

Clinical Update

California Society for Clinical Social Work



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INSIDE Update

The Soldiers Project: Bring Our Troops All The Way Home
Judith Broder, MD

Page 1

District Meetings

Page 2

Are Anti-Depressants Addictive?
Stephen V Sobel, MD

Page 5

The American Association for
Psychoanalysis in Clinical Social
Work

Page 6

Book Review:
How to Say it to Seniors: Closing the
Communication Gap with our Elders
By: David Solie, MS, PA

Page 7

Inside the Institute

Page 13

News from the BBS

Page 14

Cartoon

Page 14

Classifieds

Page 15



The Soldiers Project: Bring Our Troops All the Way Home

By: Judith Broder, MD

The telephone rings at The Soldiers Project. A young woman leaves a message. "Please call me back as soon as possible. My boyfriend has just returned from Afghanistan and I don't know what to do. He's not the man I fell in love with. He's angry all the time and kicks and screams when he's asleep. He says that there's nothing the matter with him and that I have a problem. Can you help us?"

So starts another day at The Soldiers Project.

I organized The Soldiers Project in 2005 after I became aware that there was a need for mental health services outside of the Veterans Administration and the Department of Defense for our troops who served in Iraq/Afghanistan. I experienced two events in close succession that brought the enormity of the unseen suffering of our troops home to me. The first occurred during a walk on the beach in Santa Barbara. On the sand stood rows and rows of crosses, each bearing the name of a US Service member who had been killed in Iraq or Afghanistan; kneeling next to several crosses were family members and friends of these veterans. They were in tears, as was I as I witnessed their grief.

Not long after, I went to a play at a small theater in Hollywood. The play, "Sandstorm – Stories from the Front," was written by Sean Huze, a then active duty Marine recently returned from Iraq. Ten Marines told their stories – of what they'd seen, what they'd done, what had been done to them and what they wished they'd done. The language was direct and shocking. What was most disturbing to me was the enormity of their hidden wounds; most specifically, the extent of their self-hatred, shame and despair that they would ever find a way to return to their former selves and families.

(Cont'd in page 9)



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District Meetings

Fresno District:

Coordinator: Russell Bader

Coordinator Phone: (559) 431-0300

Coordinator Email: Fresno@clinicalsocialworksociety.org

Date: Saturday, February 25, 2012

Time: 9:00 am to 12:00 pm

Presenter: Betty Garcia, PhD, LCSW & Anne Petrovich, PhD, LCSW

Topic: **Strengthening the DSM: Incorporating Resilience and Cultural Competence**

Location: Denny's, 1100 E. Shaw Ave at First

Drs. Petrovich and Garcia are professors of social work at California State University of California, with extensive clinical experience. In their new book, *Strengthening the DSM: Incorporating Resilience and Cultural Competence*, they propose adding an Axis VI to allow an understanding of the whole person by including culture, resources, and strengths related to diversity, equity, and resiliency. Come learn how to apply this Axis VI into fuller case conceptualizations and treatments of individuals suffering from mood, anxiety, conduct, substance-related disorders or co-occurring disorders, to psychotic disorders, dementia or Alzheimer's disease.

The Fresno District meets at Denny's (address above) the fourth Saturday of the month. Please arrive no later than 9:15 for check-in and networking. Breakfast (your choice) and business begin at 9:30 a.m. with the presentation to follow. There is no need to RSVP.

Future Meetings

Saturday, March 24-- Heidi Schelling, Ph.D., LCSW, **Issues of the Self as Expressed in the Body**

Greater Los Angeles District:

District Coordinator: Lynette Sim

District Coordinator Phone: 310-394-7484

District Coordinator Email: GreaterLosAngeles@clinicalsocialworksociety.org

Date: February 4, 2012

Time: 10:30 am to 1:00 pm

Presenter: Ava Rose, LCSW

Topic: **Expanding Windows of Tolerance: Integrating Mindfulness in Working with Affect Dysregulation**

Ava Rose, LCSW will speak on: "Expanding Windows of Tolerance: Integrating Mindfulness in Working with Affect Dysregulation." Explore how incorporating mindfulness and lessons from affective neuroscience into your work with individuals and couples can expand and deepen your clients'-and your own-capacities for emotional presence and responsiveness.

