The Pennsylvania Society for Clinical Social Work Fall 2020

THE CLINICAL VOICE

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NEWS FLASHES!

- Reminder: Renew your membership before 12/31!
- Biennial License Renewal Deadline (2/28/21) Be sure to meet all CErequirements.
- Get Registered! Upcoming Educational, Book Group, and Events. Go to the pscsw.org online Calendar

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A LOOK INSIDE

President's Message

Annette Deigh, MSW, LCSW

Dear PSCSW colleagues,

I write this on the eve of the finding that those responsible for the death of Breonna Taylor will not face, for the most part, any repercussions for their actions. I knew that I needed to get this column done and, to be honest—with this year of 2020 that we have all been subjected to—was not exactly looking forward to it. Nevertheless, as I reflected a little while ago on yet another tragic loss this year for so many, Breonna—I will say her name! —inspired me to write. After all, I know that for me and for at least a few others—on the rare occasion that we are alone with our thoughts and seeking solace—we can, if nothing else, turn to words on paper. The written word, in and of itself, often provides a sense of safety and security that many of us are seeking and having more and more difficulty finding these days.

Heather Baron, MEd, MSW, LCSW Editor

Newsletter Committee

Renée Cardone, MSW, LCSW Editor-in-Chief

The PSCSW *Clinical Voice* is a quarterly publication. We seek input from 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.

Please send email communications to rjcardone@verizon.net

Upcoming Continuing Education Opportunity! Save the Date:

April 10, 2021, Time TBD Virtual Program, 3 CEs *From Madness to Mindfulness: Intimacy in Our Chaotic World*. Dr Jenn Gunsaullus is a nationally-recognized speaker, author, intimacy and communication coach and sociologist. This program is about using mindfulness to provide new ways of exploring intimacy and connecting with self and others. Find more about her work: www.drjennsden.com

Deigh, from page 1

This year of 2020 has heightened for me, more than ever, inherent privileges that many of us have. I often tell my son— now old enough to understand—to remember how privileged he is to have (amongst other blessings) a warm home, more than enough food, and so many who love and cherish him dearly; people who do their very best to keep him and his sister safe and secure. I explain that these are privileges because not everyone has them. Yes, they should be rights; rights we continue to pursue on our quest. The reality is that while we indeed have *these* privileges, there are certain other privileges that we—meaning my son, my daughter, my husband and myself, as well as many others—do not have.

We do not have the privilege, apparently, of *always* feeling safe and secure in our home, as many others do. This was evidenced by my husband being stopped by police in front of our home to ask if he actually lived at our house because he seemed "out of place" or moreso not "in his place," as many people still see it to this day. Also, even though we may be more susceptible to certain illnesses—say, even the novel coronavirus—we don't have the privilege to expect that if we become ill and need to go to the hospital we will be treated with the dignity, respect and care to which we, *as living beings*, are entitled. My son—not as a child or even when, prayerfully, he becomes an adult—doesn't have the privilege of exhibiting some of *the exact same behaviors* that some of his friends

Deigh, from page 2

exhibit and expecting the same outcome. Yet, we are privileged. So many people, through *no fault of their own*, do *not* have the same resources, the same abilities, the same emotional safety nets, or even the same benefit of the doubt we do (as a family run by "professionals"). That, my friends, is privilege. I invite each of you to take an honest look at what privileges you have that other people in this country and in this world do not have. Think about how those privileges impact your thoughts, your feelings and, yes, your actions with regard to safety and security.

Everyone who really knows me also knows how deeply I value self-care. The journey for me, as I imagine for many of us, to care for ourselves as we care for others isn't always easy. I would venture to say that practicing positive self-care has been especially challenging lately, given everything these past several months have dealt us all. Many

of us, myself included, have had to cut ties with toxic situations and toxic people who have chipped away at our feelings of safety and security. These may be people for whom we have cared deeply or situations that have been our "normal" for so long that we didn't previously see an alternative. There are others among us who may have had to pivot when circumstances—financial, professional, even personal—led to some abrupt changes. We've had to adjust. Many of us have had to adjust to caring for even more people than before, including physically caring for ailing loved ones, being sources of support for friends and family, and even home-schooling children (often all at the same time)! Why do we do all this? We do it because, even when our own sense of safety and security feels compromised, we want to do all we can to make sure that those we care for feel as safe and secure as possible. It can feel like so much to carry. With that, please remember your footing, your foundation—even if you've had to build a new foundation, hopefully one that is grounded, safe and secure.

