

CLINICAL VOICE

THE CLINICAL VOICE

NEWS FLASHES!

Happy 50th Birthday PSCSW!

In 2021, we celebrate the 50th anniversary of PSCSW's founding.

Get Registered! To sign up for upcoming educational programs, clinical book discussion groups and other events, go to the pscsw.org online calendar.

A LOOK INSIDE

Letter from the Editors, p. 2

Committee Updates

Main Line Private Practice, p. 5 Special Interest, p. 5



"We Got This" (photo at a wolf park in Indiana--my favorite place).

IN YOUR OWN WORDS

Finding Hope in Challenging Times Keri Cohen, p. 6
Symoné Miller, p. 8
Scott Cohen, p. 9

Focus on Ethics, p. 11
Deborah Shain

Consultation Corner, p. 12 Karen Carnabucci

Member Spotlight, p. 15
Jessica Honig by Jamie Silvers

Original Photos:

Christi Sabin, p. 1
Heather Baron, p. 9
Jessica Honig, pp. 15, 17
Christi Sabin, MSW, LSW, www.linkedin.com/in/christi-sabin

President's Message

Annette Deigh, MSW, LCSW

Dear PSCSW Members,

For many, the arrival of the Spring season brings a sense of hope and renewal. Nevertheless, with everything that continues to unfold in the world, I wonder how many other folks are grappling with holding onto these feelings of hope and renewal. For nearly all of us, or I would venture to say *all* of us, from the first quarter of 2020 leading up to now, it has been a really long year. The world does not look the same to us now as it did merely a little over a year ago. And this is true not only globally but also, again for many of us, on a more personal scale. Many of us are feeling in our bodies what keeps repeating...over and over, nationally and globally... tension, unrest, and what appears to be a never-ending cycle of vast social injustice(s).

Also, things may look different for us personally: with different and/ or smaller circles of friends; work-wise, with so many of us having

PO Box 147, Darby, PA 19023 pscsw.org 215-942-0775 The Clinical Voice 1

Pennsylvania Society for Clinical Social Work Spring 2021

Newsletter Committee

Heather Baron, MEd, MSW, LCSW Renée Cardone, MA, MSW, LCSW Co-Editors

Jessica Honig, LCSW, Ed.M.
Art Editor

PSCSW *Clinical The 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 communicationsto heather@heatherbaronlcsw.com or rjcardone@verizon.net

Resources for Social Workers compiled by Julie Agresta, MSS, MEd, LCSW Vice President of PSCSW

National Association of Social Workers
<https://www.socialworkers.org/>

Clinical Social Work Association
www.clinicalsocialworkassociation.org/

The New Social Worker Magazine
<https://www.socialworker.com/>

Digital Resources for Mental Health (from Social Work License Map) <https://socialworklicensemap.com/social-work-resources/mental-health-resources-list/>

Bazon Center for Mental Health Law – National
<http://www.bazon.org/>

Southern Poverty Law Center <https://www.splcenter.org/>
President's Message, cont.

to “pivot” our modalities of service; or financially, be that in a good way or just the opposite. There are folks who may be working harder than ever, trying to keep up with the demand, due to a nearly universal uptick in various kinds of anxieties, sadness and depression. And there are folks whose previous way of living is no more. Indeed, the times have been extremely challenging. But one thing that can also be abundant with a change in season—be it with the weather or with a change of season in life—is the capacity for hope. How do we hold onto this hope?

With all of the challenges in life that you have faced, dear PSCSW member, what brings *you* hope? What is *your* story? How do *you* navigate it? How do you muster the strength to do what you keep doing every day, as a change-maker, as a healer, as a social worker? What is your *why*? I invite you to remember your “why.” Why do you continue to do the oftentimes mentally grueling work that you do? Why do you keep inspiring, keep motivating, keep pushing... what is it? Perhaps it is that you continue to hold onto hope! *Hopefully* you continue to inspire, to motivate, to help others keep pushing. *Hopefully* in turn, others are doing this for you, pouring into you as you pour into others. This is what so many of us advocate for in our own clients. We encourage them to “be their best selves,” by finding that self-determination, that voice, to keep going. Even in challenging times. *Especially* in challenging times.

As many of you are aware, this is a topic that I know

all too well. I often share with folks, including my own clients, what has worked for me in finding hope in challenging times, such as listening to my “self-soothing playlist,” surrounding myself with supportive communities (including my PSCSW community), being open to humor where and when it can be found, listening to my Higher Power, whatever or whomever that may be and (can you believe?) writing. :) One of the best services that we can provide for our clients, as well as others who enter our spheres of life, is encouraging them to stay open to what brings them hope. With the many challenges that come our way on a regular basis, both shared and individual challenges, finding hope is vital in helping our individual, as well as collective, stories to continue. So thank you for continuing to find hope for yourself, and helping others to do the same, in these challenging times in which we all are living.