Ava brings her broad experience as a practitioner and speaker on advocacy, attachment theory, child abuse, domestic violence, human trafficking, interpersonal neurobiology and trauma treatment to us for what promises to be a lively educational experience.

District Meetings (cont'd)

Ms. Messinger's home is 1 ½ blocks south of National Bl., 1 block west of Sawtelle Bl. Corinth does not intersect National, within a mile of the junction of the 10 and 405. Please RSVP to Judy at 310-478-0560 or messingerlcsw@yahoo.com. District coordinators are Lynette Sim, 310-394-7484 and Debbie Reese 818-634-7880.

All are welcome at all CSCSW District meetings, regardless of geography so when you see something interesting, please join us. Please remember to RSVP so that we have enough seating and handouts. Chatting, networking and snacking time is built into our meeting so please bring your business cards, flyers, et cetera

Future Meetings:

April 21, June 9, Sept. 8 Information to follow

Mid-Peninsula District:

District Coordinator: Virginia Frederick, LCSW

Coordinator Phone Number: 650-324-8988

Coordinator Email: ginnyfred@aol.com

Date: February 24, 2012

Time: 12:20 to 2:00PM

Presenter: Rita Ghatak PhD

Topic: **Dealing with the Aging Population during a Medical Crisis: "Psychological Dynamics, Medication Problems, Care Giver Issues and Available Resources - Hospital and Community."**

Location: Stanford Department of Psychiatry, 401 Quarry Road, Room #1206, Palo Alto

Rita Ghatak PhD is the Director of Aging Adult Services, Geriatric Health Services at Stanford Hospital and Clinics. This service offers consultations, assessments, home visits. Rita has her PhD in psychology and is an eldercare expert. With the support of the Stanford Hospital Administrators, she designed a multi-layered, cross-disciplinary dementia support program. This package of education, consultations, home visits, family meetings, care coordination and ongoing status updates to physicians is unusual in its comprehensive view. Rita now speaks nationally and internationally about its structure and success. During her presentation to our group, she will focus on the many psychological challenges older people and their families face as they enter the hospital with a medical crisis. Rita and her program offer valued assistance to social work therapists as they help clients negotiate this crisis. Join us for this exceptional program.

**please note this is the 4th Friday of the month, not the usual third Friday.

Future Meetings:

March 16 - **Mindfulness**, April 20 - **Dealing with People with Disabilities**, May 18 – TBA

Sacramento District:

Coordinator: Stephanie Brodsky

Coordinator Phone: 916-455-4778

Coordinator Email: SacramentoDavis@clinicalsocialworksociety.org

Date: February 18th, 2012

Time: 1:30 pm to 4:00 pm

Presenter: Carolyn Fink, LCSW

Topic: **The Soldiers Project-Sacramento**

Carolyn Fink is the administrator of The Soldiers Project-Sacramento. Their mission is to provide mental health treatment to our service members, veterans, family members and loved ones of those veterans. The men and women we serve will be those who have served during Global War on Terror (GWOT) Iraq War (Operation Iraq Freedom, OIF) and Afghanistan War (Operation Enduring Freedom, OEF). We will focus on the issues that are a result of combat, deployments, and reintegration. (Cont'd next page)

Carolyn will present on the “invisible wounds of war” that our men and women are coming home with. Reintegration is problematic, resources are scarce, and the stigma and fear of seeking therapy is widespread. She has a clinical background in working with the Military population and extensive training in the diagnosis and treatment of PTSD and her current work with The Soldiers Project provides her the opportunity to work exclusively with the active duty and veterans of this ten year war.

San Diego District:

Coordinator: Ros Goldstein
Coordinator Phone: 619-692-4038 #3
Coordinator Email: SanDiego@clinicalsocialworksociety.org

Date: Friday, February 3
Time: 11:45 am to 1:45 pm
Topic: **Emotional Regulation Skills for Bipolar Disorders and Borderline Personality Disorder**
Presenter: Milton Brown, Ph.D.
Location: Mesa Vista Hospital, 7850 Vista Hill Avenue

Milton Brown, Ph.D. will present on “Emotion Regulation Skills for Bipolar Disorders and Borderline Personality Disorder.” He will describe findings from DBT research studies; explain the DBT theory of emotion dysregulation in BPD; and describe the newest DBT emotion regulation skills.