Message from the Editor-in-Chief

Welcome to the Fall 2020 issue of the *Clinical Voice*. Many thanks to Marilyn Johnson and all who have kept this publication going over the years. Heather Baron and I are a newly formed committee and this is our first edition of the *CV*. We hope you enjoy it. A special thanks to Heather for a job superbly done helping me edit, revise and proof-read for this edition.

Our focus for this issue has been getting out a basic newsletter. Behind the scenes, we are laying down our internal procedures: how we work together, ideas for content and how we want the newsletter to look. We anticipate our working relationship and the newsletter will both evolve over time. We aim to be open and flexible with the intent of having fun and creating an interesting and informative publication that serves you well.

In this issue, you will find our president's message, summaries of educational programs throughout 2020, announcements of upcoming programs, and essays by colleagues on the topics of compassion fatigue and safety and security. The essay on compassion fatigue was submitted originally for the Spring 2020 newsletter. The author is to be commended for her patience. In *Sustaining Compassion, Breathing is Fundamental*, Laura Hawley takes a thoughtful and reasoned look at balance and breath and their relation to freeing ourselves from compassion fatigue.

Cardone, from page 3

The call for submissions for the current edition was for your thoughts on Safety and Security. This is "top of mind" for pretty much everyone these days. Staying safe in an unsafe time is our ongoing challenge. We are all feeling threatened by some type of illness, loss and/or change. Equally threatening to our safety are health and income disparities and the deeply imbedded racism that sacrifices lives to irrational fear and hatred. One wants to howl—and many of us have. And yet expressing our frustration, anger and despair is only one aspect of acknowledging and addressing the pernicious forces that seem to surround us. The submissions you will read here detail actions colleagues are taking to address the dilemmas and intense feelings of this perilous time. Anjana Deshpande in *Safety in the Time of COVID* draws on the literature of her other professional training (business administration) to apply the "disruptor" lens to this time of challenge and change. Alison Leslie, author of *A New Clinician in the New Normal*, urges us to remember connection and community as primary sources through which we can offer our clients solace. Melissa Wombwell

Twersky's *Medical Social Work During the Pandemic* shows those of us fortunate enough to work from home the anxiety and stress that accompany the current face-to-face work setting and the vehicle through which she discovered her newly found commitment to self-care. Deborah Shain's "numberplay" in *Healers Surviving 2020* invites us to consider all that we are witnessing this year and to remember the value PSCSW offers us in these troubled times.

As social workers, we are among the guardians of our society. How we show up and intervene matters to those feeling threatened in any way. We cannot ignore the awesome responsibility this places on each one of us. I dare say we have all felt the burden of it. One of the primary challenges of this time is to keep ourselves safe and secure so that we can embody safety and security in our clinical interactions. Securing our own and others' safety is a big challenge given the level of toxicity of some of the forces out there. These times beg for our strength, our resilience, our flexibility and our grit.

Social work practice offers us many spheres of influence—and the scope of our influence has power. The energy in that power must be applied to the problems of this time. Please reflect on the influence you have within your own sphere and also consider expanding that sphere. Please reflect, too, upon the ethics and values of social work and let them shine throughout your practice. Please step up, show up and be present. Exercise your voice and your sense of agency. Be bold, visible and effective.

Please take good care of yourself—and let's take good care of each other. If we do this, our voices can be heard, our interventions can matter and our values and ethics can prevail. The work of social work has never been needed more.

Heather and I wish you a season of happy holidays and a prosperous, productive and loving New Year.

