

CLINICAL *Update*



The Tools of Coaching: Seeing Our Clients Through A Fresh Lens

Andrew Susskind, MSW, ACC

INSIDE Update	
District Meetings	2
Taking CSW into Third World Travel	3
Book Review	4
Clinicians' Money Update	5
Inside the Institute and AAPCSW Corner	6
Certificate in Forensic Social Work/CSU Fullerton	8
Classified Ads	14

It was June of 1991. Another picturesque Spring day in the quad across from the UCLA School of Social Welfare - the commencement of a transformative process spurred on by two very full years of social work training, and now it was time to share these tools with the world. As a result of social work school, two primary concepts continue to stand out for me above all the rest: *self-determination and person-in-situation*.

Self-determination: *A general theory of human motivation concerned with the choices people make with their own free will and full sense of choice, without any external influence and interference.* Person-in-situation: *A three fold configuration consisting of the person, the situation and the interaction between them.*

Through the years I've worked in medical settings, hospice, outpatient mental health and private practice. In each of these capacities, I've drawn in one way or another from these foundational principles of our profession of which I'm always proud to say I'm a social worker. And these core values have seamlessly followed me into the world of coaching.

Fast forward to 2001. Burnout was on the horizon if I didn't do something about it as I had been precariously balancing agency work with private practice for many years and burning the candle at both ends. I knew in my heart of hearts that it was time to create something new but wasn't sure how to make this happen.

Jeff Auerbach, a psychologist and founder of the College of Executive Coaching, was offering a CEU class in Santa Monica - walking distance from my home. The idea of strolling to class was very appealing, but little did I know that this short walk would change the navigation of my career.

As I listened attentively, the coaching language sounded very familiar, but the application and frame was quite different. It intrigued me so much that I enrolled in another class entitled, *Peak Performance* with Dr. Sandra Foster, and to my great surprise I was not only deeply inspired but I also asked her to be my personal coach.

A fire had been lit that day, and I felt more energized and hopeful than I had

(Continued on page 7)



District Meeting Calendar

There is no charge to attend any of the District meetings. CE credit may be earned if present for entire presentation. PCE #1. Non-member fee for CE Credit is \$10/hour.

NEW CLAREMONT DISTRICT:

Reactivating local meeting. Plans are in process to resurrect the local Society meetings in the Claremont – Pomona area. The present plan is to meet at noon on the second Friday of the month in the board room at the Tri-City Mental Health Center, located on the second floor, at 2008 Garey Avenue in Pomona. We plan to have an educational presentation at each meeting earning at least one hour of continuing education credit, possibly two, at times. If you are interested in participating in these local meetings as a presenter, listener, or have suggestions for speakers, please let me know. Thank you. Paul O'Leary, LCSW, (909) 399-3778 or Paul.A.OLeary@kp.org.

NEW PASADENA DISTRICT: Still Here! Are you Still There?

The California Society for Clinical Social Work lives on in Pasadena. We had a successful program well attended in the past and with your participation we will rise again. We offer you a stimulus package that will give you plenty to think about and not cost you anything except your presence at our meetings at the beautiful Las Encinas Hospital. We will provide the meeting place, the lunch, CE credit and outstanding presentations by our social work community. Haven't you missed our meetings? I have and it is my pleasure to join with others to bring our community back home where we can easily reconnect with old friends, meet new friends, and strengthen our community that gives so much to others. Of course, it goes without saying, that we receive as much or more from our interactions with the people who use our services and that continues to mold and develop our continually expanding professional and personal growth. We are the lucky ones that have a profession that provides meaning in our lives. Let's meet and share with our community all the diversity we offer as social workers. Please let me know if you would like to be part of: 1) The first planning meeting, 2) Attend presentations, 3) Be a presenter, 4) Recommend presenters. I look forward to welcoming you at our first presentation in 2010. Thank you. Gaye Wein Shepard, Ph.D., LCSW, 275 E. California Blvd., Suite C, Pasadena, CA 91106; (626) 585-1618 or email gayewein@mac.com.

SACRAMENTO/DAVIS DISTRICT:

Saturday, Sept. 12, 2009, 1:30-4:00. We are honored to have **Dr. Tony Paulson** join us to present on **Eating Disorders**. Dr. Paulson is the executive director of Summit Eating Disorders and Outreach Program in Sacramento and wrote a book entitled, *Why She Feels Fat: Understanding Your Loved*

One's Eating Disorder and How You Can Help. We will be offering 2 CEUs for presentations this year, beginning with a half hour for people to mingle, network and build community. Bring your flyers and business cards. Stay tuned for more details on this talk in next month's newsletter. This presentation meets BBS requirements for Continuing Education credit. CSCSW members will earn 2 CE credits at no cost. CE credits for non-member LCSWs and MFTs are available for a fee of \$20 (ask at the door for the non-member CE credit form). Our meetings will take place at the Sutter Counseling Center, 855 Howe Ave. Suite 1, Sacramento (just south of the intersection of Howe Ave. and Northrup). **Please RSVP** to Nina Unger, LCSW at ninaunger@mac.com or (916) 431-3164. Also, mark your calendars for upcoming meetings: October 17th, November 14th, January 30, 2010, February 27, March 27, April 23 (a special Friday day at the same time), and May 22nd. We will have a very exciting year of presenters and hope to see you there!!

WEST L.A. DISTRICT: Saturday, Sept. 12, 2009, 10:30 am-1:00 pm.