Reservations or for more information for the program can be made by calling Ros Goldstein, (619) 692-4038, #3.

For all District meetings CSCSW members can earn 1.5 FREE CE CREDITS (CEU’s for non-members are available at \$10 per unit, or \$15.00 for the program – please ask at door for a request for a non-member.) MSW members are encouraged to attend. Our presentations are open to the entire community, so PLEASE INVITE A FRIEND!

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focuses on the unconscious core of the personality and explores the infantile anxieties and defenses that shape behavior and relations with the self and others. The elemental contributions of Freud, Klein and Bion structure the foundation of PCC’s British Object Relations approach. Emphasis on analysis of primitive mental states is supported by year-long intensive courses in the Tavistock method of Infant Observation, in the original work of Freud, Klein’s major papers and in the contemporary Kleinian and Object Relations developments. Bion’s theories of thinking form a focal center of study.

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OPEN HOUSE

SUNDAY, MARCH 25, 2012
11:00 AM - 2:00 PM
BRUNCH: 11:00 AM—12:00 PM
PRESENTATION: 12:00 PM

SPEAKERS:

John Lundgren, M.D.
Barnet Malin, M.D.

**“The Mind from the Beginning
and it’s Relevance to
Psychoanalytic Treatment”**

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Are Antidepressants Addictive?

By Stephen V. Sobel, M.D.

(This article is reprinted with permission from *The Therapist*, Volume 23, Issue 5, September/October 2011, pp 75-77.)

The purpose of this column is to be practical, to offer you information that you need to know now to effectively treat your clients suffering from bio psychosocial disorders, to assist you in answering questions from your clients, and to facilitate your interactions with colleagues, psychiatrists and other physicians. I welcome and invite your comments, questions and ideas, including topics that you would like to see addressed in this column.

Your patient is a 52-year-old woman who suffers from Generalized Anxiety Disorder. Her psychiatrist has been treating her with Paxil 20 mg daily for the last year. She has responded extremely well to treatment including Cognitive Behavioral psychotherapy from you and has been in remission. She tells you that her psychiatrist discontinued the Paxil one week ago. Since then, she has been having insomnia, irritability, dizziness, fatigue, headache, and shakiness. She is visibly angry, complaining "you told me that antidepressants like Paxil are not addictive. Now I'm in withdrawal." What do you tell her? How do you advise her to deal with this situation? Are antidepressants addictive?

ARE ANTIDEPRESSANTS ADDICTIVE?

Despite what your clients may read on the Internet, antidepressants are absolutely not addictive. Clients typically do not develop tolerance with antidepressants. They do not abuse them. They do not attempt to buy them on the black market. They do not make patients high. While they can cause discontinuation symptoms, they do not cause withdrawal. Antidepressants are not addictive.

DISCONTINUATION SYNDROMES

Antidepressants, however, can cause discontinuation syndromes. This occurs more often if a patient suddenly discontinues an antidepressant at a high dose either on their own or at the advice of a physician. This is an error in judgment by either party. Paxil may be the antidepressant most often associated with discontinuation symptoms. This is due to Paxil inhibiting the cytochrome P4502D6 enzyme, the enzyme that is responsible for metabolizing a variety of

medications including Paxil. Consequently, as the dose of Paxil is decreased there is an increase in its metabolism and a more rapid decrease in brain and serum levels. Effexor XR also appears to have more discontinuation difficulties than other antidepressants. All antidepressants have a half-life of approximately 24 hours with the exception of Prozac. Prozac and its metabolite Norfluoxetine have a half-life lasting a few days. Consequently, even if discontinued from a high dose, Prozac is highly unlikely to cause discontinuation symptoms.