Speaking of continuing the story, I would be remiss if I did not inform

**PO Box 147, Darby, PA 19023 pscsw.org 215-942-0775 The Clinical Voice 2
Pennsylvania Society for Clinical Social Work Spring 2021**

President's Message, cont.

for many, and remind for some, that 2021 marks the 50th anniversary year of PSCSW. This is indeed a cause for celebration and a continuation of hope... the hope that PSCSW's founding members had when forming an organization dedicated to the clinical experiences and work of social workers, the hope that continues to evolve as the world and as the issues facing clinical social workers and the people we serve evolve. Evolve we must, or we (society) will perish. We have to adapt. As such with our 50th anniversary celebration. While we will unfortunately again not be able to celebrate in person together this November, celebrate we will nonetheless. We will celebrate history, celebrate progress, and yes, celebrate the opportunity to continue to have hope. I'm looking forward to “seeing” you then.

All my best,

Annette

Letter from the Editors

“There is a saying in Tibetan, ‘Tragedy should be utilized as a source of strength.’ No matter what sort of difficulties, how painful experience is, if we lose our hope, that's our real disaster.”

- Dalai Lama XIV

A quick internet search uncovers many inspiring quotes about hope. This one, attributed to the Dalai Lama, seems particularly appropriate for our theme of Finding Hope in Challenging Times. In the past year, we have experienced plenty of tragedy — a global pandemic, more than 587,000 Americans dead, police brutality, racial violence, mass shootings, an

immigration crisis, polarized politics and a riot in our capitol. On a macro level, these events have taken place against the backdrop of the ongoing systemic problems of racial inequality, poverty and global warming, among others. On a micro level, many of us have also struggled with fear and adjusting to the quarantine and suffered the deaths of loved ones and other non-death losses. These days, there seem to be many reasons to lose our hope, in spite of encouraging internet quotes and social media memes.

As social workers, many of us teach our clients to use the language of “both/and” instead of “either/or.”

We use this to help our clients accept things in their life that are outside of their control while also working to change what they can. We use it to support them in understanding themselves and finding meaning when events or relationships elicit seemingly contradictory feelings. This both/and way of thinking and experiencing seems so important in the current

moment and is also reflected in the Dalai Lama’s quote. How do we **both** accept the reality of the painful tragedies we see around us every day **and** still maintain hope (or prevent the “real disaster” of losing it)? How do we support our clients in being able to do the same?

In this edition, you will find a rich discussion of these questions. In the *President’s Message*, Annette Deigh encourages us to find those things that help us feel hopeful and explains how she herself finds hope in challenging times. Scott Cohen explores the topic in *On Hope* by weaving together analysis of Emily Dickinson’s poem “Hope is the thing with feathers” and modern research about hope and hopefulness. In *Looking for the Helpers in the Rhythm of Distress to Relief*, Keri Cohen considers ideas from Winnicott, Elkin and Bion and how they support an understanding of why some people have an easier

**PO Box 147, Darby, PA 19023 pscsw.org 215-942-0775 The Clinical Voice 3
Pennsylvania Society for Clinical Social Work Spring 2021**

Letter from the Editors, cont.

time than others feeling hopeful in difficult circumstances. Symoné Miller describes how she feels inspired to hope by Amanda Gorman’s poem “The Hill Climb.” Christi Saban, Jessica Honig and Heather Baron also share original photographs that illustrate the theme.

You will also find other interesting topics, updates and resources in these pages. Julie Agresta shares resources for those wanting to learn about legal issues and current events affecting our profession. Kareemah Grossett and Fran Gerstein give updates about the Special Interest Committee and Main Line Private Practice Subcommittee, respectively. As Chair of the Professional Standards: Ethics & Licensing Committee, Deborah Shain invites us to *Focus on Ethics*, specifically ethical retirement planning. Karen Carnabucci gives suggestions in the *Consultation Corner* for how to proceed when a new diagnosis, in this case Body Dysmorphic Disorder surfaces well into treatment. For the *Member Spotlight*, Jamie Silvers interviews our new Art Editor, Jessica Honig,

about her professional evolution and how she uses art, nature and mindfulness in her life and practice.

As Co-Editors, one of our hopes is to continue to develop The Clinical Voice as a source of information, a venue for sharing wisdom and experiences, an outlet for creative expression and a connection to community. There are many opportunities to get involved. Do you have a question for our peer consultants, or would you like to be a peer consultant yourself? Do you know a member who should be profiled, or would you like to interview a colleague? Do you have an idea for a new regular column? If so, we’d love to hear from you! Please also watch for the next call for submissions on the PSCSW listserv and consider sending an article, a poem or other piece of creative writing, a photograph or other type of artwork or a link to an online video (for example, an original film or performance piece) or anything else that you think fits the theme.

We also hope this edition supports you in living a “both/and” life, learning to utilize tragedy as a source of strength and Finding Hope in Challenging Times.