A Presentation on Hoarding and Cluttering. Mr. John Green, MSW, is the Director of the Genesis Project, a part of Los Angeles County Mental Health, which provides comprehensive mental health and supportive services for home bound adults aged 60 and over. It has been in operation since 1998. We have asked John (or another Genesis staff) to emphasize the phenomenon of cluttering and hoarding, a common problem present in this population. We meet at the home of Judy Messinger 3267 Corinth Avenue Los Angeles, CA 90066. 2 1/2 blocks south of National, 1block west of Sawtelle. Corinth does not intersect National. **Please RSVP** to Judy at messingerlcsw@yahoo.com or (310) 478-0560. This presentation meets BBS requirements for Continuing Education credit. CSCSW members will receive 1.5 credits at no cost. Non-member LCSWs and LMFTs may obtain credit for \$15 (ask at the door for the non-member CE credit form). ■



THE CLINICAL UPDATE

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Thinking Outside The Box: Taking Clinical Social Work Into Third World Adventure Travel

By Karen K. Redding, LCSW, Ph.D.

...the problem with the world is that we draw our family circle too small. –Mother Teresa

Social Work is more than a profession. It is a way of thinking. As social workers, we consider our interconnectedness, rather than our separation from others. It is a method of relating. We consider ways of making viable contact and connection to others as a first step in any meaningful interaction. It is a state of being. We practice being empathic and compassionate as an extension of who we are. Given these considerations, our work and orientation extend beyond the consultation room, hospital, school, agency, or any other employment setting. It is an attitude that we take with us through life. Like the saying, 'Wherever you go, there you are' (Kabat-Zinn, 2005), there we are, anywhere in the world, with our clinical skills and core social work values.

These core values as enumerated by Eda Goldstein (2009) (e.g. being where the 'client' or person is; respect for the other's self-determination; respect for cultural and other types of diversity; an appreciation of the impact of and work with the social environment, including advocacy; a commitment to social justice) have become increasingly recognizable to me in my travels with my husband and 15 year-old son to third world countries, such as Zimbabwe, Botswana, Namibia, India, Tibet, China, Cambodia, Vietnam, and Thailand. Initially our travels were informed by curiosity and an interest in the 'road less traveled.'

We took our first trip to Tanzania, Africa in 2001 when my son was seven years old through a Safari company in the USA that specialized in 'family adventures.' Initially, our trips were booked through adventure travel companies in the States. With time, and consultation with other travelers, we discovered that we could save money, and support the local economy and principles of eco-tourism (i.e. supporting the local culture to create jobs and its own livelihood) by booking our trips through the Internet and contacting the tourism exchange at the desired destination on our own. We would follow up by reading travel books and checking out particular accommodations on the Internet. It was amazing to find that even in the most remote places on earth (e.g. the Omo Valley where the 'cradle of civilization' began in Ethiopia), one could see photos and obtain information about places to stay, and local guides on-line. The book, *1000 Places to See Before You Die* (Schultz, 2003), became a source of fascination to us. My family also developed artistic interests in response to our travels, and I began learning about creative photography.

My life experiences as a clinical social worker and psychoanalyst inspire my relationship to my subject and the way I interpret what I see. For example, when I go to the tribal villages, I don't immediately start clicking my camera. I try to be there, to 'show up' and be present in the setting and cultural circumstances. I take some time to walk around the village; to take notice of what the people are doing; what they are wearing; how they are preparing food; and how they seem to be responding to 'outsiders' being there. I may make use of the local guide to ask questions or make comments. I may use non-verbal gestures and expressions to engage in playful ways. For the most part, the indigenous people tend to see that I am 'with them,' that I am curious and interested. I know that my photography resonates when, as in the clinical encounter, I can feel a rapport. In 2007 we went to Papua New Guinea to attend an annual tribal festival, called a Sing-Sing.



When I came upon this tribal man, all smeared in mud to protect his skin and adorned with moss from the earth and ostrich feathers, I felt that I had taken a trip back in time by hundreds of years. My association to him was, "Who Am I? I am everything and everyone that has been. I am an extension of the world; a piece of infinity".

(Continued on page 10)



Book Review

Beyond Evidence-Based Psychotherapy Fostering the Eight Sources of Change in Child and Adolescent Treatment

By George Rosenfeld, PhD

Reviewed by Leila August, LCSW

ISBN: 978-0-415-99336-4
Binding: Paperback
Published by: Routledge
Pages: 284

Dr. Rosenfeld has written a masterpiece of therapy guidance for child & adolescent therapists and other mental health professionals of all levels of experience. In a time when research and insurance providers seem to agree on the need for a short-term, cognitive-behavioral, medical model approach to therapy, Dr. Rosenfeld begs to differ. His vast clinical experience along with excellent literature review skills allow him to uncover and explain pertinent issues which free us from these stifling limitations. This book has two parts. Part One introduces and explores factors that produce positive change in therapy, and those which do not. Part Two gives us a chance to spend a day with Dr. Rosenfeld and his clients and see how the forces of change in Part One can be incorporated in treatment. The reader experiences what it is like to be a therapist - behaviorally, intellectually and emotionally.

Part One - Dr. Rosenfeld has identified sources of positive change in psychotherapy. He has done this after filtering through and debunking research on evidence-based treatments that have methodological problems, biases, and political & economic forces which have distorted the findings. This is an accomplishment in and of itself. He reveals interconnected spheres of relationship between the therapist and the client which when understood and used well can significantly bolster therapy gains and outcomes. He eloquently delineates the art of therapy and renders it understandable to the novice, as well as giving the seasoned therapist many "a-ha" moments to ponder and plan around. He explores the therapist's contributions to treatment: using the therapeutic relationship as a treatment tool, how to keep clients in treatment so they can benefit, managing treatment, and engaging clients by helping them seek greater happiness. He does this all with amazing



CSCSW Offers

Psychopharmacology Update

Patrick Bezdek, M.D.

