Pennsylvania Society for Clinical Social Work Autumn 2021

The Clinical Voice

Welcome to our 50th Anniversary Edition!

Take a look inside…

President's Message

Annette Deigh, MSW, LCSW

PSCSW Members,

Welcome to the 50th year of the Pennsylvania Society for Clinical Social Work!

During the founding of the PSCSW organization and community, which many of us have embraced as our "professional family," it was probably difficult to imagine that 50 years later we would be in the midst of a years-long pandemic. Further, our founders probably could not have conceived that many of us would have to serve our clients from behind screens from which we communicate "in real time." In 50 years' time, so much has evolved in our larger society. Yet so much also has remained stagnant and, some would say, even regressed. Nevertheless, 50 years ago, the founders of the Pennsylvania Society of Clinical Social Work had an ideal in mind of how clinical social workers should practice in the state of Pennsylvania.

Fifty years ago, in 1971, twenty-two founding members (some say twenty three) aimed to create an organization that would "facilitate the highest level

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President's Message, cont.

of clinical social work practice and to support the role of clinical social work in the community." The founders

sought to accomplish this goal via a list of objectives, including: setting standards of practice, supporting adherence to a professional code of ethics, promoting professional development, advocacy on all levels, promoting public awareness of clinical social work, initiating programs of action for the purpose of achieving and maintaining practice licensure and vendorship and providing opportunities for continuing education.

As we take time to reflect on PSCSW's 50th year, I invite you to consider your own thoughts, feelings and experiences as a PSCSW member and to what extent these objectives and the overarching purpose of PSCSW have been met. We will reflect further on these questions as a group at our upcoming 50th anniversary Annual Event, which will be held virtually due to the ongoing circumstances of our time. We will explore PSCSW's "journey" from its founding, work our way through its trajectory and ponder the path(s) that lay ahead. All the while we will learn about the theoretical perspectives that shaped PSCSW's founding and earn Ethics CEs through the lens of social justice. By the time you are reading this special edition of *The Clinical Voice*, registration for the event, with a discounted rate for PSCSW members, should be available on the PSCSW website and via mail.

Over time, the scope of clinical social work itself has evolved. Nevertheless, I suspect that many would say it has not evolved enough. There remain disparities and social injustices, yes, even within the field of social work. Social workers across the spectrum have had to make sometimes tough choices to part ways with agencies, organizations and/or ideologies that no longer fit with their personal and professional values. There are those who have left the field and organizations as more focus was put on the need for social justice. There are social workers who have advocated tirelessly for and embraced the examination of "how things have always been done" in efforts to move their communities forward.

With the "golden anniversary" of PSCSW here, and as we contemplate what the next 50 years of our organization will look like, I leave you with the current mission statement of the Pennsylvania Society of Clinical Social Work. This mission statement has been revised several times since our founding in an effort to reflect the evolving social work values that we are committed to upholding and uplifting and to better include the diverse voices our organization represents. Fifty years from now, how will this mission statement fare? Will it stand the test of time, or will it change again? Let's think about that together when we meet for our 50th anniversary Annual Event on Sunday, November 7th at 1 PM. See you then, in the Zoom Room!

The Pennsylvania Society for Clinical Social Work Provides support to Social Work Professionals and graduate students with accessible resources to advance knowledge and education, enhance direct practice skills, build community and advocate for the Social Work profession and broader social justice issues, in accordance with the Social Work Code of Ethics and Values. PSCSW is committed to anti-racist practices and welcomes diversity, inclusion and the intersectionality of all identities. The organization works towards having an environment in which differences are valued and celebrated to create a platform for social change.

All my best,
Annette

Letter from the Editor

Heather Baron, MEd, MSS, LCSW

An agency newsletter, like the organization and members it represents, is an entity that evolves. This fall we are marking the 50th anniversary of the founding of the Pennsylvania Society for Clinical Social Work and creating ways to discuss and celebrate how the organization has grown and transformed over time. Throughout this issue of *The Clinical Voice*, you will find information about our upcoming 50th anniversary event, articles about the history of the organization and recognition of both our original founders and some of our current members. I also want to share a few things here about changes to the newsletter itself.

Sadly, our editor, Renée Cardone, had to step down earlier this year, and I agreed to take on the role of committee chair and editor. The committee has been growing, and we now have a group of committed members and regular contributors. (Please see the sidebar to the right!) Unfortunately, after the publication of the current edition, I will also need to step back. While I hope to continue to support and contribute to the newsletter, I will not be able to stay on as the chair and editor. *The Clinical Voice* is therefore in need of a new leader! If you are interested in being the committee chair and editor, please contact Annette Deigh at boundaryspan@me.com.

The theme of the current issue went through a transformation of its own as well. In the late spring, I sent out a call for submissions for a summer edition on the theme of "navigating differences." This seemed like an appropriate theme at the time. Anecdotally, many members were discussing challenges in this area in both their work and their personal lives. How do we effectively talk and work with others whose backgrounds, perspectives, beliefs and opinions are significantly different than our own? This is a question playing out on a macro level in our society at large and on a micro level in our clinical work as we grapple with tensions around politics, the coronavirus pandemic, race relations, LGBTQ+ rights, climate change and many other issues.

Interestingly, in spite it seeming like a topic many could relate to, no one submitted anything on that theme. After repeated posts on the listserv, Annette and I made the decision not to publish a summer edition and to try again in the fall. However, the same thing happened again, and there were no submissions. I wonder what it was about this subject or this moment in time that led to the lack of response. Were members hesitant to write, worried their perspectives might generate controversy? Did members not have the emotional energy needed to engage with this

The Clinical Voice is a quarterly publication. We seek input from PSCSW members and welcome articles and essays, generally limited to 800 words. Calls for submissions on specific topics will be posted to the PSCSW listserv. We welcome letters to the editor and feedback. If you have an idea we'd love to hear it! Please contact Heather Baron, Editor-In-Chief, at heather@heatherbaronlcsw.com for more information.

We also accept submissions of poems, other creative writing, photographs, pictures of other artwork and weblinks to videos of performance pieces. Please contact Jessica Honig, Art Editor, at honig.jessica@gmail.com for more information.

Letter from the Editor, cont.

important topic? Was not writing a form of self-care and burnout prevention? Perhaps we may never know for certain.

Fortunately, an alternate topic was ready and waiting. On November 7th, we will gather virtually to celebrate the 50th anniversary of PSCSW's founding, so that momentous occasion has become the new focus for this newsletter issue. In the following pages, you will find more information about the event and how to register and articles about the founding and history of the organization. I would like to say a special thank you to Leslie Stickler, Joan Pollak and Kaitlyn McMahon, who have been instrumental in helping this edition of the newsletter take shape and come to fruition. This issue also features some of our regular columns, committee updates and more. I hope you enjoy reading and learning about our history, and I look forward to seeing you on November 7th!

Warm Regards,
Heather

Thank you to the

50th Anniversary Planning Committee

Leslie Stickler, MSS, LSW, Chair
Julie Agresta, MSS, MLSP, MEd,
LCSW Annette Deigh, MSW, LCSW
Deborah D. Shain, MSS, LCSW,

BCD

SAVE . . DATE

The Annual Meeting of PSCSW's Membership: 50th Anniversary Edition

Leslie Stickler, MSS, LSW

2021 marks the 50th anniversary of the founding of the Pennsylvania Society of Clinical Social Work. This milestone in our history is both a cause for celebration, to appreciate our resilience and progress as a profession, and an invitation for reflection. How are we fulfilling our initial mission of protecting clients and promoting high quality clinical services? How has the evolving social (and social service) context affected our work? How have we adjusted to respond to these changes, and how successful have our efforts been? What do we want the future of clinical practice look like?