Warm regards,

Heather Baron & Renée Cardone, Co-Editors

rjcardone@verizon.net

heather@heatherbaronlcsw.com

The Clinical Voice now accepts submissions of poems, other creative writing, photographs, pictures of other artwork and web links to videos of performance pieces in addition to the usual articles.

Contact: honig.jessica@gmail.com

PO Box 147, Darby, PA 19023 pscsw.org 215-942-0775 The Clinical Voice 4
Pennsylvania Society for Clinical Social Work Spring 2021

PSCSW Committee Updates

Main Line Private Practice Subcommittee: The Main Line Private Practice Subcommittee meets every other month via Zoom. 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
 - the pros and cons of a creating an LLC
 - best electronic billing/practice platforms
 - marketing your practice
 - to take insurance or not to take insurance
 - enhancing your "financial literacy" and what to
 - returning to the (actual) office post-COVID Contact charge your clients
- fgerstein01@gmail.com for more information.

Fran Gerstein, LCSW, Co-Coordinator, Private Practice Subcommittee

Special Interest Committee: Are you looking to get more out of your PSCSW membership? Did you know that PSCSW has interactive and engaging special interest subcommittees to meet the particular needs of our members? About 1.5 years ago, I took over as Chair of PSCSW's Special Interest Committee. Special interest subcommittees support ongoing peer connection with other social workers, 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: 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. These subcommittees meet monthly or bi-monthly.

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. PSCSW has many opportunities for networking and professional development. By connecting with a subcommittee, you'll be afforded the ability to not place limits on your journey by building your network and reciprocal learning through the sharing of experiences. Hope to see you soon at a subcommittee gathering!

PSCSW Mission Statement

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.

**PO Box 147, Darby, PA 19023 pscsw.org 215-942-0775 The Clinical Voice 5
Pennsylvania Society for Clinical Social Work Spring 2021**

cannot build a strong sense of self.

Finding Hope in Challenging Times

Looking for the Helpers in the Rhythm of Distress to Relief

Keri Cohen, LCSW, BCD

The background support of life at any given time contains nourishing and toxic elements, depending on the context of one's life. Donald Winnicott stated there is no such thing as a baby. A baby is not alone. In order to grow and thrive a m(other) must be present in the foreground and background. Henry Elkin wrote about primordial self and other awareness that develops between 3-6 months of life in the infant. Assuming there is enough response from the m(other), the infant experiences a repeated emotional cycle of distress to relief or satiation.

As self and other awareness come into conscious focus, the infant begins to anticipate the actions of the m(other). Trust and hope begin to develop if the pair are fortunate. The infant's development of the self begins. Of course, if the parental figure fails too many times to pacify the infant, the infant learns not to cry out anymore and becomes withdrawn, distrustful and

We carry this rhythm of distress to satiation all life long. Sometimes, there are too many toxins to find a nourishing link to bring us to the other side of distress, and the oscillating back and forth pattern fails. A background emotional feeling environment of "nameless dread" may develop. Wilfred Bion writes about this throughout his work. The quality of the background life feeling matters. It provides a link to whether one feels the world can be a trusting place or a place where bad things happen. The background feeling informs our actions, reactions, attitudes and feeling states in different contexts of living. Our internal life flows into how we interact with others externally in our families, workplaces, social circles and intimate relationships.

Our emotional experiences determine how we interact with the world, whether we have hope that calm or peace will emerge or whether we wander through the depths of despair wondering how we will survive the moment. It is insufficient to say "have hope" as some people truly do not have an experiential understanding of what that feels like.

This leads us to a difficult path during difficult times, especially when an entire world is moving through the same phenomenon such as the current pandemic. We find ourselves suddenly in a parallel world with our

patients, akin to what we may see on the playground in children who engage in parallel play. Usually an adult observes and helps the children, but now we find we are all children of the pandemic. Mr. Rogers used to say, "Look for the helpers." Where is the adult, and how does the adult help or provide hope? We are moving through this with our patients in real time, in parallel fashion. How do we provide that if we ourselves feel exhausted, fearful and in search of an experiential nourishing link? And what about those of us who struggle to find that nourishing background support?

The helpers at this moment in time may not be in the form of human contact, although of course some help and hope may be embodied in this form. The helper

may be bigger than this, richer, deeper than we imagine. The virus hasn't affected the trees, the mountains, the lakes, the oceans. In fact, it has helped our planet. The air we breathe is less polluted. For the wild animals, life has improved quite a bit, above and below the surface. There is a larger m(other) if we can experience it. It contains us, our struggle, our life, our despair, if we can look beyond our primordial selves and be less egocentric. Often destruction is held in a larger frame. Can we find it now? Can we look outside of our human condition and see more, feel the energy of the universal ties, energies? Is it possible to look to the elements for a nourishing background supportive link? And if we can, is it enough? Unlikely, but it may help. We are the elements; we are made of water and stardust,

**PO Box 147, Darby, PA 19023 pccsw.org 215-942-0775 The Clinical Voice 6
Pennsylvania Society for Clinical Social Work Spring 2021**

K. Cohen, cont.

quite literally. Can we look to our own internal elements and find a morsel of nourishment? In darkness, a small flame is a lot as it just needs to light the way.