**West Los Angeles
November 14, 2009
9:30—12:30**

**Watch for registration information
in the September issue.**

compassion, skill, and clarity. His extreme empathy for the client, backed by an extensive, readable literature review, gives the reader a satisfaction that this information is endlessly useful and very timely. He ends Part One with a riveting jewel of a chapter that reflects on therapy as a career choice, and whether it was a good one. Through this thorough illustration and explanation of therapy's complex dynamics, Dr. Rosenfeld is easy to read, easy to relate to, and even humorous at times.

Part Two – In this section the author presents case studies using a typical day of a therapist, the pace of a therapy session, and 3 month follow-ups. This puts more of an experiential perspective to the concepts presented in Part One. Dr. Rosenfeld, however, does use a lot of clinical examples throughout his book that are helpful and interesting.

Dr. Rosenfeld gives us a profound and well-grounded approach to successful treatment outcomes. His personal clinical experience coupled with good research guidelines makes this a must read for anyone working with the children and adolescent population, or adults for that matter, in the mental health field. Thank you Dr. Rosenfeld – brilliant work!

Leila August, LCSW was an inpatient social worker at Sutter Center for Psychiatry for five years and outpatient psychotherapist for youth and parents for 11 years at Sutter Counseling Center.

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Clinicians' Money Update

Peter H. Cole, LCSW

Chartered Financial Consultant

There are two intersecting issues that I will be considering in today's column: Where we are in the stock market today, and some thoughts about private practice in these economic times.

Investing in the Current Market

It is always dangerous for me to write about the stock market in Clinician's Money Update as there is a lag period before we go to press and any prediction I make about the stock market may well prove to be wrong before you read this column. Therefore I won't try to predict (I don't believe in stock market predicting anyway). Instead I would like to share with Clinician's Money Update readers a few reflections on where the market is as of today. I am writing this piece on May 21, 2009. Since March 9, 2009, the S&P 500 is up a little over 25%. This may signal a bottom of the market decline that investors have been dealing with since December of 2007. However, there is no guarantee that the March 9th low will represent the bottom of the market. Indeed, previous bear markets have had short rallies that have not indicated the end of the bear market (this phenomenon is known as a "bear market rally" or more pungently as a "sucker's rally"). We have been through a Bear Rally in just the last few months: from November 20, 2008 to January 6, 2009, the S&P gained 24%, followed by a return to new lows. No one knows if this is a Bear Market Rally or the beginning of a new Bull Market.

Since we cannot predict the future of the market, my advice is to maintain allocation of your investments that aligns with your needs, goals and life circumstances. In financial planning parlance, this is known as your "risk tolerance." I suggest that you meet with your well-qualified financial advisor, review your risk tolerance and make sure that the allocation of your investments reflects your tolerance for risk. With crises in the housing, financial and automotive sectors of the economy, along with a budget crisis here in the state of California, it is no wonder that the stock market has been volatile and that consumers are nervous about spending.

Clinical Social Work in the Current Economic Climate

Consumers are holding onto their wallets in this uncertain economic climate and many are nervous about paying for needed psychotherapy. I am hearing from many clinicians that their practices are down. For example, in a consultation this week, a clinical social worker (who at age 65 is a gifted therapist and at the

height of his considerable skills) shared with me that he has been in practice for over thirty years and has never had this much trouble keeping his practice full. He shared that he is concerned, upset and wondering if he should retire as "people think of me as too old and aren't referring to me like they used to." I shared with him that he is not alone in having difficulty with his practice and encouraged him not to personalize this economic downturn. It is important not to introject negative feelings about oneself as a practitioner because one's practice is down in this economy. We all have professional self-doubts that can be amplified during times like these.

In modern life, psychotherapy is necessary for a great many people. There is no substitute for it. Neither medication, advice from clergy, nor self-help groups can do what psychotherapy does. It is important that we clinicians remember the irreplaceable importance of psychotherapy even when consumers are reluctant to pay for needed services. Certainly some clients will choose to cut back or to temporarily stop therapy – but just as the stock market goes through its cycles so do our practices. The economy will recover and the importance of psychotherapy goes on unabated. My feedback is to maintain confidence in your practice and in the vital necessity of clinical social work for our clients.

The best advice is to adapt to difficult times, but maintain your commitment to and confidence in your practice. Some of the things private practitioners are doing to get through tough times include: providing a reduced fee for some patients, taking on a higher percentage of managed care patients, subletting the office and seeing patients less frequently. As we make necessary adjustments, let us be upbeat about the future of our profession and of our practices – the skills we have are needed now and will be needed in the future.

My advice is to keep up your spirits by getting lots of support from your professional colleagues. Stay involved with your local Clinical Society District and other sources of professional support. Maintaining a positive and hopeful attitude toward your practice will help you survive and thrive in these difficult times.

When the going gets tough, get back to basics. Here is a reminder of some of the basics of a private practice that will help sustain you:

1. Get good professional consultation
2. "Keep on keepin' on" with your networking and marketing
3. Stay involved with training and with your professional community

Good luck and please feel free to contact me with any feedback or questions.

*An asset allocation or diversification strategy does not guarantee a profit or protection from loss in a declining market.

(Continued on page 8)



Inside the Institute

News from The Sanville Institute for
Clinical Social Work and Psychotherapy

A Message from Judith R. Schore, Ph.D., Associate Dean

I am pleased to take over the monthly report from The Sanville Institute. We have many exciting changes taking place. Dr. Whitney van Nouhuys, has assumed the responsibilities of Dean and I will be the Associate Dean, thus giving the Institute a greater balance in both Northern and Southern California. We are both looking forward to the challenge of continuing our stimulating presentations, encouraging new doctoral and certificate students, and increasing Sanville's visibility in the Social Work Psychotherapy world.

