further information, brochures and DVDs please go to www.teenlineonline.org and click on Store, where you can order brochures and DVDs.

1. The first question that you should always ask is: **"How?"** (i.e. *"How would he/she harm himself/herself?"*) The answer will help you discover if the person has a plan of action and if he/she really poses a serious threat.

2. If the person does have a plan in mind, use the acronym **S.A.L.** to help you to assess the degree of risk inherent in such situations.

- (a) How **(S)pecific** are the details of the plan?
- (b) Is the implement **(A)vailable** to carry out the threat?
- (c) How **(L)ethal** is the proposed method?

3. Caution: This approach may not be useful if the potential suicide is intoxicated, has an impulsive personality, or is psychotic.

Legislative Corner

(Continued from Page 10)

- CA AB 1337 **AUTHOR:** Alejo [D]
TITLE: Parent and Child Relationship
Requires that a notice of the proceeding to determine the existence or nonexistence of the father and child relationship is to be given to the child's relatives within the second degree and to the person having physical custody of the child, if the child's other parent has died and there are no existing court orders or pending court orders involving custody or guardianship of the child.
STATUS: 07/23/2012 Signed by GOVERNOR
07/23/2012 Chaptered by Secretary of State. Chapter No. 155
Position: Support
- CA AB 1434 **AUTHOR:** Feuer [D]
TITLE: Child Abuse Reporting: Mandated Reporters
Adds employees and administrators of a public or private postsecondary institution, whose duties bring the administrator or employee into contact with children on a regular basis or who supervises those whose duties bring the administrator or employee into contact with children on a regular basis, to the list of individuals who are mandated child abuse reporters. Relates to child abuse or neglect occurring on the institution's premises or at an official activity of, or program conducted by, the institution.
STATUS: 9/24/2012 Signed by GOVERNOR
09/24/2012 Chaptered by Secretary of State. Chapter No. 519
Position: Support
- CA AB 1435 **AUTHOR:** Dickinson [D]
TITLE: Child Abuse Reporting: Athletic Personnel
Amends the Child Abuse and Neglect Reporting Act. Adds athletic coaches, athletic administrators, and athletic directors employed by any public or private school that provides any combination of instruction for kindergarten, or grades 1 to 12, inclusive, to the list of individuals who are mandated reporters.
STATUS: 9/24/12 Signed by GOVERNOR
09/24/2012 Chaptered by Secretary of State. Chapter No. 520
Position: Support
- CA AB 1438 **AUTHOR:** Bradford [D]
TITLE: Child Abuse Reporting
Requires a person to notify a peace officer when the person believes that he or she has observed the commission of a lewd and lascivious act on a child under a specified age, regardless of whether force, violence, duress, menace, or fear of immediate and unlawful bodily injury is used.
STATUS: Failed Passage
Position: Watch
- CA AB 1440 **AUTHOR:** Perea [D]
TITLE: Child Abuse and Neglect: Reports
Requires each county child welfare agency to review a child's death and prepare a written report containing specified information within a specified time frame. Requires the county agency to submit this report to the State Department of Social Services within a specified time frame.
STATUS: Failed Passage
Position: Watch
- CA AB 1453 **AUTHOR:** Monning [D]
TITLE: Health Care Coverage: Essential Health Benefits
SUMMARY:
Requires an individual or small group health care service plan contract issued, amended, or renewed, to cover essential health benefits to include the health benefits covered by particular benchmark plans. Prohibits substitutions of benefits covered. Prohibits treatment limits imposed on benefits from exceeding the corresponding limits imposed by benchmark plans. Prohibits a plan from making substitutions of the benefits required to be covered. Authorizes emergency regulations implementing these provisions.