There are many possible discontinuation symptoms. These include nervousness or anxiety, elevated mood, feeling high, irritability, sudden worsening of mood, sudden outbursts of anger ("anger attacks"), sudden panic or anxiety attacks, bouts of crying or tearfulness, agitation, feeling unreal or detached, confusion or trouble concentrating, forgetfulness or problems with memory, mood swings, trouble sleeping, insomnia, increased dreaming or nightmares, sweating more than usual, shaking, trembling, muscle tension or stiffness, muscle aches or pains, restless feeling in legs, muscle cramps, spasms, or twitching, fatigue, tiredness, unsteady gait or incoordination, blurred vision, sore eyes, uncontrolled mouth/tongue movements, problems with speech or speaking clearly, headache, increased saliva in mouth, dizziness, light-headedness, or sensation of spinning (vertigo), nose running, shortness of breath, gasping for air, chills, fever, vomiting, nausea, diarrhea, stomach cramps, stomach bloating, unusual visual sensations (lights, colors, geometric shapes, etc.), burning, numbness, tingling sensations, unusual sensitivity to sound, ringing or noises in the ears, and unusual tastes or smells.

HOW DO YOU DIFFERENTIATE DISCONTINUATION FROM RELAPSE?

One challenge we face when a patient presents complaining of some of the above symptoms after

(Cont'd on Page 11)



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

Date: Saturday, March 31, 2012
Time: 10 a.m. to 12:30 p.m.
Please allow time for challenging parking (bus info below)
Topic: **Losing Contact: Countertransference Responses to an Anorexic Patient**
Presenter: Elizabeth M. Simpson, LCSW
Location: 151 10th Avenue (between California & Lake Sts), San Francisco, CA 94118
Please contact Velia Frost 415-387-9991 for directions.
Seating is limited; please **RSVP by E-mail to ritakaruna@mac.com**

You are invited to join us for a thought provoking presentation and conversation. The paper describes the experience of an eating disordered patient who put herself at the edge of physical and emotional survival over a six month period of time during the course of her treatment. In describing her counter transference Elizabeth Simpson states; tolerating and metabolizing fear is a powerful psychological task in life. Bearing fears for our patient's life requires additional resources clinically, intellectually and emotionally. During these storm-ridden periods in a treatment, we work to make contact with the patient's mind as a bridge to thinking together and making sense of powerful verbal communication and action. When working with patients who starve themselves, the mind is also starved and together we are left to weave some fabric of mental functioning."

Elizabeth M. Simpson, L.C.S.W. is a social worker and graduate analyst from San Francisco Center for Psychoanalysis. She is an Associate Clinical Professor at UCSF where she has taught and supervised for over 20years. Elizabeth teaches extensively in the Bay Area and is dedicated to the development of young clinicians. Currently she chairs the steering committee for the Coalition for Clinical Social Work. Elizabeth has a private practice in San Francisco where she sees adolescents and adults for psychotherapy and psychoanalysis. Her specialty is work with young adults.

Your participation in our group has generated lively and open discussions offering clinicians the opportunity to share ideas and experiences.

2.5 CEUs offered at no charge to members of AAPCSW & CSCSW.
For non-member LCSW & MFT participants the charge for CEU's is \$25. Payable by check or cash

Bus Options:

#1 California bus stops at the corner of 10th & California
#38 Geary bus stops @ 10th & Geary-2 block walk



How to Say It to Seniors: Closing the Communication Gap with Our Elders

by: David Solie, M.S., P.A.

Paperback: 212 pages

Publisher: Prentice Hall Press, 2004

Reviewed by Sue Bollig, LCSW

We are all faced with an aging population in our parents, neighbors, friends, colleagues at work, and clients in the office with whom we must effectively interact. How many times have we felt frustration and misunderstandings with this group, who frequently need our help but seem to resist us at every turn?

Here is a book that helps readers understand the conflicting and previously unappreciated tasks on the senior adult's unique developmental agenda. The author has a huge heart for seniors and those who work with them--professionals, certainly, but also neighbors, friends, children, grandchildren.

If you're looking for a book on how to manhandle or finesse the elderly into doing what you want (even for their own good), then this isn't for you. Solie explains the new goals seniors face as they contemplate their lives--often alone, as peers and spouses die--and the twin conflicting motivations they must wrangle with--the need for control, and the need to let go. Walking us through their worlds--a world that, if we're honest, we can't but guess at--Solie gently prods us to reevaluate

Sue Bollig, LCSW. Lives in Sacramento and coordinates the California Inclusion and Behavior Consultation (CIBC) Network for WestEd - Center for Prevention and Early Intervention. She can be reached at suebca@sbcglobal.com

WHY we are communicating so poorly, and how we can improve. In the end, it is we who must change, especially our instinct to bully the senior into a more comfortable situation (usually for US, but as always, "for their own good").