We had four graduates this June, and three Certificate Students who have completed the two year course in Psychodynamic Theories of Development and Psychotherapy. In the next few months I will describe the doctoral dissertation of each of our graduates to highlight the diverse and interesting research that comes out of our doctoral program.

Dr. Mario Starc's dissertation, *A Narrative Study of Exile: Writer's Reflections*, was aimed at investigating the refugee experience and how it is integrated into one's life over time. Through the use of memoirs of refugee writers, and a Narrative Analysis approach, some common themes and perspectives were found. There was not only evidence of emotional recovery, but also of creativity and emotional growth as an outcome of the refugee experience.

SAVE THE DATE

The Sanville Institute's fall convocation will be held in Berkeley on **October 3, 2009**. The theme will be a case presentation discussed from several theoretical viewpoints. Look for specific details in next month's Clinical Update.

For more information on our diverse programs, please contact the Institute: admin@sanville.edu, or call the office at 866-848-8430.

The Sanville Institute is a state-approved educational institution with centers in Berkeley and Los Angeles, offering PhD and certificate programs in clinical social work. Currently accepting applications from qualified social workers, MFTs, and psychiatric nurses with a masters degree in their field.

AAPCSW Area Representatives Corner

The American Association for
Psychoanalysis in Clinical Social Work
www.AAPCSW.org

LOS ANGELES CHAPTER JOAN RANKIN, PSYD, LCSW, CHAIR

The Los Angeles Chapter of the AAPCSW, along with Orange County AAPCSW chapter is hosting our next **AAPCSW National Conference here in Los Angeles in 2011**. The title of the conference is: **Connection in a My Space World: Embracing Culture and Creativity in Psychoanalytic Thought**.

We are delighted to tell you that we have found a beautiful venue: the Marriot in Marina Del Rey is surrounded by beautiful boats in the marina as well as top rated restaurants in Venice and Santa Monica. It also offers a gorgeous dining room with a 360 degree view of the city from the beach to the Hollywood Sign.

Our planning meetings have been generative and fun, keeping us busy. We are planning a diverse and academically rich program. While it may seem early, please save the date of the conference: **March 17-20, 2011**.

I am also proud to announce our next program kicking off our **Fall Reflections Series 2009**: it is timely, given that we will be remembering the anniversary of 9/11 the day before the presentation.

When the Professional is Personal: Shared Trauma and Self-Disclosure in the Therapeutic Relationship

Dr. Tosone presents her thoughtful paper on the effects of shared trauma for therapists who experience collective catastrophic events such as natural disasters, and 9/11. She describes the lasting and transformative changes to one's self concept when a clinician and client experience the same traumatic event. Please join us for her remarkable presentation. See our ad on page 15 of this issue.

Saturday, September 12th
12:30 - 4:00 ■ 3 CEUs

ABOUT OUR PRESENTER:

Carole Tosone, Ph.D., is Associate Professor at New York University Silver School of Social Work, and recipient of the NYU Distinguished Teaching Award. She is also the Editor in Chief of the *Clinical Social Work Journal*, and serves on the editorial boards of *Social Work in Mental Health*, *Social Work in Healthcare*, *Psychoanalytic Social Work*, *Psychoanalytic Perspectives*, and others. Dr. Tosone is author of numerous professional articles and book chapters, and co-editor of two books. She has delivered over one hundred articles in academic and mental health settings.

In Memoriam

Abby (Freedman, Leventer) Franklin died May 15, 2009 in Los Angeles at the age of 80. She was a long time and very valued member of the Society.

Abby was born in New York City, graduated from the University of Michigan and UCLA, and lived and worked as an MSW and LCSW in Los Angeles throughout her career. Abby is survived by her sons Allan and Michael, her stepsons David and Jerry, and her grandchildren Matthew, Nicholas, Crystal, Maxwell, and Daniel.

Among her accomplishments she served as the Society's Legislative Officer for many years, and as our representative to the National Federation through the 1980s. She was also honored by the Society as Outstanding Social Worker of the Year. Abby loved tennis, bridge, theatre in general and the Mark Taper forum in particular. She was a counter-phobic who loved reading obituaries and taking the occasional cemetery tour. She was very social, and was perhaps the most curious person of all time. Abby loved experiences over things, was an avid reader and a life long learner. She was generous and loving, and will be greatly missed.

She left it all on the field. She was effusive with her feelings, honest in her expression, and glorious in her manner. Since her illness, she unfailingly expressed gratitude for her care, and shared her feelings directly and openly. By giving trust, she earned trust. On a scale of 10, she was a 10.

A service was held May 24th at the Eden Cemetery in Mission Hills followed by a celebration of her life at her home in Los Angeles.

Abby was a friend and colleague to many of us, a mentor to young students, and a fierce defender of the profession. She remains as a model for living a well rounded, well grounded life.

This memorial was primarily written by Michael Freedman with additions from the Society.

(Continued from page 1)

in many years. As part of my coach training, I worked with Dr. Foster for five months, and as a result of this experience, I developed an exit strategy from the agency where I had worked for six years and a clear vision for my next steps into full-time private practice as both a therapist and a coach. This proved to be a momentous professional shift.

After two years of coach training, I chose to focus my coaching primarily on transitions (i.e., career/practice development as well as clients in recovery from addictions). From my experience both as a coaching client and a coach, it became evident that self-determination and person-in-situation were once again infused into my work, but this time superimposed into a new frame with a new population.

Coaching borrows from multiple theoretical orientations including Cognitive-Behavioral, Adlerian theory and Positive Psychology, and the following chart outlines the distinctions between coaching and psychotherapy based on my particular background.