The larger oscillation between destruction and construction or rebuilding, death and rebirth, crying out and being met with relief, is what is at play now, in this moment in time and space. Much destruction of life as we know it has occurred, along with loss of life, fear of life being taken away; however, much has been constructed as well. The infant cries out in despair and within minutes, if a responsive dyad is working well, the m(other) is there to provide care and relief. Time between despair and relief or satiation is relatively short on the time continuum. For the infant it may feel like eternity, but for the m(other), not necessarily. Both have a different time reference point for context

in the situation.

Currently, during the pandemic, our reference point for time between despair and relief or satiation, is very much in process. Thus far it has been a little over a year that we humans have cried out. Bion said he died in the battle of Amiens during the first World War. His first wife died during childbirth. He went on to become a psychiatrist, a psychoanalyst and wrote many books. Somehow a dead man bore fruit. Despite catastrophic and nameless dread, he found a link to life. May we all be as fortunate.

Bion, W.R. and Bion, F.,(ed) (1986). The long weekend 1897-1919: Part of a life. Free Association Books.

Daws, Loray (ed). (2016). On the origin of the self: The collected papers of Henry Elkin, PhD. EPIS Press.

Winnicott, D. W. (2015). Human nature. Routledge (Original Work published 1988).



Photo from

Pixaby.com PO Box 147, Darby, PA 19023 pscsw.org 215-942-0775 The Clinical Voice 7
Pennsylvania Society for Clinical Social Work Spring 2021

From “The Hill We Climb”

by Amanda Gorman

It's because being American is more than a pride we inherit—

It's the past we step into, and how we repair it.

We've seen a force that would shatter our nation rather than share it,

Would destroy our country if it meant delaying democracy.

And this effort very nearly succeeded.

But while democracy can be periodically delayed,

It can never be permanently defeated...

When day comes we step out of the shade,

Aflame and unafraid.

The new dawn blooms as we free it,

For there is always light,

If only we're brave enough to see it,

If only we're brave enough to be it.

These words were spoken at the Presidential Inauguration, and they are near and dear to me. They encourage me to not only Find Hope in Challenging Times but also to be the Hope I wish to find. Now, over one year into the global COVID-19 pandemic and as racial tensions continue to rise, I have found myself questioning everything, including the criminal justice system, health disparities and the multiple facets of white privilege in America. I am inspired by this poem not just to wish to see the light in the world but to be it. As a social worker, I am reminded that hope is a complex word defined as a feeling of expectation and a desire for a certain thing to happen, so I have faith that things can and will get better. In the interim, while waiting for that change, I will continue to be a beacon of light for myself, my family and those I serve with the hope that my light will shine so bright that it illuminates others.

- Symoné C. Miller, MSS, LCSW

Photo from Pixabay.com PO Box 147, Darby, PA 19023 pccsw.org 215-942-0775 The Clinical Voice 8

Pennsylvania Society for Clinical Social Work Spring 2021

“I love to see icicles backlit by the sun. The light seems both concentrated and amplified, both drawing into the center of the ice and radiating out into the world at the same time. I feel such joy when I step outside after a harsh snowstorm and find that all of nature is glittering and bright. This photo also captures water dripping from the tips of the icicles, a sure sign that the snow will melt and spring will come again.”

Heather Baron, MEd, MSW, LCSW



Scott A. Cohen, LCSW

“[Hope is the thing with feathers](#),” Emily Dickinson declared in 1861. Though sea stars and golden retrievers also have “feathers,” Miss Dickinson refers to a bird. She suggests this by describing how it “perches in the soul – And sings the tune without the words – And never stops – at all.” In line seven, she reveals her secret describing the “storm – That could abash the little Bird – That kept so many warm.” In her opening line, Dickinson makes a stylistic decision that marks her genius. She does not describe hope as “like” the thing with feathers, nor does she suggest that it could be anything with feathers. By describing Hope as *the* thing; she is definite, not equivocal. Hope, she tells us, is *a particular* sort of thing, but she also preserves mystery by not telling whether she is describing a swallow or robin, owl or chickadee.

In 1861, when Dickinson is believed to have written “Hope,” war was coming; by February the slave states had withdrawn from the union. Even in remote Western Massachusetts, Dickinson would not have been able to avoid the martial language in the newspapers or the militias, including Amherst’s black regiment, and students from Amherst College, parading through Amherst’s tree lined streets. Massachusetts was one of the first states to send troops after the Battle of Fort Sumter on April 12, 1861. From her window, Emily would have seen (and heard) the newly-outfitted soldiers, accompanied by fife and drum, marching south. Many were marching to their deaths.