Questions that are addressed include: Why won't they take the medicines prescribed? Why do they insist on talking about things that seem irrelevant to their situation? Why do they resist changes that would so clearly benefit them?

Another goal of this book is to recognize how a senior's developmental tasks can interfere with our ability to communicate effectively. The book asks us to reflect on our agenda, and to look at our current style of talking with seniors.

In a straight forward, simple, how to style, this book presents basic concepts and examples that both lay and professionals will be able to identify with and feel comfortable utilizing to change the outcome of their conversations with the elderly.

It is with profound sadness that we announce the passing of Myrna Klee Robinson on Dec. 21, 2011

She was a highly skilled and compassionate psychotherapist, with a thriving private practice in Palo Alto for 41 years. During that time, Myrna pursued many professional interests, including individual, couple and collaborative divorce counseling. She was district co-coordinator for *California Society for Clinical Social Work* for the *Mid-Peninsula District* for many years and her contributions will be sorely missed.

The family requests that contributions be made in Myrna's name to the Cleo Eulau Center, 2483 Old Middlefield Way, Suite 208, Mountain View, CA 94303.



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The Soldiers Project: Bring Our Troops All the Way Home

By: Judith Broder, MD

(Cont'd from Pg 1)

As a psychoanalyst, I was familiar with both the far-reaching consequences of such self-hatred and with the fact that with appropriate treatment, these intense feelings could be modulated. I knew that with therapy, a human connection could be established that would make it possible to come to terms with their experiences and that this connection would provide a bridge back to their families and communities.

It seemed imperative to find a way to provide psychological support for our veterans that would be easily accessible, free, confidential and unlimited.

I believed (correctly) that there would be many mental health professionals who would be willing to provide this pro bono treatment for our veterans and their loved ones in their private offices. I was fortunate to be a member of the Los Angeles Institute and Society for Psychoanalytic Studies that had a community outreach program called the Ernest S. Lawrence Trauma Center. I proposed and they agreed to sponsor what has become The Soldiers Project.

In the intervening years we have grown from a small group of dedicated volunteers located in Los Angeles, to nearly 800 volunteers in seven major cities across the United States. Among the many things that are unique about The Soldiers Project is that all of our volunteer therapists are licensed mental health professionals and all are required to participate in seminars/workshops related to the issues involved in providing treatment to our troops and their loved ones. These seminars include (but are not limited to) the topics of military culture, PTSD, TBI, Military Sexual Trauma, Domestic Violence, Depression and Suicide. We work very hard to establish a "community of caregivers" that provides support and sustenance to our dedicated volunteers and offer peer consultation groups to anyone who is providing treatment to a veteran or a loved one.

When we began The Soldiers Project we didn't fully realize the extent to which families bore the burden of what we call the "hidden wounds of war"; nor did we

know about Traumatic Brain Injury or Military Sexual Trauma, nor the injury to the self commonly called Post Traumatic Stress Disorder, nor the disruption of families and their shifting dynamics during and after deployments.

As a psychoanalyst, I was familiar with both the far-reaching consequences of such self-hatred and with the fact that with appropriate treatment, these intense feelings could be modulated.

We have found that the essence of the treatment that we provide is the presence (in the person of the therapist) of a person who is genuinely interested in learning about the patient AND who does not have a preconceived notion or protocol in which to fit the person. The advantage

of having no limit on the number of sessions we offer ("as long as it takes") means that we can fit the treatment to the unique needs of the individual. As most of our patients are coming from an environment in which they have been "done to" (ordered around, required to fit into someone else's scenario) this is often a shock for them, but ultimately enormously appreciated.

Although much attention has been paid to Combat Stress Injuries, (commonly called Post Traumatic Stress

Disorder –PTSD) we have found that the deepest and most far-reaching wounds relate to loss.