Coaching

Focus on the present toward the future
Strengths-based, wellness model
Highly structured with assignments
Phone-based or face-to-face
30-45 minute appointments
Short-term
Unlimited email contact between meetings

Psychodynamic Psychotherapy

Focus on the past toward the present
Deficits model focuses on healing
Process and feelings-oriented
Face-to-face
50 minute sessions
Short-term or Long-term
Minimal contact between sessions

(Continued on page 8)

Get the Legal Background to Assist Your Clients

Social workers have experienced an increased involvement in the legal process – assisting the court and their clients. The [Certificate in Forensic Social Work](#) is designed to meet the need of social workers (and those studying to be social workers) by equipping them with the necessary legal knowledge to provide the best possible assistance for their clients.

Social workers play a critical role in assisting the court by performing forensic assessments, court reports, offering recommendations and as expert and fact witnesses. Understanding the law helps them guide clients away from legal issues and assists clients through the corrections process as they return to society.

This program is designed for those currently working as social workers, those with a master's degree in social work (MSW) or those working on their MSW. Students are required to take four courses totaling 54 hours of lecture and discussion (5.4 Continuing Education Units).

Students must send a copy (email or fax) of their MSW credential to Michelle Hernandez when they register. For more information call 657.278.2761, fax 657.278.5445 or email

mihernandez@fullerton.edu

[Register online today](#) or call 657.278.2611

University Extended Education, Cal State Fullerton
2600 Nutwood Ave., Suite 100, Fullerton, CA 92831
www.csufextension.org/Classes/certificate

(Continued from page 5)

Clinician's Money Update cont'd.

Peter H. Cole, ChFC, Director and Financial Services Specialist, Insight Financial Group. 2011 "P" Street. Sacramento, CA 95814. Phone 916-444-1122 ; Fax 916-553-4373

Securities through Securities America Inc, a registered broker/dealer, member NASD/SIPC, Peter Cole, Registered Representative. Advisory Services Through Securities America Advisors, an SEC Registered Investment Advisory Firm, Peter Cole, Investment Advisor Representative. CA insurance lic. 0D049 ○

(Continued from page 7)

The Tools of Coaching cont'd.

The vignette below illustrates the power of coaching those in the first-year of addiction recovery:

When Michelle's friends and family checked her into treatment for the third time in seven years, she had to admit there was a problem. On the outside she appeared to have it all – a loving family, financial freedom, and limitless opportunities – but behind closed doors things were different. The pretense ended one afternoon when she was found unconscious after another drinking binge. In the past she'd attended 12-step meetings and therapy after discharge, but this time her counselors added something new to her aftercare plan – a breakthrough method call Recovery Coaching.

Coaching adds a bold new approach to long-established therapies that have only been partially successful. Instead of seeing clients as sick, bad, or powerless, it leverages their strengths and talents. In conjunction with traditional therapy and the often used twelve steps, this unconventional process fosters hope and personal accountability. As a result of the future-focused, action-oriented nature of Recovery Coaching, Michelle has now been sober for the longest time since she began drinking at age sixteen. In fact, her recovery has been so life-changing that she's now studying to be a chemical dependency counselor.

Before working with a coach, Michelle had never asked herself the questions that pointed toward her true passions. She had been a dutiful wife and mother but never considered what gave *her* life meaning. As a result of a values clarification exercise and lots of soul-searching in the early phase of coaching, she identified her heart's desire to help others who had gone through similar challenges with addictions. Her coach helped Michelle develop relevant, purposeful goals and map out specific action steps to support her intentions. Because she also struggled with procrastination and low self-esteem at times, an accountability system was developed to check in daily by email with the coach. Michelle also thrived with the structure of a tracking log as it became a method for her to see her progress in chart form. And most of all, she entered the coaching process motivated and open-hearted for change.

Social workers and coaches are both change agents, but coaches are not trained as mental health professionals. Coaches help clients find direction when they're stuck. In the case of Michelle, she had been very self-absorbed in her active addiction, and being of *service to others* as a counselor turned out to be one of the keys to finding traction and purpose in her life and recovery.

The history of the coaching movement dates back to the 70s and 80s when it emerged in the corporate sector. It had become clear that many executives and corporate leaders could benefit from refining their "people skills," and coaches were brought in as leadership trainers and

(Continued on page 9)

(Continued from page 8)

The Tools of Coaching cont'd.

team-building experts. Life coaching hit the ground running in the late 80s as elements of executive coaching were adapted to working with individuals wanting to move forward with life goals such as career transition. Today coaching is not only in North America, but it exists internationally throughout the world, especially in Europe and Asia.

It's interesting to note that the Positive Psychology community reinforces and validates coaching strategies through its research of topics such as gratitude, forgiveness and resiliency. Martin Seligman, Ph.D., former president of the APA and founder of the Masters of Applied Positive Psychology program at the University of Pennsylvania coined the term Positive Psychology in 1998 and describes it as the science of *What Makes Life Worth Living*. "What gives your life meaning?" can be a daunting question, but the coaching process encourages clients to examine these larger existential questions which give shape to the course of the coaching process.

In 1995 the International Coach Federation (ICF) was formed by professional coaches worldwide as a non-profit organization, and it now has over 17,000 members in 95 countries. It established the standards and ethical guidelines for professional coaching and has also developed a credentialing system. Because coaching expanded so quickly in the last twenty years, certification and credentialing has been lagging behind until recently. If you or your clients are interested in finding out the credibility of a coach, there are two questions to ask: 1) Did you complete your training from an ICF-accredited coach training program? 2) Are you credentialed through the ICF? For more details visit the ICF website at www.coachfederation.org.