This year's Annual Event, "The Ethical Responsibility to Change Practice Methods as Societal Pressures Impact Clients," looks back at our roots in promoting licensure and continuing education and forward to new challenges, highlighting important milestones along the way. Our program is jam-packed with past PSCSW presidents, current leaders and student clinical paper award winners, all culminating in a fireside chat with Founding Fellows who are still active in the organization today. The phrase "fireside chat" seemed to capture both the intimacy and the gravitas of this conversation with our PSCSW elders best; however, please note that the Annual Event will be virtual again this year, so it's BYO fire.

We hope to have an especially large turnout this year to honor the contributions of and commitment to our community. The past 50 years have brought challenges such as increased privatization, resource constraints and income inequality, hand in hand with movements for civil rights, queer liberation and environmental justice--to name just a few. PSCSW has worked to support clinical social workers struggling to do more with less while advocating for policies that will benefit our clients and communities. Reflecting on this history will help us envision the next 50 years of PSCSW. What do we hope our professional progeny will say about us in 2071?

The 50th Anniversary Annual Event will also highlight the Clinical Student Paper Awards program, with several members who wrote first-prize papers speaking about the impact of the program on their professional growth and how the issues they discussed in their papers--and the field of social work overall--have evolved since their student days. Our numerous special interest subcommittees, which offer programming, peer support, advocacy opportunities and connection, will be in the spotlight, too, so if you've ever wondered what all of our special interest subcommittees do, this is the perfect time to learn more. The past presidents' panel will include rich perspectives spanning decades of PSCSW's efforts to improve client care, promote inclusivity and support ourselves and each other in this difficult work. Time set aside for Q&A invites members into the conversation about our past, present and future.

If these aren't enough reasons to tune in on Zoom (from the comfort of your own fireside, of course), participants will also earn 2 coveted ethics CEUs for licensure renewal for $15 ($20 for non- and future members). We're looking forward to sharing the rich perspectives of panelists with members and guests. I

hope to see you there!

Please see the next two pages for more information about the event and how to register.

2021 MEETING OF THE MEMBERSHIP

2021 Annual Meeting of the Membership
50th Anniversary of PSCSW
"The Journey: From Where We Started to Where We Are"

Sunday, November 7, 2021: 1 pm – 4 pm | 2 CE

**********Live Zoom Meeting, Details to be emailed 48 hours in advance**********

Please Register online at www.pscsw.org
Or pay by mail by filling out the below form and returning to:
PA Society for Clinical Social Work (PSCSW)
P.O. Box 147 | Darby, PA 19023
(Please make check payable to PSCSW)

Name _____

Address _____

Email _____

City _____ St _____ Zip _____

Phone _____

Cost: Annual Meeting, including 2 CE

PSCSW Members: $15 per person x _____ = _____

Non - Members: $20 per person x _____ = _____

= _____ (Total)

Credit Card Payment

NAME:_____

VISA MASTERCARD DISCOVER EXP. DATE: _____

CVV _____ (3 DIGIT NO.)

CREDIT CARD NO.: _____

SIGNATURE: _____

Cancellation Policy: There is a $5 non-refundable administrative fee for any cancellation up to 48 hours prior to this program. No refund will be issued with less than 48 hours notice.

Committee & Program Updates

Special Interest Committee

PSCSW currently has openings for coordinator positions for special interest subcommittees. If you want to get more out of your PSCSW membership and are interested in becoming a coordinator, please contact me for more information. Special interest subcommittee coordinator positions allow for expanded networking opportunities and provide opportunities for professional growth. A safe space is created to reflect, process and grow through adversities. PSCSW currently has 10 different special interest subcommittees (boldface indicates open coordinator positions): Agency Practice, Cultural Diversity, LGBTQ, Private Practice, Policing in Social Work, **Recovery and Resilience**, **Social Workers in Healthcare**, Supervisors and Managers, Social Workers of Color (SWOC) and School Social Work.

A mentor in the social work field once told me that your degree, licenses or certifications are only as effective as the quality and reach of your network. By becoming a subcommittee coordinator, you'll be able to build clinical skills, expand your network, and learn through the sharing of experiences. Hope to see you soon at a subcommittee gathering!

Kareemah Grossett, LCSW
Chair of PSCSW Special Interest
Subcommittees kareemah020385@yahoo.com

Agency Practice Subcommittee

The Agency Practice Group plans to reconvene in October on 10/31 at 2:00 p.m. via Zoom to offer peer support for members working in agency settings. Please reach out to Leslie Stickler, MSS, LSW, at stickler.leslie@gmail.com for more information or with suggestions or feedback about this group and how it can be most helpful to agency social workers.

Student Support & Membership Committee

The Student Support and Membership Committee is responsible for working with, supporting and providing resources to current students of social work graduate programs. This committee encourages students to reach out and share their experiences as current graduate students, so PSCSW can help to identify future opportunities that will help Masters
Level social workers thrive during their programs and upon graduation. If you're feeling a bit dazed by the weight of your coursework and field placement, don't hesitate to reach out to the Committee Chair, Aisha R. Shabazz, LCSW, at inrealtimewellness@gmail.com, for 1:1 support. If you're a first-year graduate student who's interested in taking a leadership role, please reach out to Aisha via email, to inquire about serving as a student liaison to the PSCSW Board.

Main Line Private Practice Subcommittee

The Main Line Private Practice Subcommittee meets every other month via Zoom. The next meeting will be 11/21/21 from 10:30 a.m. to 12:00 p.m. There are usually about 20 members, ranging from new members considering private practice to seasoned members who have been in private practice for decades. We discuss an array of topics including:

- if and when to go out on your own
- best electronic billing/practice platforms
- to take insurance or not to take insurance
- returning to the (actual) office post-COVID • the pros and cons of a creating an LLC
- marketing your practice
- enhancing your "financial literacy"
- what to charge your clients

Contact fgerstein01@gmail.com for more information.

Fran Gerstein, LCSW

	Co-Coordinator, Private Practice Subcommittee

PSCSW's Founding Members

In our 50th anniversary year, we recognize and honor our founders:

Ruth Cohen
Roberta Eisenberg
Marlyn Fisher Florence
Kaslow Judy Kasser
Kathy Landin
Jean Levitties
Anita Lichenstein Joan
Martini
Pauline McCoullough
Mary Montague
Alma Orchinick
Jean Pollock
Leafy Pollock Joan Saul
Rivitz Millie Rosenstein
Joan Sadoff
Lois Schneider
Edith Shafin Helen
Snyder Molly Specter
Martha Zehner

The following history was written by founding member Judy Kasser (circa 2000-2001, originally untitled).

PSCSW History

Judy Kasser, LCSW

When I was asked to write about the early history of PSCSW, I was startled to realize that I was going back thirty years in the effort to recall where it all began. I hope my memory will serve me for I expect to enjoy trying to recreate the atmosphere and conditions of the profession in the 70s. As we all know, the past thirty years has been a time of enormous change in the political climate and the healthcare and social service fields. Some of the anticipated changes were part of our early concerns; others were not even conceived.

As I recall, I was invited to a meeting of the then Group for the Advancement of Private Practice – a somewhat "shady" idea at the time, although not an entirely new one. Every institution in the field was unambiguously lined up against it. The schools, agencies, NASW and many practitioners, as well as writers in the field, considered it to be a betrayal of the basic philosophy of social work and antithetical to our mission. Being a natural born rebel and curious, I went to the meeting with my co-conspirator, Alma Orchinik, whom I hope some of you may remember. Our hosts were Florence Kaslow and Fanita English, each of whom had their own agendas, but who should be remembered as people willing to stand up and be counted in a hostile climate.