With respect and affection,
Renée

The following summary was initially prepared for the Spring, 2020 Newsletter

Education Committee Report of January, 2020 Program

Elizabeth Grecco, LSW,

EducationCommittee

On January 25, 2020, the PSCSW Education Committee hosted Dr. Stephen Treat, DMin, MFT, CEO Emeritus of the Council for Relationships. Dr. Treat is a well-known clinician, speaker and consultant about evolving family systems, theoretical groundings and interventions.

Dr. Treat's presentation began with a discussion about bias, misconception and prejudice. Then he had the audience explore the prejudices that we have personally encountered and compared those from 50 years ago to the present. He spoke about attribution bias—existing at heightened levels and having serious systemic implications—and its trauma implications for individuals and families. Dr. Treat theorized that

prejudice leads to lack of an integrated self that is then projected outward onto others. He explained that this can create a framework of shame within which many of our clients struggle and the importance of working toward integrating those qualities that may be perceived as inadequate.

Dr.Treat also spoke about new definitions of families and how to create fluidity and integrated relationships with safe communication and truth. The audience discussed educating our clients about content versus process, and we learned about creating a safe homebase. Dr. Treat asked us to explore how we might encourage our clients to reduce the distance in their relationships, create closeness, get reflective and take responsibility as individuals within the family. He stressed that reflection and responsibility are the means for change. He encouraged us to bring clients to a place where they can "reflect without reference"—a powerful device allowing us to be able to discuss why we have been hurt or have become angry *without* referring to another person.

Finally, Dr. Treat encouraged us to have our clients (and ourselves) consider the question: *What do you reinforce in others?* A fluid and well-functioning family system, no matter what the dynamic may be, develops from a place of self-awareness in the individual members.

In Sustaining Compassion, Breathing is Fundamental

Laura Hawley, Lic Ac, LCSW

Compassion provides us the breathing room we need to keep on keeping on.
-Laura Van Dernoot Lipsky, trauma social worker and educator

If your compassion does not include yourself, it is incomplete.
-Jack Kornfield, American Buddhist monk and educator

In my experience, compassion is not defined correctly in the concept of compassion fatigue. The word compassion is used to include other emotional stances ranging from empathy to sympathy to pity and even to despair. Compassion, on the other hand, recognizes the suffering of another as a reflection of

Hawley, from page 5

our own pain. Our desire to alleviate the suffering of others must come from a balanced place if it is [1] to be truly sustainable.

Sustainable compassion includes both me and the other person. My compassion for other people arises from my own compassionate self-acceptance. Buddhist training in compassion requires learning to discern this skilled state from other states that may imitate and undermine it. As a skilled state, "… compassion is viewed as a power for purifying the mind of confusion, for inner healing, and for protection of self and others." Thus, true compassion replenishes itself and does not get fatigued. [2]

Cultivating sustainable compassion is a rarely taught professional caregiving skill. Leading traumatologists suggest that people who are attracted to caregiving often "…hail from a tradition of other-directed caregiving. Simply put,

these are people who were taught at an early age to care for the needs of others before caring for their own needs." As children, we may have been rewarded for [3] being nice and listening well to other people. Our own need to be seen, listened to and cared for may not have been as well met. It may have made sense to be seen as caring if we wanted to be seen at all.

Caring for others is a calling, but it can also be driven by a creative adjustment—a largely unconscious defensive strategy that allows the giver to avoid awareness of grief and trauma related to early oppression, neglect or abuse. We may come to caregiving professions with a distinct lack of compassion for our own selves. We may be using other-directed care partly to avoid painful aspects of our own needs. This is a path to burnout. The journey of the caregiver must include confronting the limits of this avoidant strategy. It must include coming to love ourselves as much as we love other people.

How can we learn to cultivate the skill of sustainable compassion as we engage in caregiving work? We can attend to this vital aspect of caregiving by becoming aware of what I call cycles and spirals through the lens of body, heart and mind.