These losses range from the obvious loss of limbs, of bodily integrity, of death of brothers in arms, of time with family and lovers to the most profound loss of belief in the goodness of oneself and others, and a shattered sense of the world as a benign and

safe place. The most profound sense that our returning troops carry is that of extreme isolation and alienation. I have heard this expressed countless times as "No one who hasn't seen combat can possibly understand what I've gone through, I can only talk to another Veteran." "I can't tell anyone –they'll freak out if I really tell them what went on." And last but by no means least, "My career will be shot if anyone finds out that I'm mental." The feelings of hopelessness and helplessness associated with this sense of alienation often leads to serious secondary consequences. Many of our veterans self-medicate to try to modulate their anxiety and depression and can become addicted to drugs and/or

I believed (correctly) that there would be many mental health professionals who would be willing to provide this pro bono treatment for our veterans and their loved ones in their private offices.

alcohol. This may lead to encounters with the law- drunk driving, reckless driving, fighting, etc. – and from being “heroes” they are turned into “criminals;” and of course, the most deadly of all outcomes –suicide.

For most people who see combat, war is the “ultimate high.” They are functioning at their best in terms of intense focus, commitment to a higher goal (the mission) and intense and intimate relationships with their “brothers in arms.” To return to the blandness of civilian life is further alienating. Some have developed an addiction to the adrenaline rush of combat and to a state of hyper alertness and automatic, instantaneous responses to perceived danger. This leads to danger-seeking behaviors in an attempt to feel that “high” again. In the most general way, what was adaptive and necessary for survival in combat is mal- adaptive in civilian life. And although our troops are provided with excellent training in how to survive combat, the equivalent training on how to re-integrate into civilian life is sorely lacking.

Military families are in general quite resilient and have learned to live with the disruptions caused by moving frequently and the separations inherent in deployments. However, half of our deployed troops are reservists and/or National Guard. These families may not live near bases and often did not expect to be deployed to combat areas. There is little support available for these families and we are seeing increasing evidence of the cost of repeated deployments. These include young children who are having trouble in school, teenagers who get into fights, psychosomatic illnesses and anxiety and depression in children. Many marriages have broken up and there is an increase in domestic violence.

Judith T. Broder, MD, psychoanalyst/psychiatrist, retired from her private practice in Studio City, and is the founder and Director of The Soldiers Project. She was awarded the 2011 Presidential Citizens Medal. TSP has locations in 7 major cities and has provided over 10,000 hours of free psychological services to military service members who have served since 2002 and their loved ones. She can be reached at jbroder@thesoldiersproject .org; Tel: 818-761-7438 or 877-576-5343; Fax: 818-761-7476

We work very hard to establish a “community of caregivers” that provides support and sustenance to our dedicated volunteers and offer peer consultation groups to anyone who is providing treatment to a veteran or a loved one.

In anticipation of the challenges they will face, we have a new program, Adopt-A-College, which provides on-campus support for veterans and their loved ones, as well as workshops for administration and faculty.

At The Soldiers Project, it is often the wife or mother whom we see first. When we can provide some support to the wife- often through a kind of “psycho education”- the family is more likely to be able to find a way through the often difficult and prolonged period of re-integration.

Tens of thousands of troops are returning to California. Many will be attending colleges and universities here. In anticipation of the challenges they will face, we have a new program, Adopt-A-College, which provides on-campus support for veterans and their loved ones, as well as workshops for administration and faculty.

For all of us associated with The Soldiers Project, the experience is one of on-going learning and the widening of our horizons beyond the bounds of our offices. Our therapists often express the fact that although they are providing pro bono treatment, their lives have been enriched by their contact with their patients and connections with people whom they’ve met through The Soldiers Project who would not have otherwise been among their acquaintances.

We are already seeing an increase in the requests for our services and need additional therapists to be able to fulfill these requests.

In this article I have only skimmed the surface of the issues involved in providing psychological support for our veterans and their loved ones, but I hope I’ve stimulated your interest in helping and that you’ll consider joining us in this rewarding work to “bring our troops all the way home.” Please contact us at: info@thesoldiersproject and read our web site: www.thesoldiersproject.org for further information.

There will be a conference in L.A., June 7-9, 2012, entitled “Halfway Home,” which will address the challenges facing our troops, their loved ones and our communities as the conflicts in Iraq/Afghanistan wind down.

Are Antidepressants Addictive?

By Stephen V. Sobel, M.D.