It was at that time that I first learned about the National Federation of State Societies for Clinical Social Work, composed then of five states, and read their mission statement on one of their earliest brochures. (It is regrettable that so much is lost.) At the time, California, New York, Illinois, Texas and Louisiana had state societies and were the founders of the National Federation. They were hosting a meeting in New Orleans to launch a nationwide effort to recruit membership.

Full of excitement, I decided to try to convene a meeting of like-minded people in a neutral place – the conference room of Hahnemann Community Mental Health on Broad St., where I was working as Director of Aftercare Service. I believe about 25 people attended. I remember that meeting as full of excitement and pleasure that there were others of a similar mindset, as well as anticipation that we could make a difference for the profession and ourselves. We understood that without fighting for professional status in the larger world we could not be as effective in advocating for our clients or, for that matter, for the policies the

J. Kasser, cont.

the profession was supporting. However, some people expressed anxiety about the reaction to our attempts and worry about the size of the bite we were preparing to take.

At either the first or second meeting we had, I volunteered to go to New Orleans, and the group raised the money to defray some of the costs involved in attending the meeting of the National Federation of State Societies. It was important to be there in person in order to learn more about the organization and its structure so that we could make informed decisions at home. I was very intent on this undertaking being identified as a legitimate cause.

The meeting in New Orleans was one of the most exciting professional experiences I had ever had. It was wonderful to be with colleagues who shared points of view. An added benefit was that attendees were from all over the country and had varied experiences depending on local conditions. This certainly enriched my understanding.

Private practice was well developed in California and New York, with some form of legal regulation already on the books. The Federation had made enough of an impression for NASW to come out publicly against licensure. Of course, we should remember that we were introducing a totally new idea to the field and that generally produces resistance. (Their position was that if social work campaigned for licensure it had to include Bachelor level peoples or be challenged as "elitist.")

At that early meeting in 1971, both Massachusetts and Connecticut were already well along in the organizational process. I returned to Philadelphia with a clear sense of purpose and direction. I understood we needed to do the usual work of any fledgling organization, but our immediate priority must be to work on achieving state licensure. In hindsight, it was none too soon because it certainly took a lot longer than any of us anticipated.

As President, I had many responsibilities both statewide and nationally. As others undertook to chair committees on organization formation, I took on the Chairmanship of the Committee on Licensure and was soon joined by my friend and colleague, whom you all know very well, Mary Montague. After my presidency was completed, I continued working with Mary on the licensing effort until 1983, when I left Philadelphia for Boston, with considerable ambivalence. (One of the funny and ironic events for me on a strictly personal level was that the social work profession in Massachusetts had achieved licensure. Since we in Pennsylvania had not, I could not be "grandfathered" as many were in the first years. I took the social work exam with the recent graduates and passed successfully. It was a quirky little exam that I am not sure tested competency, but I was pleased that I passed easily.)

In discussion with Mary and others about those early years, I am reminded of all that we accomplished with our limited resources, skepticism and/or outright hostility aimed at us from many quarters. All of us were also working while building the new organization, so managing time was difficult. Every task or new obstacle we encountered required a steep learning curve because we were novices at the business of organization. But all of us were deeply committed, and by then we were more than one hundred strong, too numerous to mention by name. I am certain that we all knew who we were, although sadly some are now gone.

Our Society was a principal player in the development of the Board of Registry under the leadership of Joan Pollack, of the Bryn Mawr Faculty. We participated in the start up and financial and editorial support of the first Journal devoted to clinical practice. I served on the search committee to hire the first lobbyist in Washington, D.C., as well as looking for the same kind of help on the state level.

In the heyday of community organization as the most "respectable" form of social work practice, Mary and I were often amused and pleased at how effective we

J. Kasser, cont.

were. We had entered into the field of community organization without credentials. Our community was our own profession and our task was to educate and inform, both the public groups that affected our work, as well as one another. We needed to maintain and advance our place in the world as providers of mental health and other clinical services.

Next, it was important for us to educate ourselves on the actual workings of the political process in Harrisburg. Without that sense of the "back room," we would not be able to be effective, not only in convincing the legislature of the need for licensing to protect the consumer of service. We needed to educate the public, including legislators, about what we really did outside of their awareness of the welfare system. Many of the groups that were opposing us presented significant obstacles to our goals. In addition, there were many social workers that were deeply opposed to us for a variety of reasons, sometimes very emotionally.

At this time, I was heavily involved with the Federation, working on the national scene on the exploding issues of National Health and Medicare. It was a new and scary experience to testify before the relevant congressional committee on why we should be included as reimbursable practitioners in insurance programs. I am certain that all of my "uhs" are still in the congressional record.

It is difficult to report history chronologically without boring your audience or failing to make the history real. Important events and people will probably be omitted without intention. The field today is vastly different than the one we were functioning within. The best way to comprehend our history is to understand the context of the time.

In the early seventies, social work was beginning to move out of our traditional fields of practice and changing along with the changes that were brought about by the emergence of community mental health.

All of the professions involved, i.e., psychiatry, psychology, social work, group therapists, nurses, art therapists, etc., were all competing for a significant role in a new field of practice vastly different from their predecessor psychiatric clinics that operated more traditionally. The issue was clear to me when I tried to understand it stripped of language, which often conceals as much as it reveals. Much of the struggle centered on "Who was the patient and who was the appropriate 'therapist'/clinician/provider?" A number of the groups were new to the scene. Others, like social work, carried a lot of baggage and stereotypes with them. At the time, family agencies and child welfare agencies were very strong and provided a significant base of practice for many skilled professionals. They were often highly structured and somewhat resistant to change so that less traditional settings became very attractive.

Our view of ourselves professionally was also changing. Private practice had more appeal for those of us who wanted to work with individuals or families in a less structured atmosphere, despite the downsides. Our exposure to other professionals that were comfortable in private practice was also a factor. But it was the "family secret." Everyone knew about it but agreed not to talk about it. The schools made no reference to it, and other social work organizations barely tolerated the idea as somehow not quite ethical. Certainly, it was clear that no one with less than the minimum of five years of practice should consider the idea (not altogether unreasonable). Private supervision and consultation arranged independently came into immediate conflict with agency assigned supervision.

I am now retired and somewhat out of touch, but I know that there is still a great deal of work to be done. Our image still suffers from a public relations problem and needs more work. Legislative efforts are never ending. Most of all, the work of clinical practice on an independent basis demands the highest standards of skill, of ethics, and of commitment to ongoing personal and professional growth. It is not an easy path to follow. Good luck!

The following is adapted from a rough draft written by founding member Mary Montague in 2000-2001.

History of Pennsylvania Society for Clinical Social Work

Mary Montague, LCSW

In 1970, Judy Kasser arranged for a meeting of the Private Practice Council of NASW. The meeting took place on a Sunday afternoon in a conference room at Hahnemann Hospital and approximately 45 social workers attended, including myself. At the time, a number of members felt that NASW was not meeting their needs, and Judy stated that the purpose of this meeting was for us to leave NASW. It was from this meeting that PSCSW had its beginnings.

Judy had heard of a group in Chicago that was trying to establish an organization of psychiatric social workers who worked in agencies or private practice. She wanted to attend a meeting in New Orleans of this new group to find out about their professional aims. After she told us what she knew about the group and answered questions, we each pledged $45.00 to pay for her trip. She returned from New Orleans full of excitement and arranged a meeting at her house to share what she had learned.