[1] Kornfield, Jack (2012). Bringing home the dharma: Awakening right where you are. Boston, MA: Shambhala Publications. Found at: https://jackkornfield.com/near-enemies-awakening/

[2] John Makransky, PhD. (2012). Compassion in Buddhist psychology. In Christopher K. Germer and Ronald D. Siegel, (Eds.), Compassion and wisdom in psychotherapy. New York, NY: Guildford Press.. Found at: http://www.johnmakransky.org/downloads/Compassion_in_Buddhist_Psychology.pdf

[3] Compassion Fatigue Awareness Project (2017). Found at: https://www.compassionfatigue.org/pages/compassionfatigue.html

Hawley, from page 6

A cycle moves from one phase to another around a point of balance. There's the respiratory cycle, for example. We breathe in and out, keeping ourselves in equilibrium. There is the sleep-wake cycle. In a holistic sense, life itself can be understood as an interdependent web of cycles.

There are also social cycles. Some are as simple as: I say hello to you, and you respond to me, saying hello in return. Some are more complex: I recognize you as separate from me, and you recognize me in turn. We evaluate the quality and equality of social exchanges with close attention, even if not on a conscious level. Significant and complex imbalances in social cycles are the focus of social work at a micro and macro level. We therapists and social justice workers seek to understand what has gone wrong and to help people and society move toward equilibrium.

A spiral is a trajectory that spins away from equilibrium. We talk of spiraling into depression, for example, or a

situation spiraling out of control. We watch with uneasy fascination as an Olympic skier loses their center of gravity and falls in a sickening spiral down the mountain. Caregiver burnout, or compassion fatigue, takes the form of a spiral—there's that loss of the center of gravity. There may be
a focus on how systems frustrate our mission, making it seem hopeless or overwhelming. We may focus on perceived deficits in our clients or in ourselves. We despair over spirals in the environment and in our body politic. Over time, what once was a cycle of effort made and satisfaction achieved becomes a spiral of increasing withdrawal and decreasing satisfaction.

This year there is no question that our collective body politic manifests its own sickening spirals of racism and violence, and of deceitful neglect of public health in the face of a global pandemic. In both spheres of life, the community struggle to return to balance centers on breath, and on our human right to breathe—and to breathe freely. I meet online with one of my clients, a nurse practitioner exhausted by the second wave of COVID-19 in the City of Philadelphia. We sit together and breathe with awareness. She allows her aching shoulders to release some of their burden, finding a way to include herself in her compassion for humanity. The trauma of 2020 is in and with us all as social workers. We engage in returning to balance when we engage with that trauma—as healers and as those in need of healing.

In *Trauma Stewardship*, Laura Van Dernoot Lipsky speaks of compassion as providing "breathing room." I love that choice of words. We all need room to breathe. It may be that ignoring and [4] constricting our breath is the beginning of compassion fatigue—we begin that spiral when we lose our own center. If that is true, then attending to breathing is a pathway back to compassion. Attending to how stress affects our breath and how that, in turn, affects heart, body and mind is a skill we can cultivate, first for our own benefit and then for the benefit of all

Van Dermont Limsky, Laura & Burk, Connie (2009). Trauma stewardship: An evryday guide to caring for self [4] whle caring for others. San Francisco, CA: Berrett-Koehler Publishers.

The PSCSW Education Committee hosted our first virtual conference on Saturday, September 12th. Attendees earned 3 CEUs which also satisfied the mandatory suicide prevention continuing education requirement for licensure renewal.

Assessing Suicidality: An Interactive Workshop for Clinical Skill Building Presentor: Denise Wolf, MA, ATR-BC, ATCS, LPC

Jessica Floresta, Education Committee

The virtual conference went smoothly overall. Attendees were actively engaged throughout the presentation, participating in polls to provide the speaker with information about their knowledge base and interacting within small groups in virtual breakout rooms.

Participants learned how to identify risk and protective factors during suicide assessments. Ms. Wolf spoke about the Safe-T model of assessing clients for suicidality, a 5-step evaluation and triage plan that identifies level of risk. This model was practiced with a case scenario and breakout role-play. Attendees were engaged, and many appreciated the opportunity to perform or witness the assessment and the critical

discussion that followed. The issue of safety planning and
contracts was debated, with Ms. Wolf sharing examples of contracts she has used in the past with clients. Participants learned how to determine the level of risk (low, moderate or high) based on a variety of factors. Ms. Wolf was generous in providing several handouts, resources and worksheets for future use. The PSCSW Education Committee is grateful to all attendees for their active engagement and participation, especially as we work within a new virtual conference construct.