PO Box 147, Darby, PA 19023 pscsw.org 215-942-0775 The Clinical Voice 9
Pennsylvania Society for Clinical Social Work Spring 2021

S. Cohen, cont.

In “Hope,” Dickinson suggests that the little bird is abashed by the storm – it does not survive. But hope lives on in the human “soul” through the bird’s song, “that kept so many warm.” By not identifying a particular bird, Dickinson gives the reader leave to imagine “the thing with feathers that perches in the soul.” The opening line to Hope is so compelling precisely because it is paradoxical, vague and definite at the same time.

Hope is indefinite, but it is easily recognized. In the world of psychological science there have been many attempts to define hope. The great social and personality psychologist C.R. “Rick” Snyder even published a highly regarded, reliable 12 item “[Adult Hope Scale](#),” with statements such as “I can think of many ways to get out of a jam,” and “I energetically pursue my goals.” Snyder and his colleagues (1991) define hope as the sum of two types of thinking, which they call “will” and “way.” “Will” is something akin to self-efficacy; it is a dispositional trait to set goals and take problems on. “Way” (or “pathway”) thinking is the ability to generate solutions and find opportunities.

If all this sounds a little reductive, you may be right.

As a talented social scientist, Snyder has been able to correlate “hope” with a variety of other factors and has even found that it has some predictive validity. High hope people generally have higher GPAs, are more likely to get desirable jobs and rate better in performance reviews. High hope children are more liked by their peers and teachers, and have fewer symptoms of anxiety, depression or externalizing behaviors. But to me this notion of hope fails the face validity test. Snyder (2002) and his colleagues are clearly measuring something, but I don’t think that it’s hope. What’s missing is an essential ingredient: meaning. Meaning is the reason we have will and the motivator behind way. People with a sense of meaning find ways to increase their self efficacy and achievement. Meaning is a hedge

against anxiety, depression and boredom. People who find their work meaningful perform better and are more popular with their peers.

Emily Dickinson was no Rick Snyder, but neither was Snyder, for all his scientific achievement, someone whose words will move us 160 years from now. Dickinson’s extended metaphor of “Hope” includes meaning at 3 levels: there is the meaning in the bird’s story; there is the meaning for Dickinson in writing the poem; and there is the meaning achieved by the reader encountering it. In the bird’s story, the bird is abashed, but its song lives on to warm those

who heard it. They can hope to hear other songs of other birds in other springs. Writing a poem is a hopeful act, a bit like singing in a gale. In her own time, Dickinson achieved little success, but she continued writing her poetry, sending it out into the universe, like little birds to warm the hearts of her imagined readers. And then there is us, you and me, communing with Emily in order to divine the essence of her words.

Human beings are meaning makers. We fabricate hope out of words; we mold words into stories; we tell stories to connect; we connect so that our lives will matter. Now that's something to sing about.

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, 13, 249-275.

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60, 570-585.

University of Pennsylvania, Positive Psychology Center (2021, April 12) *Adult Hope Scale*.

<https://ppc.sas.upenn.edu/resources/questionnaires/researchers/adult-hope-scale>

**PO Box 147, Darby, PA 19023 pscsw.org 215-942-0775 The Clinical Voice 10
Pennsylvania Society for Clinical Social Work Spring 2021**

Focus on Ethics

Dear PSCSW Colleagues,

At the March 2021 PSCSW Board Meeting, several members suggested that we include an Ethics Column in our Clinical Voice publication. So here is our first PSCSW Ethics Column. Did you know that as a member of PSCSW one of your benefits is an unlimited number of free, confidential consultations to discuss any ethical concerns you may have? You can reach me, or any member of the PSCSW Committee for Professional Standards, Ethics and Licensing, by calling 215-782-8666 or by sending your question to deborahdshain@gmail.com.

The Code of Ethics identifies core values that guide our mission as clinical social workers. These

broad ethical principles reflect the mandate to establish a specific set of ethical standards that must be used in social work practice. Although we all are dedicated to practicing according to our Code of Ethics, there are times when we try to apply those seemingly vague ethical principles to everyday practical matters, and our decisions might not feel so clear cut. Choices and challenges can cause us to pause, question and collaborate.

In this new column, I will try to address some of the trending concerns that PSCSW members have discussed with me. At times, constrained by the desire to protect your confidentiality, I may struggle with how much to reveal in addressing your questions here in this column. If you feel unintentionally "outed" by what I write, please know that I have done my best to disguise your questions and am only writing about those universal areas that

have concerned other PSCSW members as well.

That said, let's begin by addressing a trending issue that has caused many of you to call me this year, since the beginning of the pandemic. Now that we are seeing our clients on teletherapy, many colleagues have called to discuss the impact on clients when we give up in person offices, and some members have even begun to consider moving toward retirement. This first column will therefore begin a discussion about ethical considerations to think about when we plan to retire.