The new organization was called The Federation of Societies for Clinical Social Work (FSCSW). The Federation's Board of Directors would be comprised of the Presidents of all of the groups that joined. These groups would be affiliated societies instead of chapters, which would give the state groups more autonomy. The title psychiatric social worker would also be changed to clinical social worker because of a sense that agency staff would feel more comfortable with that language. The Federation created bylaws establishing its purpose as the education and licensing of social workers.

We voted to affiliate with FSCSW, and The Pennsylvania Society for Clinical Social Work was formed. Judy was our first President and served two terms. I was the Vice President and later also served two terms as the second President. Judy was a dynamic first President of PSCSW and a vital force on the Board of FSCSW. It is not an easy task to help found and form two organizations! Judy was responsible for establishing PSCSW as a legal entity in the state of PA, and she oversaw the formation of the Board and writing of the bylaws. PSCSW's bylaws, written by Roberta Eisenberg and Marlyn Fisher, established the same purpose as the Federation. Judy also created working committees. Judy appointed Joan Rivitz as the first Chairperson of the Education Committee, which set up reading groups, presented workshops and founded an institute to teach social workers therapeutic concepts. The Society grew rapidly, and in two years there were nearly 300 members, with Philadelphia as the main group and another group in Pittsburgh.

As an interesting aside, one reason the Society was able to move forward was that Judy's husband was a printer, and he did all of the Society's printing for free. With the money saved on printing costs, we were able to hire a part-time secretary. The first secretary was Chris Betz. The second secretary was Cathy Gillespie. She did a great job and remained with the Society for over 10 years. We then had a number of secretaries until we hired Kathy Beidler, who is our Administrative Assistant and is doing a great job solving all of our administrative problems and is supportive of all Society endeavors.*

In 1971, a psychiatrist I worked with challenged me to become a Blue Shield approved provider. I discussed

M. Montague, cont.

this idea with Judy, and she agreed. We heard there was to be a public hearing in Philadelphia at City Hall on September 25-27, 1972, to examine the role of Blue Shield and doctors in the health delivery system in Pennsylvania. I testified at that hearing, and afterward I wrote to the President of Blue Shield on October 9, 1972, requesting a meeting to discuss the role of Clinical Social Workers in the delivery of mental health services. When Judy and I went to see him, he explained that before social workers could be reimbursed for mental health services we needed to be licensed. That was the start of a long and enjoyable partnership for the two of us (until Judy moved to Boston in 1983). Our goal was to license social workers, which finally happened in 1987.

Over time, the Federation added more state societies and set up guidelines for clinical social workers. The Federation's Board felt it was necessary to create a directory to identify clinical social workers and assure the public that they had the qualifications to be called clinical social workers. The PSCSW Board authorized the President to volunteer PSCSW to develop the directory.

PSCSW's Board and a number of members volunteered to do all that was necessary to establish a directory. They sent letters to all FSCSW members explaining the purpose and cost of creating it, and there was an overwhelming response. The directory was called Directory of Health Care Providers in Clinical Social Work, and I was elected as the first president. As the directory continued to grow, it became necessary for it to become separate from PSCSW. The directory then evolved into the American Board of Clinical Social Work (ABECSW) and the BCD (Board Certified Diplomate) credential.

*2021 Update: Kathy Beidler worked for PSCSW for over 20 years. After Kathy's departure and another transition within the role, we hired our current, wonderfully supportive Administrative Assistant, Kristina Snyder.

The following article is reprinted with permission from the Winter 2018 edition of *The Clinical Voice*.

The Founding Of PSCSW

Martha Zehner, LCSW, BCD

Fifty years ago, I entered the Bryn Mawr Graduate School of Social Work and Social Research. To give some context to the social and political environment, it was 4 years after the assassination of President John F. Kennedy, in one year Martin Luther King, Jr., would be assassinated, and just one year following that the Kent State riots protesting the Vietnam War broke out. The National Guard killed 4 students during this riot. Following this demonstration, protests around the country were occurring frequently. There were civil rights demonstrations and anti-war demonstrations. There was unrest around the country, a defiance of traditions and a palpable need for change. Against this backdrop, I entered graduate school, and in my second year I was placed at Eastern Pennsylvania Psychiatric Institute (EPPI). It was an exciting place to be, for it was on the cutting edge of psychiatric practice and research. Change was in the air. EPPI was one of two hospitals licensed to experiment with the use of lithium for bipolar disorder, and electric shock therapy was being practiced. There were several family therapists developing their particular theoretical frameworks, and Dr. Lazarus was there teaching and practicing behavioral therapy. There was also an experimental milieu therapy

M. Zehner, cont.

inpatient unit, on which I placed.

EPPI also had a vibrant "Psychiatric" Social Work Department. It was here that I met women who had strong social work identities and ethics. These were the leaders in founding PSCSW: Judy Kasser, who at the time was working at Jewish Family Services; and Anita Lichtenstein and Alma Orchnik, working at EPPI. They each were developing their own clinical expertise and each eventually opened a private practice. They were committed to supporting each other and those of us who were following in their footsteps. They were smart, energetic, and courageous social workers and became the early leadership of PSCSW.

At the time, there was only one professional organization of social workers, the National Association of Social Workers (NASW). NASW was a great support to social workers who were focused on macro practice but provided no support to those who were focused on clinical work. There were many pleas and requests for NASW to provide education, training, and workshops for the social workers who were primarily doing clinical work both in agencies and private practice, but NASW was completely opposed to this. Out of the growing frustration and knowledge that NASW refused to acknowledge the value of clinical work, Judy Kasser, in consultation with her colleagues developed a plan. Why couldn't we form our own member organization whose mission would be to support the needs of clinical social workers?

So one weekend afternoon, Judy called a meeting to discuss this possibility. I do not remember exactly how many social workers attended, perhaps 15-20. Judy quickly presented the purpose of the meeting: to see how many people would commit to working toward creating an organization for clinical social workers, separate from NASW. This was practically heretical. NASW was our organization, this is where we obtained our ongoing education, our CEU's, our ethical standards, our insurance coverage, etc., But, the organization refused to recognize those of us who wanted to develop advanced clinical skills. So with Judy's "fire 'n' the belly" and several of us signing on to this effort, we agreed to forge ahead, though many of us had no idea what we were actually signing up for. As word spread, there were several more social workers who joined the effort. We developed several committees, each with a separate scope of work. Each committee had to put in several hours every month doing research, writing letters, developing documents, and using many of our personal resources, for there was no budget. We met monthly to inform each other of both progress and road blocks. We did finally hire some consultants to help us incorporate, deal with NASW, and to manage several other concerns. This was a pioneering effort. In 1971, the Pennsylvania Society for Clinical Social Work became an established entity.

As I look over the last 46 years I am amazed at all this Society has accomplished. PSCSW is responsible for the clinical license in the state of Pennsylvania. There were others who joined the effort but it never would have happened without PSCSW. We offer opportunities for CEU's, ethics consultation, advocacy efforts, and many committees and subcommittees. A big thank you to all of you who have continued to lead us, and to all of us who continue to learn and grow together in this ever-evolving organization.

The following article is reprinted with permission from the Winter 2018 edition of *The Clinical Voice*.

PSCSW History: Moving PSCSW into the 21st Century

Joan Pollak, LCSW

Although I joined PSCSW in 1977 as a new graduate, it took over 20 years for me to get actively involved in leadership within the organization. The idea of PSCSW leadership never occurred to me. In 2000, however, PSCSW president Ginny McIntosh recommended that I work with Diane Frankel who was starting a New Professional Development Committee. Once I volunteered, I loved meeting interesting colleagues and found meaning in the opportunity to support our profession. I also learned that our membership numbers were stagnating, our finances were struggling, and a new generation of student and recent graduate members was needed to bolster and reinvigorate the organization.