Safety in the Time of COVID

Anjana Deshpande, MBA, LCSW

From A Brave and Startling Truth
by Maya Angelou

We, this people, on this small and drifting planet Whose
hands can strike with such abandon That in a twinkling,
life is sapped from the living Yet those same hands can
touch with such healing, Irresistible tenderness
That the haughty neck is happy to bow And
the proud back is glad to bend
Out of such chaos, such contradiction
We learn that we are neither devils nor divines

In the business world, there is a term –Disruptor. It is the process by which a more affordable product/service takes root innocuously at the bottom and the moves up rapidly, eventually displacing established competitors. Complacent in their status quo, no one sees this coming.

Disruption is not limited to the business world. Anything that forces us to change the way we are doing things is a disruptor. And nothing has quite disrupted the world like COVID. COVID broke my stride, forced me to change my pace and re-examine my life and what I wanted from it. It toppled me from my comfortable perch and put me to the test in every arena of my life.

I work in a mental health partial hospitalization program where our patients run the community meeting every day. They are supposed to state the day, date and year to orient themselves and their peers. One day a patient started the meeting by saying "In this year of COVID" and the atmosphere lightened up. The patients were

 Deshpande, from page 8

learning to accept COVID as an inevitable part of life. To say that this time has been challenging is a gross understatement. The times we live in now will be written about and analyzed for decades.

I have been working in person every day throughout COVID. My journey started with extreme fear and has moved into a "new normal." When the pandemic started, my team and I were concerned. Patients were concerned, too. Some dropped out right away; others felt safe showing up since ours is a hospital setting. Some were so paralyzed by fear of the pandemic they had stopped functioning. Ironically, their path to well-being lay through their greatest fear: attending group with several other people in one room. These patients were the hardest to watch–crying, fearful of their environment, yet, at the same time, needing to come to terms with all of it. The rewarding part of my work was seeing patients get more comfortable and realistic as they left.

The countertransference I experienced during these times was nothing like I had experienced before. Feelings emerged in me that I had not wrestled with previously. For the first time, coming to work was a matter of life and death. For the first time, I wanted to be the object of a patient's care and not just a provider of it. The pandemic blurred the lines between helper and helped.

I must mention here that the first people I reached out to were from PSCSW. It is so wonderful to have this

resource. I am grateful to Deborah Shain and Annette Deigh, who were supportive and lent a helping ear.

My workplace is considered an acute setting— and safety is paramount. So how does one keep oneself safe and keep everyone else safe?

My answer lay in boundaries, and in acknowledging that I had a choice. What helped was constantly checking in with myself to see what was in my control and what was not. I created a list of things to do: wear scrubs to work, use different shoes for work and keep them in the car, decontaminate as soon as I enter my home. My team felt better once these safeguards were in place. We also informed patients about what we as staff could and could not do.

Patients are often cocooned in their thoughts and are not able to break out of their ruminations to engage with the larger world. However, this cocoon had now been shredded. COVID had brought reality to their doorstep in a way that nothing else had.

Then race erupted.

What we were seeing in our society was reflected in the microcosm of the program. The group topics changed; what patients needed from the program changed. How does one serve clients with different political affiliations, different beliefs? We found our answer in setting boundaries around discussions and holding a safe space for all thought processes, all while dealing each day with our own emotions.

It definitely helped to have a good team. Even while having family members with health issues, staff served all populations with compassion. Another challenge was the difficulty of doing therapy with masks on. "Are you crying?" I had to ask one of the patients, as I couldn't really tell. I had to ask another to speak up, as the masks muffled words and hid tears. My facial expressions, one of myprominent tools in therapy, were hidden away by the mask. I tried to make up the loss through body language and exaggerated gestures, but it was not the same.

Deshpande, from page 9

This journey is not over by any means, and there is daily speculation on what is yet to come. Yet I am at peace in a way that I was not before.