The ICF defines professional coaching as follows: *Coaching is partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential. Coaching is an ongoing relationship which focuses on clients taking action toward the realization of their vision, goals or desires. Coaching uses a process of inquiry and personal discovery to build the client's level of awareness and responsibility and provides the client with structure, support and feedback. The coaching process helps clients both define and achieve professional and personal goals with more ease than would be possible otherwise.*

According to a recent ICF survey, the average coach is 46-55 years old with 5-10 years coaching experience, and 53% of coaches have a graduate degree. Coaching clients tend to be 56% female and 44% male with an average age between 38-45 years old.

Just as every social worker is different, every coach is different. For instance, I coach clients going through transitions, and I also offer training and consultation to addiction and mental health professionals. At this time

screening tools are being fine-tuned to help potential clients determine if they're good candidates to benefit from coaching. The ICF suggests that to be successfully coached, clients must be able to *partner* with a coach and to develop specific goals.

As a certified coach and licensed clinical social worker, I'm often asked how clients can determine what will be most effective for them. I offer a 30-minute phone consultation at no charge – a common coaching practice – to all prospective clients because I want to ensure that they find the right type of support. For instance, if a client seeks coaching but instead focuses exclusively on a recent crisis or emotional pain, they're probably more appropriate for therapy.

Due to legal and ethical boundaries, I never work with a client as both a coach and psychotherapist. For example, if I'm working with a coaching client and discover they would benefit from therapy, we discuss psychotherapy referrals. The same rule applies if I'm working with a psychotherapy client who may benefit from coaching. In Los Angeles we have an abundance of talented professionals, and I believe that a solid team approach works in everyone's favor.

There are instances when it's necessary for a coach to refer to a mental health professional and here are a few examples:

- Intrusive thoughts
- Inability to concentrate/focus
- Sleep and/or appetite problems
- Angry outbursts/irritability
- Risk-taking or impulsive behaviors
- Suicidal ideation

On the other hand, therapists may consider referring to a coach if the client would like to:

- Clarify a vision.
- Create purposeful goals.
- Define specific actions steps.
- Build accountability.
- Take sustainable action.
- Work through fears, obstacles and self-doubt.
- Develop a more balance life.

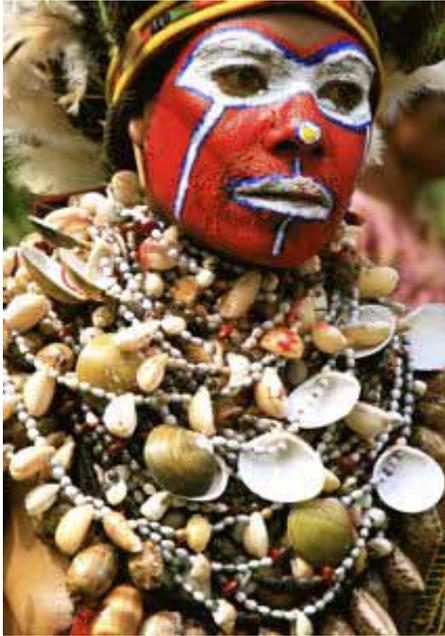
Because coaching is a strengths-based method, the attention is given to client's resourcefulness and resilience. These qualities may also be explored in therapy, but this is the primary emphasis for coaches. The client is asked to identify core values, highest priorities and true passions, and the coach holds these intentions with the client as a compass for the work together.

Visioning is one of the most significant ingredients of the future-focused orientation of the coaching experience. Many clients will be able to envision their lives one year, three years, five years out. Others like Michelle may need to start with 90 days or less depending on what feels palatable. Regardless of the timeframe, it's an opportunity to imagine what's possible – *not that anything has to happen but simply what could happen.*

(Continued on page 13)

(Continued from page 3)

Another tribal woman at this Sing-Sing felt quite dramatic to me.



In the midst of poverty-like conditions, she showed me the boldness and richness that lies within. Her life style might be poor, but the statement that she made with her painted face and abundance of shells transcended any sense of scarcity.

My first photography show evolved from this trip to Papua New Guinea called 'Travels Through Humanity' (See: www.karenkredding.com for more info). Through this show and the visual medium, I hoped to bridge perceived differences across our human landscape of diversity. I communicated a message that we are essentially one people with many variations, and donated 20% of proceeds from this show to the Waghi Tribe. We stayed with this tribe for several days at their local 'guest house' (e.g. a structure made of straw that resembled a large tent with individual rooms. It had a private outdoor latrine for both men and women with a toilet seat for comfort. Buckets of warm water were provided upon request for daily 'showers'). The Waghi tribe expressed such gratitude when we came to their village that they staged a parade for us. We had been their first visitors in 8 months. In the parade, they were scantily dressed and adorned with feathers and beads. People of all ages played drums and sang songs that sounded like a chant. There was a surreal quality to the experience, as though we were in a movie set, as well as taken by the tribes' hospitality and warmth.



This is a photograph of a leader of the Waghi tribe. He has painted his face to resemble a bird of paradise, common in this area. He plays a tune with a hand-made flute and becomes an extension of the bird in the way that he looks and sounds.

Later, when I sent a donation from my proceeds to this tribe, I received a letter from their local tourism guide, Lawrence Walep. In it he said: "It is a great surprise for all of us to see that our name and village was published in your local newspaper and photography show. We do not know how much we can thank you for remembering us in trying to connect us with the rest of the world. We believe in our hearts that your hope has become our hope as well to facilitate a way of seeing that bridges differences so that each of us can feel our own 'tribal' roots in our diverse and shared humanity." This trip became a model for me in making art with photography while also creating an exchange to give back to the local people.