Retirement is a big transition fraught with emotion for you and for your clients. Planning for retirement ethically is a process that requires that you inform your active clients in plenty of time for a smooth termination process to occur. Of course, you will need to take at least four sessions to

address concerns with how your client feels. Will a ban on mental issues be a wake up call? Can your retirement be a model for self care issues you have been working on with clients? You are also obligated to provide your clients with the names of three therapists you trust to be committed to your client's wellbeing. If your active clients agree to be seen by someone else, you will need to ask them to sign

a release so that their file can be shared with their new clinician.

We all know that when clients' needs and goals have been met, the termination process is inevitable and desired. Given the ethical principle of "once a client, always a client," what is your obligation to clients who are no longer actively in treatment with you but who periodically reach out for "booster shots" when their lives warrant it? My suggestion is that you also inform your "dormant clients," especially those you know are

challenged by early trauma and insecure attachment issues, about your plans to retire. Send a written announcement or letter thanking your clients for the privilege of working with them in the past, provide a summary of their journey with you, support their resiliency and let them know that you will provide them with the names of colleagues who will be competent to carry on with them in your absence.

As you plan to retire, celebrate the privilege of knowing that you

PO Box 147, Darby, PA 19023 pccsw.org 215-942-0775 The Clinical Voice 11

Pennsylvania Society for Clinical Social Work Spring 2021

you.

Focus on Ethics, cont.

have made a difference in the lives of your clients, your colleagues and the social work profession, that you are ready and are in the good company of other professionals who are entering your stage of life. You

Dear Consultant,
have earned the right to choose a new direction in your life's adventure. Enjoy time for yourself and the exploration of your creative endeavors!

I look forward to hearing from

Consultation Corner

Respectfully submitted,

Deborah D. Shain, MSS, LCSW,
BCD

Chair, Professional Standards:
Ethics & Licensing Committee

I have been working with a client for over a year. The presenting problem was depression. She has attended all sessions and has brought issues from her day-to-day life, looking for help in managing them. She has appeared comfortable in the therapeutic relationship and has made some changes in her interpersonal relationships, especially with family members. One session, prompted by a recent incident that triggered her distress, she suddenly began talking about her extremely negative view of various aspects of her appearance. She was explicit about which aspects of her body and appearance she abhors and began sobbing deeply. She shared that she did

not want to seem vain, so avoided raising her concerns with others.

In my view, her extremely negative judgements of her flaws were well outside the bounds of what others would see looking at her. They were preoccupations that cause considerable suffering affecting her mood as well as her social relationships. I began to realize that this client suffers from Body Dysmorphic Disorder (BDD). The vehemence with which she shared her self-loathing about her appearance and the inherent gravity of the BDD diagnosis made it clear that her recent revelation needed to be addressed therapeutically. BDD is not a diagnosis I had ever treated, nor did I have the expertise to do so.

Questions for consideration by Consultant:

How might you respond to the client in a session like this? How might this type of disclosure, well into your work with a client, change or inform your view of the therapeutic relationship? What questions would you ask yourself to reflect on whether you might have done something differently to uncover this suffering sooner? How would you weigh your relative obligation to continue to treat a client with whom you seemingly have a good relationship, as opposed to referring the client to someone with more expertise when a new issue surfaces? In short, how would you proceed and what issues would you consider along the way?

Sincerely,

A Curious Colleague

**PO Box 147, Darby, PA 19023 pccsw.org 215-942-0775 The Clinical Voice 12
Pennsylvania Society for Clinical Social Work Spring 2021**

Consultation Corner, cont.

Dear Curious Colleague,

It's clear to see that you've developed a positive and safe and relationship with this person. Her work with you tells us that she is responsive to the therapy process and has made movement in changing relationship patterns. She obviously trusts you enough to reveal her inner life, information that is extremely difficult to talk about since she fears judgment.

Since you have already been addressing relationships, start by noticing that this person's relationship with her body is an extremely painful one. So, you could begin with a conversation that validates her struggle, pain and tears while acknowledging her courage to reveal an aspect of her life that is both central and difficult.

Questions to explore might be:

- Would life be better for you if you weren't so unhappy with your body?

I like to look at roles first, rather than focusing on

- Would you like a better relationship with your body?
- Can you visualize the kind of relationship that you would like to have?
- How can you develop an appreciation of all that your body has done for you and continues to do for you?

Let's assume she is seeking a more balanced relationship with her body. Because I am a practitioner and trainer in psychodrama, a method that uses improvisation and theater principles and is the forerunner of the commonly known role play, I always consider the "roles" that a person is taking in any given situation. In this instance, it appears that she is holding the roles of Judge, Self Critic, the One With Shame, among others.

the diagnosis, because the psychodrama method tends to de-pathologize, recognizing that we can be trained to take new roles and discard or transform roles that are not healthy or productive. You could discuss with

her what roles might be more helpful. The One Who Is Compassionate To Self? The One Who Appreciates Body? Other?

Then consider a way to concretize these abstract concerns. Concretization is the psychodramatic term for externalizing what is within us with a physical object so that we can take a look with some distance between us and it. There are lots of ways of doing this. For example, you can work with the empty chair, putting out an empty chair and saying, “This is your body.”