I am happy that I went to work daily. I am grateful that I could do it. I am making use of "self" as I reassure my family. Self-care, never a priority, has now become one. (This article is a result: I have started to write again!). I never seemed to have the time to just sit—just be—
but I am beginning to acknowledge how important it is. I teach mindfulness to patients and am learning to practice it in my own life in a more intentional way. I am counting my blessings and focusing on what I have and am truly grateful for it. I am learning to focus my energies on things that matter.

I am fully aware that I write from a position of privilege and envy. Privilege because I have been able to continue my employment and envy because my work required me to leave home. I am thankful for the fear that COVID brought—
thankful because it tested me and forced me to expand beyond my status quo. To borrow from business wisdom again, "The only way to avoid disruption is to create a culture that understands its value." (https://execed.economist.com/blog/industry-trends/be-disruptor-avoid-disruption) For therapists, the disruption is pushing us towards finding creative, sustainable adaptations of service delivery—perhaps even a change in the understanding of what therapy encompasses. COVID has changed the landscape and we have been tasked with creating new maps to navigate this changed territory.

Now my understanding of disruption is to give up control, give up the world as we know it. I know it is easier said than done. But perhaps we can start with a simple check in: What is in my control? And what is

not? What do I need to change? What do I need to lean into? I have found my new mantra.

PSCSW's second virtual conference, presented on November 14, 2020:

Disenfranchised Grief in the 21st Century: New Problems, New Strategies

Erin Connolly, LCSW, CYT, Education

PSCSW was fortunate to have Dr. Kenneth Doka present *Disenfranchised Grief* at our Education Conference in November. Dr. Doka opened his presentation by reminding us, "Not all losses are death related." He covered a vast spectrum of losses and highlighted the many different types.

This was a timely topic, as we are all experiencing loss almost on a daily basis during this pandemic. One of the biggest losses we have is the in-person connection—whether through a hug, a handshake or a high-five. Another area that Dr. Doka acknowledged and addressed is the loss experienced by disenfranchised racial and ethnic groups. He also identified "devalued" deaths such as the very old and persons with disabilities. Dr. Doka reviewed other areas of loss and grief. He shared anecdotes of how different the behaviors and experiences can be, how disenfranchisement complicates the process of mourning and how we as clinicians can best support individuals. He stressed validation, the power of naming the loss and the role of education and self-advocacy. These are just a few of the areas he covered in his presentation.

Dr. Doka clearly communicated these two powerful statements, "Remember disenfranchised grief is grief!" and "The grief process is a roller coaster of reactions." He closed with a review of the importance of ritual in disenfranchised grief. Many of us left wishing

Doka, from page 10

*t*o dig deeper into the conversation especially, our role as clinicians. Dr. Doka is a powerful presence with a calm energy and if you would like to learn more from his incredible work in the field of grief and loss, please visit his website: www.drkendoka.com

A New Clinician in the New Normal Alison

Fedoris Leslie, LSW, MSW, MSSP

Many people who enter helping professions feel like they are being called to do so. Whether because they have personally experienced tragedy, learned about the great inequities facing our most vulnerable or felt that they had to contribute to better our society, so many individuals say they knew from an early age that they wanted to help others. Over the course of the past year, we have seen doctors, nurses, teachers, sanitation workers, farm workers and essential workers step up to care for our sick and keep our world running. Yet, as a society, we have not had the opportunity to process the trauma of losing over 300,000 Americans. We have not had time to collectively grieve because our trauma is continuing without an end in sight.

I did not expect to graduate with my MSW in the midst of a global pandemic. I was ill prepared to move to online learning, terminate early with clients and attempt to job hunt in a time when funding was being cut—despite the acute need of the many people who are experiencing anxiety, grief, depression and a sense of hopelessness. In the midst of this pandemic, we are also experiencing our climate crisis, an increased awareness of racial injustice and police brutality and an attack on our democracy. It is difficult

for our clients to regulate when each day brings a new horror.