As part of the New Professional Development Committee, I started the Mentoring Program, spoke at graduate school classes with information about membership benefits, and accepted the committee chairmanship when Diane Frankel became president. We initially recruited PSCSW student representatives from Bryn Mawr and Widener Social Work programs, and gradually increased our visibility at Temple, Penn and West Chester. The passing of the Clinical License brought enhanced student recruitment opportunities, as the schools requested PSCSW to come offer guidance about the difference between the LSW and LCSW requirements. We developed literature about licensing and offered a licensing prep course. The committee also developed a low fee supervision list. By 2007, close to 150 students a year were joining our organization and infusing our ranks with energy and ideas.

Following in the giant footsteps of Ginny, Diane, and Leda Sportolari, I was elected to the PSCSW Board presidency in 2007. I was happy to inherit strong leaders and thriving programs. Ginny stayed on as the legislative chairperson working on title and practice protection, Leda revived our Clinical Post Master's Certificate Program, Linda Brockway led an Education Program Committee dedicated to clinical excellence, and Valerie Daniels and Gary Jones, succeeded by Laura Favin, contributed their powerful voices to our newsletter. Deborah Shain joined us to strengthen our Ethics committee; JD Siemsen served as a magnetic New Professional committee chair; Annette Deigh led a dynamic Membership committee; and David Wohlsifer inspired the development of a Clinical Book Group and Private Practice Committee. Sheila Fox Sherwin and Paulina Naisteter expanded programming and nurtured new Coffee and Conversation and Book Group presenters; Jeff Darcy initiated a Clinical Film Group; and Robin Meyer, Donald Deigh, and Earl Driscoll anchored us as committed elected officers. Many of these colleagues remain active as leaders and contributors today!

When I started my presidential term, my primary goal was to move PSCSW in the direction of becoming a more racially inclusive organization. I often heard the voice of my deceased friend, Shabanu Goldberg, a former treasurer of PSCSW, who had confronted the board on numerous occasions to address the absence of people of color in the organization. The Board initiated two public meetings focused on generating dialogue about the lack of diversity in PSCSW and responded to the feedback with concrete changes.

These included offering a PSCSW conference addressing cultural competence in practice; rotating days of programs so that CE events did not disproportionately fall on Sundays; supporting outreach by members of

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color to students; authorizing refreshment stipends, so all those who wished to host would feel included; conducting a panel discussion targeted to the work of members in a range of agency positions; and offering more events with easy access to public transportation.

It was obvious that changes needed to continue, and it is great to see the activity of our Anti-Racism task force. Another development during my presidency was the start of Special Interest Groups for members wanting to meet and support colleagues with the same identity; interests; or professional specialty. While some groups have naturally ended, I am thrilled to see that the roster is growing with new ones initiated each year. Our Special Interest Groups were eventually renamed Special Interest Sub-Committees to connote more advocacy and empowerment within our organization.

An area of protest during my term was the lack of meetings accessible to those who lived away from the greater Philadelphia area. In 2007 we approved a Regional membership category, with a lower fee for those members in counties with less access to programs. At the same time, Regional CE programs were organized in Chester, Bucks, and Lancaster counties to provide hubs for member connection. Our attempts to facilitate programming in Harrisburg and Pittsburgh did not fare as well, as we lacked the core membership numbers for growth and development, but perhaps that can be revisited in the future.

A review of history would not be complete without mentioning our listserv, still a new entity when I started my term. This wonderful resource connected members immediately. However, the listserv suffered growing pains, including the posting of material unrelated to social work, confidentiality violations and hurtful communication. Soliciting member feedback, we developed guidelines to keep our postings professional and help exchanges feel safe. Our guidelines continue to develop, grow and change.

In the 21st century we have grown from 200 to 900 members. Our warm and vibrant organization is attracting both new and seasoned members. I look forward to participating in and witnessing what's ahead.

The following article is reprinted with permission from the Winter 2018 edition of *The Clinical Voice*.

Our History

Ginny McIntosh, LCSW

In the mid-1970s, I remember walking into one of my first PSCSW meetings where Judy Kasser, president, was talking about the need for in-depth clinical education for social workers. The room was filled by Judy's determination and inspiring words about the need for the psychotherapy relationship to be well grounded in theory. Many of us feared future social workers would not be well trained. At that time, we also had a strong reaction to the NASW and CSWE (the accreditation body for school of social work curriculum) decision to replace the current curricula with a "*generic*" one. Many schools of social work then used psychoanalytic or psychodynamic theories. Social workers who practiced individual casework, family work, community organizing, group work and child welfare reacted sharply to the loss of psychological theories as a foundation of social work. At that same time, many of the psych hospitals were turning toward a more medical model, so psychiatric social workers found themselves defending their work. But here in this room was a group of social workers calling themselves *clinical* social workers, not to be confused as part of a medical model and who were

G. McIntosh, cont.

fired up and energetic about establishing a post master's training program which would emphasize the need for a strong therapeutic relationship.

It is hard to remember that in the 1960s almost all social work was done in agencies, institutions and hospitals. There was an abundance of excellent psychiatric and individual social work being practiced in hospitals and agencies, including child welfare and family agencies. Social workers were writing and lecturing on psychoanalysis, object relations, self psychology. Social workers didn't do private practice, and when it first was tried and talked about, NASW took a very negative view of it. Psychologists and psychiatrists did private practice; social workers were supposed to work for an institution or agency. Insurance wasn't an issue, unless the patient was in the hospital and it didn't cover social work. In the early 1970s a ground-up kind of organizing created clinical societies in some states with three goals:

1. To create high level educational opportunities for members and to encourage Schools of SW to maintain their theoretical foundations;

2. To support opportunities for clinical social work in private practices in addition to what already existed in agencies and hospitals, etc.;

3. To ascertain licensing for Master Degree social workers, plus five years of practice, in order to compete with psychologists.

Later (1980s) we added fighting Managed Care, so we could do the work we knew was effective.

One of the PA Society's first successes was creating our annual scientific conference, bringing in from Chicago and NY big names in the field for a day long workshop. At that time, we didn't have the plethora of Continuing Education workshops. Then the PA Society organized a two year post-master's educational program focusing on the Therapeutic Relationship with both psychoanalytic and social work bibliography, which was a success for many years. I worked full time then at a state mental hospital and had a part time private practice out of my home. It was an exciting time in the field but we wanted the Master's level degree to be the degree of practice expertise and not to have to get a research based Ph.D. in order to practice. Nor did we want it diluted by a BSW.

Mary Montage, a dynamic leader, was our first president, and when she left that office, she led the task to get licensing. There were two obstacles to this: NASW-PA and the PA legislature, which as a very old state and union state didn't have a clue what social work did. They knew the social workers who were unionized at State Hospitals, Public Welfare and some other institutions. What were we thinking that we wanted to be recognized as independent social workers? We finally got title protection licensure in 1989, after demonstrating most other states had it, about the same time that Medicare opened up to invite us to become providers. But this insurance wouldn't allow us to diagnose because the Psychiatrists' Lobby prohibited it.