It is not necessary to dive into a role play, “fix” anything or “make” something happen. It would be enough to have her sit and observe the chair that represents her body. Give her permission to notice her relationship with it. How spatially close or how far would she want this “body” to be with her? What

happens in her body when she observes the body chair? What thoughts emerge?

This intervention offers rich opportunities to explore and could take up a big part of the session. It externalizes the interior relationship with her body, allowing her to explore this relationship physically and visually. Make sure to leave time to process the feelings and thoughts that surface.

You can also use objects other than the chair to concretize – a pillow, a yoga ball or something else. With teletherapy, you might ask the woman to pick an object in her environment that might represent her body, such as a pillow, or use the whiteboard on your video conferencing platform. You could ask her to make simple marks, like an X for self and X for body, or draw a picture that represents her, then a picture that represents her body. Again, you will

PO Box 147, Darby, PA 19023 pscsw.org 215-942-0775 The Clinical Voice 13
Pennsylvania Society for Clinical Social Work Spring 2021

Consultation Corner, cont.

want her to notice the proximity, the relationship and then process with her.

In another session, it may be helpful to identify messages that she has received, spoken or unspoken, about her body. These messages may have come from mother, father and other family members, as well as a place of worship, teachers, coaches. They may also have come from doctors, previous or current romantic partners, movies and the culture.

In exploring these messages and their origins, you may wish to write each message on a sticky note or small piece of paper. During in-person sessions, these notes may be attached to the chair; in a virtual session, they may be typed on the white board or notes may be pasted on a wall or easel behind the therapist or the client.

At some point, you might challenge the messages:

- How did it feel to receive these messages? • How does it feel now?

- Do you always believe the messages that have been directed to you?

- Are other people always right?

If you notice that your client feels warmed up to reply to these messages, you may want to offer an empty chair – or several empty chairs – to which she can speak her truth about how these messages have impacted her. If she is not warmed up to speak directly to the chairs and those who “occupy” them, it might be helpful to have a “soliloquy,” where she can simply speak the thoughts in her head aloud.

You might also explore how she cares for her body, looking at behaviors from brushing teeth to taking vitamins to attending to health concerns with appointments with dentist, doctor or other helper. Positive caring behaviors may be validated and expanded; behaviors that are not helpful may be

made more conscious through journaling and through the role of the Observing Self – which eventually might lead to the rising of the Compassionate Self – and alternative behaviors practiced.

I hope these ideas help you feel more confident in working with this person. It also would be helpful to assess for self-harm behaviors (apart from the high self-criticism!) and for disordered eating. If you need additional support, find training and supervision on body-hating behaviors, Body Dysmorphic Disorder and experiential therapies. If she can afford it, encourage her to supplement the psychotherapy with work with a massage therapist, bodyworker, yoga instructor or another professional who works with the body.

Sincerely,

Karen

Karen Carnabucci, MSS, LCSW, TEP, is the founder of the Lancaster School of Psychodrama and Experiential Psychotherapies in Lancaster, PA. She is

the author of several books on experiential psychotherapies, including Show and Tell Psychodrama: Skills for Therapists, Coaches, Teachers, Leaders. Learn more about Karen at www.realtruekaren.com.

Do you have a question you would like answered in our Consultation Corner?

Would you like to consult for our Consultation Corner?

Contact us:

heather@heatherbaronlcsw.com,

or

rjcardone@verizon.net

**PO Box 147, Darby, PA 19023 pccsw.org 215-942-0775 The Clinical Voice 14
Pennsylvania Society for Clinical Social Work Spring 2021**

Member Spotlight: Jessica Honig

Interviewed by Jamie Silvers, LCSW

Tell us about your practice history, niche/population, location, etc.

My clinical start was inspired by attachment concerns and body image for persons with physical disabilities. This married well with a longstanding fascination with the mind-body connection, as I grew up dancing. Because of personal and simultaneous professional experiences around this time, I gained opportunities to experientially see the benefits of mindfulness and exposure desensitization for anxiety concerns. Soon after, I was working in homeless shelters in Boston, and my love of art wed to social justice narrative-based work grounded my interest in addressing complex trauma. My primary niche now resides in broadening the scope of identity, voice and agency through creative problem solving alongside radical acceptance of who we are, as we are – framed, beautiful, just as things situate. I remember a classic moment, walking the sidewalks with female artists who were chronically homeless to do photography together. There was a viciously cut piece of cement, and we did a photo shoot of this image. It gave the group, and me, an inexplicable calm to see metaphor in something imperfect and yet, from certain angles, totally beautiful. I think that reframing, connected to some experiential learning, sets many clients free. I'm an acquired taste, of course.