At the beginning of the pandemic, there were many conversations about COVID-19 being the "great equalizer." It could happen to rich, poor, black or white. Yet, we have seen that COVID-19 disproportionately affects poor people, people of color, the elderly and people with disabilities and/or pre-existing conditions. This is not to say that we are not seeing long-term effects in all age groups—and the unknown of long-term effects is one of the more terrifying aspects of this disease. Instead, it shows the great inequity that we as social workers attempt to rectify every day. As we prepare to enter winter and experience a continued battering of COVID-19, it is important for us to focus on how we can counteract the feelings of isolation and hopelessness through community.

Some individuals—myself included—took time during the early months of quarantine to spend time with family, take a break and realize what's important. For so many others, there was an overwhelming sense of financial despair, increased isolation and fear of the unknown. At the beginning, it still felt like we were "in this.*t*ogether." Yet, as restrictions have been rolled back, our clients became conflicted. Some are ready to "get back to normal." Others are not ready to return to the community. Our clients who are unable to return to the community are experiencing an increase in isolation as they see others return to some level of normalcy. In these next few months, there will be more conversations around the vaccine, what is truly safe and how to adapt to a world with COVID-19.

Leslie, from page 11

Safety means different things to different people. We must make our clinical space safe for those who enter it, even through video or phone calls. By allowing space to grieve what we have lost these past months, we can acknowledge something we all have lost collectively: a sense of safety. Some have never felt truly safe. Others are learning for the first time that the world may not be as safe as they had viewed it. Creating a safe space in our sessions can be done through developing a routine, checking in each session and allowing space to experience of sadness—no matter how big or small the problem may seem.

The way that we deal with the numerous crises facing our world right now is through community — however we may find it. As a new clinician, I have realized how much harder it is to build rapport through video or phone calls. I believe it is critical that we take time to check in with our clients and ourselves as we enter this next phase. Connection, even when we have to be apart, is crucial to our work and identity as social workers.

We are heading into a time of year that is often difficult for clients. As seasons change, days shorten, holidays begin and isolation can become overwhelming. At each point in this pandemic we have learned the importance of our work as social workers. We must focus on building connection—and can do so through both groups and individual sessions—in order to keep ourselves and our clients safe. This connection begins each time someone enters a session as we provide space to let grief, anger and frustration come out. We need to be there for our clients and allow ourselves grace as we work through this unprecedented time.

Medical Social Work During the Pandemic

Melissa Wombwell-Twersky, LCSW, ACHP-SW

I have been a medical social worker for almost 25 years. I started my career in geriatrics and honestly never looked back. I have worked in long-term care facilities, an adult day center, training and education and, for the last 13 years, as a hospice social worker.

Working in a medical profession, I am used to not having off for snow days, carefully driving through torrential downpours and working through excessive heat waves. As a visiting social worker, you are a species of the streets. You spend your day in and out of the car, in and out of peoples' homes or long term care facilities. You eat on the run. Your car is your office and—at the end of the day, you leave your shoes outside, turn off your phone and hope you did a good day's work.

Still, I do not think anything could have prepared me for the lonely streets I have driven during the pandemic. Every day is like a snow day. I leave my family at home and head out into the world. It is lonely, isolating and scary. I yearn to be like others I know who can work from home. I am resentfulseeing how cavalier people are being out in the community. Essential workers, however, can find amazing support networks on social media and in the community.

Twersky, from page 12

Like many others, when I first heard about COVID-19, I assumed it was another virus that may or may not make its way over here. I listened to the news in my car (as I always do throughout the day) and kept abreast of the situation. I have always been an NPR listener—that is how I get my news. But the news kept getting harder and harder to absorb. I would hear firsthand accounts of nurses from New York, how the death toll nationally was rising and, of course, how nursing facilities were affected. I wanted to stay on top of the latest news but found that I could not always do it and turned to the podcasts I use for distraction.

My agency has done an amazing job of communicating with staff and protecting us. We always have enough PPE, weekly conference calls that keep us up-to-date on protocols and check-ins about how we are coping out in the field. Some of our facilities have been hit hard and care for many sick patients. When the facilities started to restrict family visitation, we became a lifeline for our patients' family members. We organized FaceTime videos, which helped in some ways but also sometimes confused the patient or made the situation harder on everyone involved. Some patients died without their loved ones being able to visit or say goodbye. The level of emotional support I give family members at the end of life has changed dramatically. I am providing grief support in a different kind of way.