Still, we had accomplished most of the Clinical Societies' goals. Many other state societies died off due to lack of leadership. By the late 1980s, we no longer had the post-graduate program because there were several other training options available and everything we did in the Society was accomplished by volunteers. Membership was somewhat falling off as members didn't necessarily see that they needed the Society, even to protect their license now they had it. We couldn't afford to have the Scientific meeting because there were lots of big conferences to go to and we weren't drawing as many people. Several presidents came and went and when I became president in 1999, membership was down to 104 members and we were struggling. Bob Isaacson, my predecessor, hired Kathy Beidler as our administrator, for which I've been forever grateful.

In addition, along came a threat to our license. Professional Counselors and Marriage and Family

G. McIntosh, cont.

Therapists wanted to be licensed and the PA Legislature decried they would only allow it if they came in under our Board. The problem with opening a license act is that any group can come in and change it, so we wanted to proceed carefully. I interviewed two prospective lobbyists in Harrisburg and hired David Tive, who knew more about non-profit licensing than anyone else. I met with NASW and their priority was to get a BSW, but we led the way to an LSW bill. (The Legislature would not allow consideration of a BSW.) We wanted the LCSW for independent practice, preferably with the right to diagnose, which most states had by this time. NASW wasn't sure they wanted this license, but since the Licensing Act was being opened my committee and NASW formed a team and met with representatives of AMFT and PC at the NASW office in Harrisburg and related to our respective Lobbyists for more than two years. We wanted to keep the standards high without making getting this license a burden. I couldn't do this without building membership and raising funds. So I began speaking to whoever I could in the field about why the existence of PSCSW was necessary and we were the only group whose main purpose is to uphold the professional standards & support the *clinical* in clinical social work.

Some social workers who did hospital, hospice or child welfare work thought they weren't "clinicians." I knew from experience doing protective service, working in psych hospitals and directing a Family Service Adult Out-Patient Service that we all do therapeutic work. The more we know about the dynamics of human relationships, the more clinical work we do. Getting housing for the homeless takes therapeutic skills, recognizing what is needed in that relationship. It is all clinical. When I was negotiating the LCSW bill with the PCs, MFTs and NASW with all their lobbyists and ours, David Tive, I always emphasized that. The Legislators didn't want us to enter their offices if we weren't representing all the social workers, and I felt we did. We had to educate them as they really had no idea what we did as social workers. The Professional Counselors didn't have nearly as much education in their master level courses as we did, and my committee demanded added credits be required for them.

We got that license negotiated and passed, and the Board devised the regulations which were not always what we intended. We wrote the bill so people would have time to get their 3600 (later changed to 3,000) hours over 6 years, knowing some would be perhaps having babies or taking care of parents, etc. The Board has tightened that up in burdensome ways
over the years. This is may be more about licensing than you care to know, but it has been important to our ability to practice, especially now that insurance companies call the shots.

During my presidency, we started the Coffee and Conversations, so members could talk about their work and teach each other. We set up peer groups for CE credits and started the listserv, one of the best supports we have for members. The website has also preserved resources for members. The Education Committee offers terrific half day workshops. And under the fine presidential leadership of Diane Frankel, Leda Sportolari, Joan Pollak, Laura Favin, Patricia Isakowitz and now Jessie Timmons, the
Society has grown and prospered. I leaned heavily on the shoulders of my predecessors, including Patricia Burland, who chaired the Ethics Committee for several decades, Mary Montague to guide me in the Licensing battle, and Judy Kasser who inspired the best educational programs and great Education Committees for years. Many, many members and Board members helped me. Two presidents before me was Anna Wiggins, an African American clinical social worker whose shoulders I stood upon while I relied on her sage advice.

I have always thought social workers are some of the brightest, most flexible, creative and trustworthy people I know. I felt they needed to be reminded about how great and effective and caring they are. It was an honor to serve in this organization for so many years and watch it grow and prosper.

Focus on Ethics: Keeping Secrets

Deborah D. Shain, MSS, LCSW, BCD

Our Clinical Social Work Code of Ethics clearly states we have a responsibility to keep our clients' information and identity confidential. That's why our PSCSW listserv rules mandate that we do not reveal any information about a client or a potential client that might allow others to be able to identify the client, or even to surmise that they know the client.

Exceptions to confidentiality are always in the interest of protection of safety and the preservation of life. The "Tarasoff" case law mandates that we have a "duty to warn" third parties whose lives are in danger. Mandatory reporting of child or elder abuse or neglect and clients' threats to self-harm all also require disclosure of confidential information. Therefore, clients have a right to relative (vs. absolute) confidentiality. And we have an obligation to provide our clients with a written Informed Consent document that clearly states the limits of confidentiality.

But what happens when you are treating a couple or an entire family? Confidentiality and one person's need to have you "keep a secret" can become a different issue for each one of them. For example, if you are treating a couple, and one of the partners ask you to keep certain information "just between you" and not tell the other partner, what do you do? Do you have a well-stated and specific "secrets" policy? I do, and I recommend that you do, too. In my **"Informed Consent and Agreement For Treatment"*** document, which I give to all of my clients BEFORE we meet, I include this clause regarding "keeping secrets":

> *TREATMENT POLICY REGARDING SECRETS*
> *My preference is for you to reveal any significant material within the confines of your psychotherapy sessions. No family member, friend, business associate, or lawyer has access to your information without your written permission. Should you reveal material to me individually outside of a session, instead of within a family or con-joint session, I will keep your secret. But in the interest of your progress, I will encourage you to and help you to let your family member, partner, or significant other know your concerns about revealing your secret.*

This "secrets" policy can present tricky situations requiring clinical judgment. Clients who seek couples' therapy often do so because their relationship is wobbly, and they may have found that certain topics and/or behaviors are taboo because they arouse anxiety, anger or a conflict of values in each other. It is common for one or both parties involved in couples' therapy to enter into therapy withholding a secret they think will hurt the other or jeopardize the stability of their relationship. Or they may come for treatment saying that they have become estranged because they "can't communicate." The role of truth and trust in couples' therapy is to explore ways to be open with each other and to stop keeping secrets—even painful ones—from a partner.

The secrets I have heard in my 45 years of con-joint practice are usually about unresolved issues of power, control, shame or perceived "forbidden" topics. The secrets have been varied. "I always take extra cash-back when I buy groceries because (s)he controls the purse strings." "I have a credit card (s)he doesn't know about so I can shop for stuff (s)he thinks I don't need." "I fake orgasms." "I am turned-off by the smell, look, size,

Focus on Ethics, cont.

moves of his/her body." "I say I'm working when I am actually meeting my lover." "I am still using substances even though (s)he thinks I'm clean." "I let the kids break his/her rules when (s)he is not home." "I am a church-going 'cross-dresser.'"

Recently a couple engaged in treatment seemed to be making great progress as one spouse worked diligently to use insight and mindfulness techniques to manage his temper outbursts. They were happy with their weekly sessions and their homework derived from John Gottman's *The Seven Principles for Making Marriage Work: A Practical Guide from the Country's Foremost Relationship Expert*. After a recent session, the wife telephoned to tell me a "dangerous secret." She told me "in confidence" that she was always on edge trying to "help" him control his temper by withholding potentially upsetting information from him. Today when she got home from work she discovered he had received a moving violation traffic ticket in the mail, requiring him to appear in court. She sobbed, "When he sees this, I'm scared he will go nuts. Can we have an extra session this week so I can give him the ticket in the safety of your office?" I had a clinical decision to make: Would I agree to be their external locus of control?

Or would I help her trust that they were far enough along in treatment and that he could use his self control techniques and have a successful experience of putting our therapeutic work into practice? Based on my clinical judgment and with her approval to risk the outcome, I did not schedule the extra session. They managed this on their own at home and in our next session reported with glee their progress and the triumph of trust over past experiences.