"Sidewalk Talk." Photo Jessica Honig took in 2008 in art group in Boston Homeless

Shelters. **Do you work with an agency or are you in private practice?**

My private practice is currently based out of Downingtown, although I will be moving to the Kimberton Wellness Connection near Phoenixville in August. In addition, I maintain an affiliation for a portion of my clientele via Psycare Solutions, in Jenkintown, where I now see those clients via telehealth. Psycare has been a great collaborator and mentor since my earliest days as a clinician, and they also assist in some of the insurance billing for my Downingtown cases.

PO Box 147, Darby, PA 19023 pscsw.org 215-942-0775 The Clinical Voice 15
Pennsylvania Society for Clinical Social Work Spring 2021

Member Spotlight, cont.

What is your clinical background/education?

I completed an MSW through Smith College in 2005, and my graduate thesis was "Let's Talk about Sex and Disability: Social Constructs and Sexual Identity Formation for Persons with Physical Disabilities." In addition, in 2002, I received a Masters in Education from Harvard University, where I examined arts and human development, generally, as well as arts as a mechanism for personal and social inclusion.

What are some challenges you see in your practice?

The greatest challenges that I face right now include the following. A) There is so much need for mental health care yet limited resources in how to connect those in need when I feel my practice is full. The PSCSW connections have been a great resource for

and I am hungry to engage and learn from/alongside that. B) I struggle with the social worker's wound that I feel devastation sitting with clients with Complex PTSD who are exposed to active, persistent revival of trauma wounds such as systemic racism, ableism, genderism and anti-Semitism. I aim to take a mindful, narrative and empowering approach, yet I also want to change the world with them. To that end, I have begrudgingly started an Instagram platform and provide content as well as community, virtual meditation to both get the word out on mental health issues and be the change we wish to see in the social media world. C) Let's be honest, I struggle with clinical stamina, but week long vacations (such a luxury) have started to help... my permission to pause.

What is your position/role at PSCSW? What does that role entail?

I'm honored that Heather and Renée welcomed me to contribute as Art Editor for The Clinical Voice. They are brilliant, thoughtful knowledgeable women, them. I gather this is a turning point for The Clinical Voice, and it's exciting to see how artistry, a topic near and dear to my heart, may be a part of honoring what The Clinical Voice has been to PSCSW and where we may be headed. And as for my role, I aim to gather, vet and share the art submissions for each issue. I will also keep a log of past submissions to elicit future contributions, as needed. Perhaps, as well, I'll work on a column regarding "Art Matters," as a vehicle for clinical and social work macro endeavors.

Has there been a moment that stuck out to you in your involvement with PSCSW?

Though my membership has come and gone over the years, due to tightening expenses at times due to high student loans, I recall the feeling of clinical isolation at the beginning of the pandemic. When I decided to rejoin for self-care, the activity and warmth of the list-

serve was exactly what I needed. From there, as I said, I think my first conversation with Heather and Renée, in discussing how I may contribute to the Clinical Voice, made me feel like... these are my people, grounding and inspiring and challenging me to be the clinician I wanted to tend to through membership. I plan to keep up my membership, for sure.

How do you involve art, nature and mindfulness into your therapy practice?

I have a few levels of integration. At the most micro, I introduce mindful walks or noticing of nature to anchor oneself; I also provide examples of natural elements like clouds and gradients of wetness to be some of the best teachers of impermanence through in-vivo work or guided meditation. I run workshops and work with academic colleagues on use of art inspired by repurposing or found supplies like mud art (so fun!) to develop playfulness and community. I also believe in therapeutic tools for people less prone to show up to the office, and I try to do that via

**PO Box 147, Darby, PA 19023 pscsw.org 215-942-0775 The Clinical Voice 16
Pennsylvania Society for Clinical Social Work Spring 2021**

Member Spotlight, cont.

social media and writing articles. Finally, I am excited to be in the process of creating a course for graduate school of design students on how to apply mindfulness and empathy into their design choices.

Tell us about your podcast!

Time permitting, I do host a podcast, "Reframe Your Artistry," inspired by the book I released in 2019, Reframe Your Artistry: Mindful Tools for Art Making At Any Age. Here, I give tips for artists and those open to art-making, to both broaden their scope of art-making and relax into greatness. I also interview creative thinkers I admire, pitching these

interviews as "people thinking big picture while doing beautiful things, right here, right now."

Tell us something interesting about yourself.

I majored in Mathematics and Dance, undergraduate. Clients who I tell this to often ask, "How did that happen?" I have a wildly curious, associative mind, so that path worked for me. But, like the beauty of psychotherapy, I believe math and dance align with the experience of patterns, contemplation and the capacity to show up at any given moment to apply abstract mechanisms to form a new whole. Besides, I believe mathematical logic is so poetic.

To learn more about Jess, visit her websites: jessicahonig.com and reframeyourartistry.com.



Photo with daughter, 2020, art installation on porch during pandemic. Jessica Honig, LCSW,

Ed.M. PO Box 147, Darby, PA 19023 pccsw.org 215-942-0775 The Clinical Voice 17