Last year, our family adventure travel took us to Ethiopia. There, we traveled with a local guide and visited some of the more primitive indigenous tribes in the Omo Valley of southern Ethiopia. I must admit that this trip stretched us even more, given that the infrastructure in southern Ethiopia is much less developed than in Papua New Guinea. This is definitely not a trip that one could do without an experienced guide. Fortunately, through Ethiopian Rift Valley Safaris, a local tourism company that we found on the Internet, (and with whom many American companies sub-contract for higher fees), we were matched with an English-speaking, and college educated guide who was knowledgeable, playful and fun, and assertive, especially with the potential hassles of being 'outsiders' in this part of the world. We visited many tribal people, including the Mursi tribe, who live in one of the most remote places on Earth. It took more than four hours of driving over very rough terrain in a 4-wheel drive vehicle to arrive in Mago National Park to visit this tribe. The Mursi women are

(Continued on page 11)

(Continued from page 10)

known for the massive distending clay lip plate that they wear on their lower lip. Generally, women begin to stretch their lower lip in young adulthood, beginning with a small wooden circle that may increase to the size of a dinner plate over the course of a year. The size of the lip plate will determine the bride price. A large lip plate may bring 50 head of cattle to a woman and her family. The Mursi women appear proud of this tradition and often sell the larger clay templates to tourists as a souvenir or piece of folk art. They like to keep the lip plate inserted, and only take it out to eat and sleep.



To date, this has been the most challenging photographic experience of my life, as the tribal people swarmed upon me like a pack of bees to be photographed. Unlike the indigenous people in Papua New Guinea, with each click of the camera, the Ethiopian tribal people are paid 2 birr, or 20 cents. We met an anthropologist from the University of Leeds in England who was living among the Mursi people to study the effects of tourism on the behavior of the tribal people. We noticed that the buzz and urgency of the Mursi people to be noticed and photographed decreased when we spent more time with them. The anthropologist explained that most tourists simply get out of their vehicles and spend 10 or 15 minutes in the village to take pictures of each other among the people. The tribal people became calmer after we put our cameras away and sat with them.

On another day trip to a marketplace in Jinka, we stopped at a local rest stop and I became preoccupied in photographing many of the young Tsemaye tribal girls who were adorned with beaded jewelry and animal skin clothing. There was an elder woman who wanted my attention. Even though she was without tribal jewelry and dressed in rags, she moved closer to whomever I was photographing. It felt like she was urging me to 'see' her. ***When I moved the eye of my camera to her, I was astonished by what she showed me. In***

a deliberate and surprising gesture, she threw her scarf over her shoulder and looked deeply into me, as if to say: "My life has mattered. I am strong and have survived many things. Can you see that?" Whereas the young tribal girls had shown me their fashion and external adornments, this woman showed me an embodiment of determination and strength.



I recently had my 2nd 'Travels Through Humanity' photography show in Laguna Beach. The recipient of my proceeds from this show is Rick Hodes, MD, an American physician who has been living and working in Addis Ababa, Ethiopia since 1983. Known for his work helping children with spinal irregularities caused by untreated scoliosis and spinal tuberculosis, Dr. Hodes is the star of a documentary, "Making the Crooked Straight". (See www.makingthecrookedstraight.org for more info). In a recent correspondence, he said: *"the contributions you are making towards our work, are a big help in our goal of healing the kids of the world, and a real expression of your own values. Thank you! Thank you!"*

So often, many of us feel a sense of guilt, sadness, helplessness, and powerlessness when we bear witness to third world scarcities and deprivations. Perhaps, in Judith Nelson's words (2009) finding a way to really 'be there' and give back, takes us out of a 'shared trauma' (e.g. vicarious grief and response to world-wide disasters and social injustices) into a 'shared compassion' (e.g. a concern for and commitment to people beyond one's immediate family or community). It becomes a challenge to transform our 'global grief' into global reorganization such that as with the beginning quote of this article, we can acquire universal compassion, by seeing others more deeply and learning their stories. I am reminded of my son's unsolicited response to the often stated, 'God bless America' after

(Continued on page 13)

Online Help for Veterans

Gov. Schwarzenegger unveils tool connecting veterans and service members to employment, education, social and medical services

www.cavets.networkofcare.org

Governor Arnold Schwarzenegger recently unveiled an innovative Web site connecting veterans, active duty personnel and their families with the social services, medical services, education and employment opportunities available in their local communities and throughout the state. The Veterans Network of Care Web site links private-sector service providers, non-profit service providers, county, state and national resources in one location drilling down information to the local community level.

Veterans Network of Care was created through a partnership with County Mental Health Directors, the State Department of Mental Health, the California Department of Veterans Affairs, the County Veteran Service Officers and Trilogy. It was developed at no additional cost to taxpayers and is being supported as part of an on-going contract for the statewide Network of Care system that was started with a grant from Proposition 63.

The Web site contains more than 15,000 web links and 250,000 pages of information.

In Memoriam

Betty Westgate Landaal, LCSW, age 84, of La Verne, California, died suddenly while at home on January 12, 2009. Born on April 19, 1924 in Pomona, California, she was a resident of La Verne since 1954. Other than living in Seattle to attend graduate school, she lived her entire life in the San Gabriel Valley area.

Betty graduated Phi Beta Kappa with a Bachelor's degree from Pomona College. In 1949 she married Frank O. Landaal, M.D. After raising their family of four girls, she attended USC School of Social Work where she completed her studies for an MSW. Betty's long career in social work involved many years with LA County Department of Adoptions, the Visiting Nurses Association, and Life Adoption Services where she remained in a supervisory position until her death. Betty was an active participant in the Pomona/Claremont District of the CSCSW.

In addition to her informed, generous, and empathic pursuit of social work, Betty remained active in her church, enjoyed music, and was a fine portrait artist. She will be long remembered for her beautiful mind, loyal friendship, and her genuine sharing with those of us fortunate to know her. Betty was a true social worker; she will be very missed.