According to the teachings of Ethics expert, Frederic Reamer, PhD, in his article "The Complexities of Client Privacy, Confidentiality, and Privileged Communication" in the February 2016 edition of *Social Work Today*, "Privacy, confidentiality, and privileged communication are central to social work practice. It is important for social workers to fully grasp the complex relationships among these core concepts." And I believe a client's secrets are grist for the mill. Secrets are therapeutic guides and are emblematic of the work we need to do in treatment to work out issues of trust, shame and the sharing of power in relationships. What do you think?

**If you would like a complete copy of my Informed Consent and Agreement For Treatment Form, please email me at deborahdshain@gmail.com, and I will be glad to share it with you.*

Consultation Corner

Dear Consultant,

One of my adult clients (in her 30s) has a very difficult relationship with her mother. Mom seems to undermine Client's independence and then gets mad at Client for not being more independent. Mom also says a lot of mean things to Client, which I would describe as emotionally abusive (based on Client's side of the story at least). Mom also tells Client what Client needs, should be doing, etc., in all aspects of her life, and Client responds to Mom as an authority figure. When we talk about this in our sessions, Client can acknowledge how unhealthy this is and can acknowledge that Mom may not always be right, but then still reacts and responds as if Mom is always right. Client's relationship with Boyfriend is also very similar to Client's relationship with Mom, with a lot of the same issues present, and (of course) Mom and BF don't like

Consultation Corner, cont.

each other. Each one tells Client not to listen to and not to spend time with the other. Client and I spend a large portion of our time talking about all of this, trying to figure out what she wants (instead of what they tell her to do), how to set boundaries and make her own decisions, etc., but then when she is with them she is not able to actually do so. There is the added issue that Mom is helping Client pay for therapy and has threatened multiple times that she may stop paying for therapy (either because Client isn't "getting better" or in retaliation the few times Client has actually tried to stand up for herself). I'm concerned for her but not sure how else to help her other than what I've already tried. Any suggestions?

Intrusion-Abandonment Paradox in Family Relationships

Keri Cohen, LCSW, BCD

This relationship seems quite hostile and enmeshed and may be viewed from several perspectives. One could look through the lens of Melanie Klein and splitting. One could look through the lens of co dependency or that of collapse and the autistic contiguous phase of development for the daughter. This situation could be evaluated through R.D. Laing's work, specifically his brief but powerful book entitled *Knots*, that brilliantly presents these paradoxical struggles in relationships. Additionally, the work of Murray Bowen and the differentiation of self could be called upon. There are too many to mention in this brief response.

One surface suggestion, so as not to have the therapy sabotaged, is to set a fee with the client that is acceptable for her and that she can pay by herself. The therapist would then need to decide if financially this is tenable for her practice. This both helps the client to feel more autonomous, less under pressure from her mother and also helps the client achieve a "purer" relationship with the therapist, without the intrusion-abandonment dynamic of the mother's interference in the daughter's work.

It will be difficult for the daughter to stand up for herself because she does not have a "self" to use. The constant sabotage of the mother renders the daughter in a state of primitive collapse (autistic-contiguous state) as she has no sense of self, nor has she been able to develop autonomy. She can speak about it in theory, in the session, but she has no frame of reference to put this into motion, nor does she have any inner life to support individuation. The work of the therapy would be to help her build a sense of self, of individuality. The client cannot figure out what she wants until she develops an inner emotional life, a life of the "self." She is in a collapsed state of overwhelm, unable to have inertia to mentally function independently. She is unable to organize her experience in a way that leads to advocacy as she has little inner life built up to support this action. The time spent in therapy discussing what the client wants and how to set boundaries is unlikely to work as this is at a level beyond what the client is capable of at this time. I would suggest the therapist take a few steps back and begin to help build a frame of experience the client can incorporate into her inner life. After this, it may be more possible to help the client set boundaries as she may have better emotional tools, strength and mental emotional organization to do so. Right now, it is as if she is being asked to run without learning how to walk or even to stand first.

In the therapeutic relationship it will be important to use the experiential moments to explore how she feels about the therapist. Does she feel pressure to please the therapist, to merge with the therapist's perceived desires of her? What happens if she disagrees with or challenges the therapist in any way? Does the client respond to the therapist as an authority figure as she does her mother? How does the therapeutic relationship mirror the relationship she has with her mother, and in what ways can the therapist provide a more authentic experience, one where the client will not feel sabotaged? Basic trust is important to develop as the client cannot trust

Consultation Corner, cont.

much of anything at this juncture, including her own inner feelings of progress, as they are systematically sabotaged by her mother.

Working from a Relational model, the therapist can use the "in the moment" experiential feelings of the session and their relationship to foster the client's sense of self and autonomy. As these experiences are trusted by the client as authentic, she may have the eventual ability to truly individuate from her mother. This will not be a fast process, and it is likely to take time. It will be important for the therapist to help the client understand these steps in some way so the client does not continue to feel as if she is failing to thrive in her ability to individuate and develop an inner emotional life of her own.

Art Matters

Jessica Q. Honig, EdM, LCSW

Jess Honig here, Art Editor for *The Clinical Voice*. No better issue to begin a column on art than one with a theme on navigating difference *and* honoring PSCSW's legacy. Art for me, as for many of my clients, offers a safe space to celebrate nuance, to explore a subjective universe and to capture our world, just as it situates. Art making bridges the gap between the emotional mind and the wise mind, growing their collaborative potential. Art (framed by whatever medium is accessible to the creator) may be visual, auditory, deliciously savored from the dessert plate and otherwise bound only by the creator's imagination. This edition, I will share ways that the arts offer opportunity for cross-cultural and generative dialogue throughout the lifespan. Much of my art therapy happens in a group context; however, exploring individual, familial or community matters may be useful applications of the following as well.

If this:
A child, or someone of any age with a wounded child within them, is struggling to embrace their body image or parts of self (ex., from internalized social media messages or a fractured self-esteem due to systemic "-isms").

Then try this:
Ask the client to tap into their playful side, taking time together to draw their version of a superhero. I find drawing my own version, as well, keeps the energy light and provides opportunity for modeling. Through clinician curiosity, draw out details and characteristics regarding the superhero, beyond physical attributes, and inquire how this superhero problem solves, asserts oneself and self-cares.

If this:
Family members struggle to feel connected as one or more persons begins a process of separation individuation.

Then try this:
Challenge each member to take up close photos of the shelter they have shared together, basic cameras or smart phones work for this intergenerational process (as do descriptions of "pretend cameras" one can make