For self-care, I walk, video chat with my parents, family and friends and continue my yoga practice. I have been practicing yoga here and there for many years, but nothing consistent. On Mother's Day weekend, I saw an ad for an online yoga teacher training. This training is something I have always wanted to do but could never commit to spending that time away from my family. The training is intense and can last for a whole weekend several times per month. I ran it by my husband—and being the wonderful, supportive partner he is—he encouraged me to sign up. My husband has been a rock throughout this entire time. Both he and my parents worried and checked in on me constantly. But when I saw this training advertised, I knew it was what I needed. It was perfect for me: self-paced and all online. I dove into the modules and found that it was a nice distraction at night or early on the

weekend mornings when my kids were still asleep. I now practice every day; I find that my body needs it and my mind does as well. I have never been much of a meditator, but I find that the quiet time I take for myself in the mornings or evenings to practice is so valuable, nourishing and necessary.

Without saying out loud that this was what I needed, this is what I was drawn to—and I am so thankful for the opportunity. I am currently teaching classes via Zoom; I am so grateful for the practice and the opportunity to teach others what yoga has done for me. I always preach about self-care to my patients' caregivers. Allowing myself the time now for my own self-care has enabled me to be a stronger, healthier social worker.

Healers Surviving 2020

Deborah D. Shain, LCSW, BCD

"20/20"—the diagnosis we hope to achieve when we go to the ophthalmologist. But 2020 takes on a whole new meaning when it refers to this calendar year. Since March, our psychological vision has been distorted by the out-of-focus blur of uncertainty caused by COVID-19. Bessel van der Kolk says we are living in a timeless "pre-traumatic" cloud that taxes us with childlike helplessness. It seems that every day brings a new threat to the security of body and mind, wilting our spirits through loss of agency.

We experience separation from family and friends and lose our accustomed place to work. Our offices become Zoom TV studios. We mask our faces and try to maintain equilibrium though burdened with loneliness, injustice, fear, spiritual doubts and looming physical dis-abilities and disease ending in the deaths of more than 300,000 compatriots. Death of bodies and death of justice! We're enraged by the brutal murders of our black brothers and sisters at the hands of law enforcers who are tasked to protect us. Social unrest erupts, and we know that as ethical clinical social workers we must make "good trouble." But at the same time we have to defend against the dreaded virus. And as if we didn't have enough to bear, we are hit with another blow—the death of our beacon of equality and social justice, Judge Ruth Bader Ginsberg.

Like children suffering from insecure attachment disorder, we ache for truth-telling and stable parental figures. But lack of trust in our political leadership activates the amygdala, resulting in fight, flight or freeze! No wonder we are exhausted! ENOUGH! We need renewal. Instead of crawling under the covers and hoping to wake up from this nightmare, as clinicians we try to mobilize and do what we can to revitalize ourselves.

That's what membership in PSCSW gives us: a place to be cared about while we care for others. At our educational events (Clinical Book Discussions, Film Discussion, Education Conferences and our Annual Meeting), we join colleagues and friends in the communal effort of life-affirming connection. In addition to practicing individual self-care (mindfulness, breathing, guided imagery, establishing structure, appreciating Nature, music, art, prayer and all other healing rituals), please join our PSCSW community at our Zoom meetings. Together we can harness the energy of our fear and rage to activate healing and resilience. I hope to be together with you for the sake of our professional growth and personal well-being and especially so as to be fully present for our clients. Until we can meet in person, I'm looking

forward to seeing your face on our PSCSW Zoom meetings.

PO Box 147, Darby, PA 19023 pscsw.org 215-942-0775 The Clinical Voice 14

The Pennsylvania Society for Clinical Social Work **Fall 2020**

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The Psychoanalytic Center of Philadelphia invites you to apply for our September 2021 class

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Date: February 7, 2021

For more information about PCOP or to join us at the Open House email us: Pcop@philanalysis.org