	<p>STATUS: 09/30/2012 Chaptered by Secretary of State. Chapter No. 854 Position: Support</p>
CA AB 1461	<p>AUTHOR: Monning [D] TITLE: Individual Health Care Coverage Requires a health care service plan to offer, market, and sell all of the plan's health benefit plans that are sold in the individual market to all individuals and dependents in each service area in which the plan provides services. Requires plans to limit enrollment in individual health benefit plans to specified periods. Prohibits the imposition of a preexisting condition. Authorizes the use of specified factors in establishing rates. Authorizes a waiver of certain health plan disclosure requirements. STATUS: Vetoed by GOVERNOR Position: Support</p>
CA AB 1505	<p>AUTHOR: Pan [D] TITLE: Veterans' Benefits: Reinstatement Provides that if the federal government acts to reinstate benefits to discharged veterans who were denied those benefits on the basis of sexual orientation pursuant to any federal policy prohibiting homosexual personnel from serving, the state shall reinstate to those veterans any state-offered benefits. Requires the Department of Veterans Affairs to provide Internet resources or links and printed materials regarding, or created by, veterans' legal service organizations specializing in discharge upgrades. STATUS: 9/20/12 Signed by GOVERNOR 09/20/2012 Chaptered by Secretary of State. Chapter No. 397 Position: Watch</p>
CA AB 1526	<p>AUTHOR: Monning [D] TITLE: State Major Risk Medical Insurance Program Authorizes the Major Risk Medical Insurance Program to further subsidize subscriber contributions based on a specified percentage of the standard average individual risk rate for comparable coverage. Prohibits the amount of any subsidy provided from affecting the calculation of premiums of certain products. Provides if related regulations are adopted and readopted they are deemed to be emergency. STATUS: 09/30/2012 Chaptered by Secretary of State. Chapter No. 855 Position: Support</p>
CA AB 1569	<p>AUTHOR: Allen [D] TITLE: Community Mental Health: Assisted Outpatient Treatment Extends authorization of Laura's Law which regulates designated assisted outpatient mental health treatment services, which counties may choose to provide for their residents. Requires the State Department of Health Services to submit a report and evaluation of all counties implementing any component of the law to the Governor and the Legislature. STATUS: 09/22/2012 Chaptered by Secretary of State. Chapter No. 441 Position: Watch</p>
CA AB 1628	<p>AUTHOR: Beall [D] TITLE: Child Abuse Amends existing law regarding actions for damages as a result of childhood sexual abuse. Increases the statute of limitations for such actions. Prohibits confidential settlement agreements in a civil action seeking damages based on childhood sexual abuse. Provides an attorney who demands such settlement would be subject to disciplinary action by the State Bar. Requires specified entities to designate an employee to receive complaints of suspected child abuse and to conduct enhanced background checks. STATUS: Failed Passage Position: Watch</p>

CA AB 1733	AUTHOR: Logue [R] TITLE: Health Relates to the criminal convictions that constitute unprofessional conduct of a licensed professional clinical counselor. Specifies that the prohibition on requiring an in-person contact before payment is made under a telehealth program applies to health care service plan contracts with the State Department of Health Services for services under the Medi-Cal program, as well as to the organizations implementing the PACE program. STATUS: 09/29/2012 Chaptered by Secretary of State. Chapter No. 782 Position: Watch
CA AB 1764	AUTHOR: Hernandez R [D] TITLE: Private Adoption Agencies: Licensing Specifies that provisions of law do not require an executive director or supervisor of a private adoption agency to be licensed as a clinical social work, provided the individual meets the requisite years of experience in social work employment and adoption social work services. STATUS: Failed Passage Position: Oppose
CA SB 632	AUTHOR: Emmerson [R] TITLE: Marriage and Family Therapists Allows marriage and family therapist trainees who begin graduate study on or before a specified date, and complete that study on or before a specified date, to gain experience and counsel clients outside of a practicum, provided that the period of lapse is immediately preceded by enrollment in a practicum course and immediately followed by enrollment in a practicum course or completion of the degree program. STATUS: 07/03/2012 Chaptered by Secretary of State. Chapter No. 50 Position: Neutral
CA SB 690	AUTHOR: Hernandez E [D] TITLE: Health Care Coverage: Discrimination Amends the Knox-Keene Health Care Service Plan Act. Prohibits a health care service plan or health insurer from discriminating against any health care provider who is acting within the scope of that provider's license. STATUS: Failed Passage Position: Support
CA SB 764	AUTHOR: Steinberg [D] TITLE: Developmental Services: Telehealth Systems Program Requires each regional center that provides supports and services to individuals with developmental services individual program planning team to consider the use of telehealth whenever applicable, for the purpose of providing improved access to intervention and therapeutic services for customers and family members for the purposes of facilitating better and cost-effective services. Requires implementation of appropriate vendorization subcodes for telehealth services and programs. STATUS: 9/22/12 Vetoed by GOVERNOE Position: Watch
CA SB 951	AUTHOR: Hernandez E [D] TITLE: Health Care Coverage: Essential Health Benefits Requires an individual or small group health care service plan contract or health insurance policy to cover defined essential health benefits, regardless of whether or not the contract or policy is offered through the Health Benefits Exchange. Excludes grandfathered plans or excepted benefits. Prohibits the policy from offering essential benefits unless it covers benefits as covered in this bill. Prohibits treatment limits from exceeding corresponding limits. Prohibits substitutions. STATUS: 09/30/2012 Chaptered by Secretary of State. Chapter No. 866 Position: Support