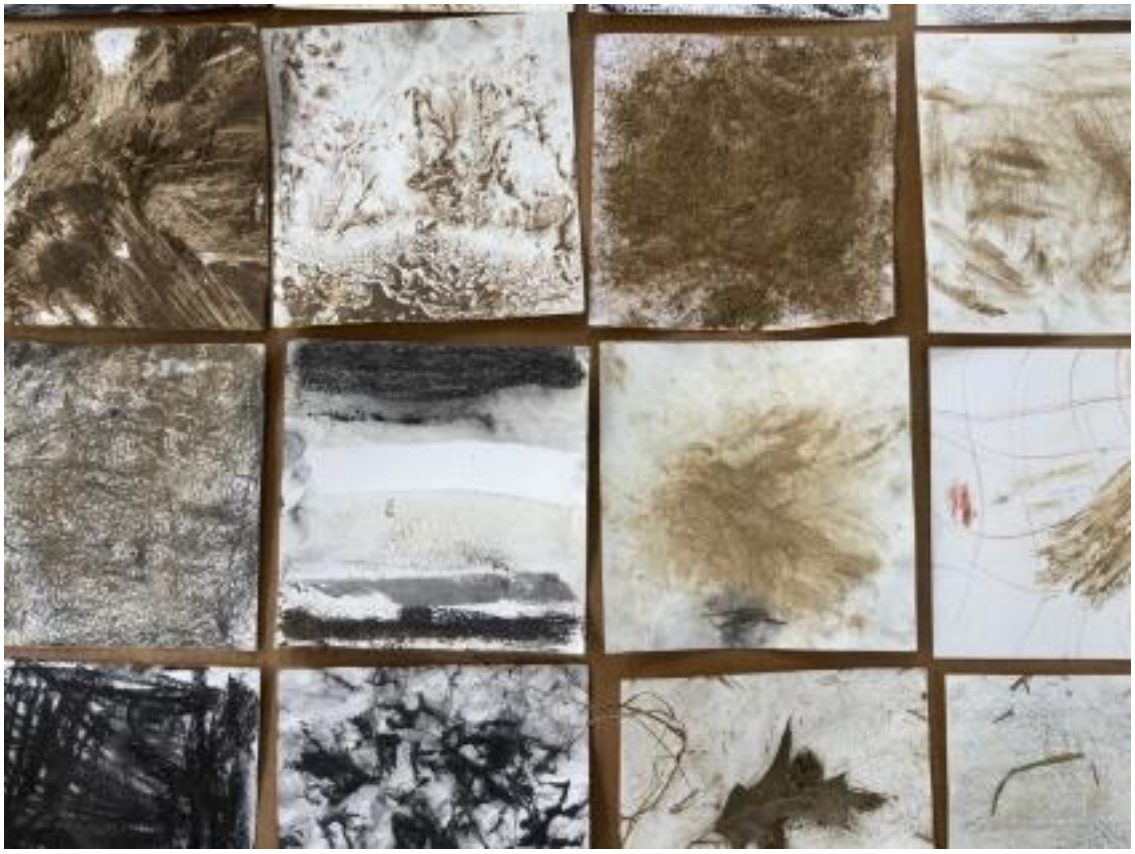
Art Matters, cont.

with hands). Discuss the choices in what has been photographed, determined by unique point of view common within the same family, and encourage a print-out of the photos or draw replicas to place the images together to make a beautiful whole.

If this:
As identity of self or family member or partner shifts, embracing and discussing world view shifts may be a challenge.

Then try this:
Ask involved client(s) to either draw or photograph an image in three stages: literal, impressionistic or slightly blurred, then fully abstract or zoomed in enough that viewers lose sense of what the original subject may have been. This allows clients to experience the playful side and normative aspects of perceptual shifts as one evolves, while being able to see that some contents remain constant.

And remember, when open submission time comes back around, please consider sharing your unique angle on art. After all, art is worth thousands of words.



"Tapestry"

A collection of nature rubbings from an inclusive, intergenerational workshop on perception, co hosted by Jess Honig, spring 2021

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A Sample of Publications by PSCSW Members

In honor of our 50th anniversary, we posted to the listserv asking members for a sample of their publications.

Julie Agresta, MEd, MLSP, LCSW

Bellack, A. S., Mueser, K. T., Gingerich, S., & Agresta, J. (2004). *Social skills training for schizophrenia: A step-by-step guide*. Guilford.

Karen Carnabucci, LCSW, TEP

Carnabucci, K. (2014). *Show and tell psychodrama: Skills for therapists, coaches, teachers, leaders*. Nusanto Publishing.

Carnabucci, K., & Ciotola, L. (2013). *Healing eating disorders with psychodrama and other action methods: Beyond the silence and the fury*. Jessica Kingsley Publishers.

Carnabucci, K., & Anderson, R. (2011). *Integrating psychodrama and systemic constellation work: New directions for action methods, mind-body therapies, and energy healing*. Jessica Kingsley Publishers.

Anjana Deshpande, MBA, LCSW

Deshpande, A. (2010). RECON mission: Familiarizing veterans with their changed emotional landscape through poetry therapy. *Journal of Poetry Therapy*, *23*(4), 239–251. https://doi.org/10.1080/08893675.2010.528222

Deshpande, A. (2010). Effectiveness of poetry therapy as an adjunct to self-psychology in clinical work with older adults: A single case study. *Journal of Poetry Therapy*, *23*(1), 1–11. https://doi.org/10.1080/08893671003594364

Dr. Claudia J. Dewane, LCSW

Dewane, C. J. (2013). Acceptance and commitment therapy. *Encyclopedia of Social Work*. https://doi.org/10.1093/acrefore/9780199975833 9.013.843

Dewane, C. J. (2011). Environmentalism & social work: The ultimate social justice issue. *Social Work Today*, *11*(5), 20.

Dr. Claudia J. Dewane, LCSW *(cont.)*

Dewane, C. J. (2006). Use of self: a primer revisited. *Clinical Social Work Journal*, *34*(4), 543–558. https://doi.org/10-1007/s10615-005 -0021-5

Dr. Scott Giacomucci, DSW, LCSW, BCD, CGP, FAAETS, PAT

Giacomucci, S. (2021). *Social work, sociometry, and psychodrama: Experiential approaches for group therapists, community leaders, and social workers*. Springer Nature. Free open access book: https://link.springer.com/book/10.1007/978-981-33-6342-7

Giacomucci, S., Karner, D., Nieto, L., & Schreiber, E. (2021). Sociatry, psychodrama, and social work: Moreno's mysticism and social justice tradition. *Social Work with Groups*, *44*(3), 288–303. https://doi.org/10.1080/01609513.2021.1885826

Giacomucci, S., & Marquit, J. (2020). The effectiveness of trauma-focused psychodrama in the treatment of PTSD in inpatient substance abuse treatment. *Frontiers in Psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.00896

Jessica Honig, EdM, LCSW

Honig, J. (2021). The Big Catfish [web log]. The HPHR Journal. From https://hphr.org/blog jessicahonig/

Honig, J. (2019). *Reframe your artistry: Mindful tools for art making at any age*. Prodigy Gold Books. https://prodigygoldbooks.com/33%25-off-pre-order-1/ols/products/reframe-your artistry

(Continued on the next page…)

Sample of Publications by PSCSW Members, cont.

Cindy Perkiss, PhD, LCSW

Perkiss, C. (2022). Drawing it out. In R. A. Neimeyer (Ed.), *New techniques of grief therapy: Bereavement and beyond* (pp. 120–122). Routledge.

Dayna Sharp, LCSW

Sharp, D. (2021, May 1). *I went to therapy and all I got was this lousy T-shirt*. Psychotherapy Action Network. https://psian.org/forum/i-went-to therapy-and-all-i-got-was-this-lousy-t-shirt

Sharp, D. (2021, March). Life and living in the shadow of the dead mother: Making psychoanalytic sense of Covid 19. *Society for Psychoanalysis and Psychoanalytic Psychology (Division 39).*

Sharp, D. (2021, February 15). *What I learned about therapy in five sessions*. Psychotherapy Action Network. https://psian.org/forum/what-i learned-about-therapy

Alisa Stamps, MSS, LCSW

Stamps, A. (2021). *The gaslighting recovery journal: Prompts and practices for healing from emotional abuse*. Rockridge Press.

Shirley Tung, LCSW

Tung, S. (2019). Ghosts interrupted. *Voices: The Art and Science of Psychotherapy*, *55*(2), 9–14.

Tung, S. (2015). A very uneasy death. *New Directions Journal*, 9–10.

A big thank you to all those who submitted publications for this listing!