Gloria Slosberg, MSW, LCSW



The 32nd Annual International Conference on The Psychology of The Self

Conference Co-Chairs: Amy Eldridge, PhD, LCSW and Paula Fuqua, MD

October 22-25, 2009 * Hyatt Regency McCormick Place * Chicago, Illinois

The International Association for Psychoanalytic Self Psychology (IAPSP) is pleased to present the 32nd Annual International Conference on The Psychology of the Self: *The Forward Edge of Self Psychology*. IAPSP is a non-profit organization whose central purpose is to foster psychoanalytic self psychology as a living science and a developing profession. For membership information visit the web site at www.iapsp.org.

This year's conference seeks to expand on forward edge as a theory and practice in self psychology. The conference will honor the clinical contributions of Marian Tolpin, discuss the latest neuroscience advances in understanding empathy, present a clinical case with self psychological and relational perspectives and present a panel on cultural diversity. The conference will consist of Thursday full-day and half-day Pre-Conference Sessions; Friday – Sunday Panel Session; and Original Paper Workshop sessions are scheduled on Saturday afternoon and Sunday morning.

For a brochure or further details regarding IAPSP and the 32nd Annual International Conference on The Psychology of The Self please contact us at:

3670 Clairemont Drive, Suite 10 * San Diego, CA 92117

Phone: (858) 270-3503 * FAX: (858) 270-3513

Email: self@km-direct.com * Web: www.iapsp.org

(Continued from page 9)

The Tools of Coaching cont'd.

Walt Disney brought together a creative team he called imaginers, and this was an early example of a visionary who knew that it truly takes a village to realize a vision. Whether it's the Disney empire or a transition in your own life, visioning is a cornerstone of coaching.

As a result of visioning, the aperture opens and limitless possibilities grow. When clients engage in the coaching process, it can be a navigational change, and in my experience it changed the landscape of my career path opening up avenues I hadn't even imagined. Social work and coaching resemble and complement one another. Coaching isn't meant to replace the tremendous value of clinical social work but simply to add another dimension of support and fresh new tools to the empowering work already being provided. Coaching has been embraced by millions worldwide and has become a valuable community resource seeing clients through a distinctive lens.

Andrew Susskind, MSW, ACC is a licensed clinical social worker and ICF-credentialed coach based in West Los Angeles. For more information, visit his websites at www.westsidetherapist.com and www.andrewsusskind.com.



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(Continued from page 11)

the World Trade Center bombings. He was only 7 at the time, but a beginning world traveler. "Why don't they say, God bless the whole world," he asked. "Isn't this about ALL OF US?"

Karen K. Redding, LCSW, Ph.D. is a clinical social worker and psychoanalyst with a private practice in Laguna Beach, CA. In addition to her clinical activities, she is the Orange County Chair for the American Association for Psychoanalysis in Clinical Social Work (AAPCSW). She can be reached at kredding@mac.com. Her 'Travels Through Humanity' series of photographs can be seen and purchased (with 20% of proceeds going to humanitarian efforts) at: www.karenkredding.com

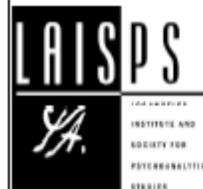
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LCSW is seeking part-time office space on evenings and Saturday. Please contact Eugenie at emlewis@aol.com or call 310/386-0732 with information.

Advertising Policy

DEADLINE

The 1st of the month for the following month's issue. There will not be a May or July issue this year.

CLASSIFIED AD RATES

Ads are charged according to 30-word groupings:

1-30 words = \$20

31-60 words = \$40

61-90 words = \$60

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Payment by check or MasterCard/ VISA and MUST accompany ads. Forward your ad by email: cscsw@comcast.net or by FAX (916) 923-3832. Then call the office with your MasterCard or VISA number. You may also mail your typewritten to: **CSCSW, 720 Howe Avenue, Ste. 112, Sacramento, CA 95825.** (800) 952-5579.

The announcements/ads presented in the *Clinical Update* do not necessarily represent an endorsement by the governing body of the California Society for Clinical Social Work. ❖

Deadline for the September issue is August 1st.

Late submissions may not be included.

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FALL REFLECTIONS SERIES 2009

September 12th, 2009

When the Professional is Personal: Shared Trauma and Self-Disclosure in the Therapeutic Relationship

Increasingly, more clinicians find themselves exposed to and practicing in environments that could be characterized as traumatological. Terms such as compassion fatigue, vicarious trauma, and secondary trauma do not adequately convey the profound impact that collective catastrophic events, such as natural disasters, and the 9/11 terrorist attack, can have on the therapist's life. Shared trauma describes the lasting, transformative changes to one's self-concept when clinician and client experience the same traumatic event. The therapist, in such situations, functions in a dual capacity, as both fellow victim and clinician, potentially leading to a blurring of personal and professional boundaries. Issues of therapeutic intimacy and traumatic countertransference are prominent and may compel the therapist to self-disclose.

About our Presenter:

Carole Tosone, Ph.D., is Associate Professor at New York University Silver School of Social Work, and recipient of the NYU Distinguished Teaching Award. She is also the Editor in Chief of the Clinical Social Work Journal, and serves on the editorial boards of Social Work in Mental Health, Social Work in Healthcare, Psychoanalytic Social Work, Psychoanalytic Perspectives, and others. Dr. Tosone is author of numerous professional articles and book chapters, and co-editor of two books. She has delivered over one hundred articles in academic and mental health settings.

Introduction by Ellen Ruderman, Ph.D., Psy.D: ICP Supervising and Training Analyst; Chair, AAPCSW National Study Group; Private Practice in Encino.

When: Saturday, September 12th, 2009
12:30 to 4:00 p.m.
Buffet lunch will be included

Where: At the home of Joan Rankin, Psy.D., LCSW
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