CA SB 961	<p>AUTHOR: Hernandez E [D] TITLE: Individual Health Care Coverage Requires a health insurer to market all individual health benefit plans to all individuals and dependents in each service area where the plan provides for health care services. Limits enrollment to specified enrollment periods. Prohibits the plans from imposing any preexisting condition. Provides premium rate changes based on area, age and tobacco use. Requires coverage for children. Authorizes the use of specified criteria when establishing rates. Relates to the Health Benefit Exchange. STATUS: 9/30/12 Vetoed by GOVERNOR Position: Support</p>
CA SB 1172	<p>AUTHOR: Lieu [D] TITLE: Sexual Orientation Change Efforts Prohibits a mental health provider from engaging in sexual orientation change efforts with a patient under 18 years of age. Provides that any sexual orientation change efforts attempted on a patient under 18 years of age by a mental health provider shall be considered unprofessional conduct and subjects the provider to discipline by the licensing entity. STATUS: 09/30/2012 Chaptered by Secretary of State. Chapter No. 835 Position: Support</p>
CA SB 1183	<p>AUTHOR: Lieu [D] TITLE: Board of Behavioral Sciences: Continuing Education Amends existing law authorizing the Board of Behavioral Sciences to revoke or deny the right of continuing education coursework providers for specified licensed mental health professions to offer coursework if the provider fails to comply with specified requirements. Requires continued education providers other than accredited institutions and certain other institutions to be approved by an accrediting organization. Deletes the approval or revocation of those providers by the board. STATUS: Bill Was Withdrawn Position: Oppose Unless Amended</p>

District Meetings (cont'd)

NAPA SONOMA DISTRICT:

Coordinator: Laurel Marlink Quast
Coordinator Phone: 707-696-3148
Coordinator Email: laurelmq@yahoo.com
Date: November 16, 2012
Time: 12:00 – 1:30 pm
Topic: St. Joseph Outpatient Behavioral Health Services
Presenter: Peggy Ledner-Spaulling, LCSW
Location: 405 West College Avenue, Suite 7 (west of No Dutton Rd) Santa Rosa, CA

The objective of this training is to more deeply familiarize social workers about the partial hospitalization and intensive outpatient levels of mental health care. We will define what this level of care is, how a clinician determines when a patient needs this level of care and the treatment modalities utilized here. There will be explanations of the specialized programs offered here, e.g. chronic pain management, dual diagnosis and DBT groups. There will be a tour of St. Joseph Outpatient Behavioral Health Services at 405 West College Ave, Suite 17, Santa Rosa, CA. If lost, the facility general number is 707-547-5450, Peggy's number is 707-525-5300 X4007. 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. Please feel free to bring a bag lunch. 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.

(Continued on next page)

District Meetings (cont'd)

SAN DIEGO DISTRICT:

Coordinator & RSVP: Ros Goldstein
Coordinator Number: 619-692-4038 Ext 3
Coordinator Email: goldsiegel@gmail.com
Date: Thursday, November 1, 2012
Time: 5:30 – 7:00 pm
Topic: **Autism Spectrum Disorders and The DIR/Floortime Model: A Developmental Approach**
Presenter: Mara Goverman, LCSW
Location: Jewish Family Services of San Diego, 8804 Balboa Ave, San Diego, CA

The Developmental, Individual Difference, Relationship-Based (DIR/Floortime) Model is a comprehensive framework that helps clinicians, parents and educators assess and develop an interdisciplinary intervention program tailored to the unique profiles of children with Autism Spectrum Disorders and other developmental challenges. The objectives of the DIR/Floortime Lecture will be to demonstrate how building healthy foundations in social, emotional, and intellectual capacities rather than focusing on skills and isolated behaviors are essential for building successively higher levels of cognitive capacities. Theoretical concepts of the Floortime model will be discussed in greater detail as well as the specific techniques and applications for home, school and community.

Mara Goverman is a psychotherapist in private practice in Solana Beach. She specializes in autism spectrum disorders, ADHD, mood disorders and depression in children, adolescents and families. Ms. Goverman has an MSW from West Virginia University and is a Licensed California Social Worker and member of the California Society of Clinical Social Work and San Diego Psychological Society.

SAN FERNANDO VALLEY:

Coordinator & RSVP: Tanya Moradians, PhD, LCSW
Coordinator Phone Number: 818-783-1881
Coordinator Email: tmoradia@ucla.edu
Date: Sunday, November 11, 2012
Time: 10am to 12pm
Location: The Sherman Oaks Galleria Community Room (at Sepulveda and Ventura).
(The Community Room is located on the 1st level near the Cheesecake Factory and next to the Paul Mitchell Salon). VALIDATION FOR ALL DAY FREE PARKING will be given at the meeting.
Topic: **The Community Resiliency Model (CRM): Building Trauma Informed & Resiliency Informed Communities**
Presenter: Jennifer Burton, LMFT, CEAT

The Community Resiliency Model (CRM) was developed to assist communities in becoming more informed about human responses and reactions to trauma while providing stabilization skills to enhance internal resiliency. The skills, used as a wellness practice, are somatically based, making them portable and user-friendly. CRM skills reduce and/or prevent symptoms of traumatic stress, create a greater sense of independence, and can be used in groups or by individuals as well as in the field immediately following a major disaster. In addition, the skills can enhance resiliency in families, as individuals better understand that traumatic reactions are biologically based, thus removing stigma and shame and improving the capacity for resiliency.

Jennifer is a senior faculty member of the Trauma Resource Institute (TRI) and a therapist in both private practice and IOP settings. She has been teaching the Community Resiliency Model skills developed by Elaine Miller-Karas, LCSW (Co-founder and Director of TRI) throughout San Bernardino County (funding for the project provided by DBH and a grant through Proposition 63).

Above courses meet the qualifications for 1.5 hrs of continuing education credit for MFTs, LPCCs, and/or LCSWs as required by the California BBS. PCE Provider #1

Classifieds

∞∞∞∞∞∞∞∞∞∞PART-TIME OFFICE SPACE IN ROSEVILLE AVAILABLE∞∞∞∞∞∞∞∞∞∞∞∞

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

∞∞∞∞∞∞∞∞∞∞PACIFIC PALISADES SOUTHERN CALIFORNIA SOCIETY FOR CLINICAL HYPNOSIS∞∞∞∞∞∞∞∞∞∞∞∞

ASCH Approved! CEU Workshops. 11/4/12-“Neuro-Linguistic Programming: The Basis for Effective Hypnotically Enhanced Therapy.” www.scsch.camp7.org;1-888-327-2724.

∞∞∞∞∞∞∞∞∞∞ SACRAMENTO INTEGRATIVE COUPLES THERAPY CONSULTATION GROUP ∞∞∞∞∞∞∞∞∞∞∞∞

Integrative couples therapy consultation group offered by Sally Weiler, L.C.S.W. Modalities include systems, psychodynamic, emotional focus,cultural and social influences and much more. Group meets every other Tuesday, 3 – 4:00 p.m. in Midtown Sacramento. Cost is \$50 per meeting. Please call 916-446-6257 for more information and a complimentary consultation



California Society for Clinical Social Work
P O Box 1151
Rancho Cordova, CA 95741