(Cont'd from Pg 5)

stopping an antidepressant, is whether the patient is suffering from discontinuation symptoms or is, in fact, having a relapse of symptoms. This is especially true if the dose of the medication being discontinued is a low dose. Symptoms including anxiety, insomnia, muscular tension, and headache are cardinal symptoms of Generalized Anxiety Disorder, therefore, when a patient develops these symptoms after discontinuing an antidepressant such as Paxil 20 mg, it is difficult to readily identify what is occurring. There are a few strategies that can be utilized to make this determination. First of all look at the symptoms that are occurring. A client who complains to you of symptoms that are very similar to those that she had prior to treatment with the antidepressant is more likely suffering relapse rather than discontinuation. Alternatively, a patient who complains of symptoms including muscle cramps, dizziness, incoordination, and as some patients have complained electric shock-type feelings is much more likely to be suffering from discontinuation. A second strategy is to evaluate the time course. Discontinuation symptoms will initially increase over two to three days then tend to abate over the next several days, while symptoms of relapse tend to increase during this time period. A third strategy is to ask the patient about the presence of weird vivid dreams. I usually do not tell patients about this discontinuation symptom when I describe discontinuation to them, rather I keep this symptoms to use to help me differentiate between discontinuation and relapse. Weird vivid dreams occur during discontinuation, but rarely occur during relapse. They appear to be related to random electric discharge in the brain and have no meaning in and of themselves, i.e. interpreting these dreams is useless. A patient who complains of a variety of symptoms including weird vivid dreams is almost always experiencing discontinuation. One strategy you would expect to work would be to restart the antidepressant at whatever dose the patient had been on prior to stopping it. This clinically does not tend to be a useful strategy to differentiate between discontinuation and relapse, because while patients suffering from discontinuation tend to have resolution of the symptoms within one to two days of restarting the antidepressants, patients who are experiencing relapse

often also respond with resolution of symptoms within one to two days.

HANDLING DISCONTINUATION

The treatment for this phenomena is obvious, i.e. restart the medication at the dose the patient was taken prior to it being stopped and educating the patient about what has occurred with a need to slowly taper off the medication when it is indicated. If, in fact, it is appropriate to attempt to discontinue the medication a slower taper is now indicated. If the patient continues to experience discontinuation symptoms, even with a slower taper, another strategy is to change the patient to Prozac. Prozac, as we discussed, has a long half-life and therefore attempts to taper itself. A patient, for example, who is taking Paxil 20 mg then experiences discontinuation upon stopping it, should be placed back on 20 mg, then decrease to 10 mg for one month before attempting to discontinue Paxil. If, however, this strategy proves unsuccessful placing her on Prozac 20 mg daily for one to two weeks, then stopping Prozac tends to resolve the difficulties.

CONCLUSION

What should you tell your client? How should you deal with her anger towards you believing that you have misled her about antidepressants being addictive? What advice should you give her? I recommend that you tell her the following:

1. Despite what she may have read online, antidepressants are absolutely not addictive.
2. Antidepressants are not abused. Tolerance does not develop. They do not make patients high and they do not cause withdrawal reactions; rather, they can cause discontinuation symptoms, especially if discontinued at high doses.
3. Restart Paxil at 20 mg and contact your psychiatrist. I will also contact your psychiatrist to let him know what has occurred.
4. Describe to her the symptoms of discontinuation that are occurring.
5. We need to be certain that you are having discontinuation instead of relapse.
6. When it is time to attempt to discontinue Paxil your psychiatrist can assist you in doing so while minimizing the chance of your developing discontinuation symptoms again.

Stephen V. Sobel, M.D. is a Nationally Recognized Expert in the treatment of Depression, Bipolar Disorders, Anxiety Disorders and Eating Disorders. He is a Clinical Instructor in Psychiatry at the University of California San Diego and Supervising Psychiatrist at the UCSD student run free clinic. Dr. Sobel is Consulting Psychiatrist for the NFL San Diego Chargers. Dr. Sobel has lectured and taught extensively throughout the United States to thousands of therapists, physicians and psychiatrists. He received the Teacher of the Year Award from the United States Psychiatric and Mental Health Congress in October 2007. Dr. Sobel has a Private Practice in Psychiatry in San Diego and Carlsbad, California, and has successfully treated thousands of adults and adolescents suffering from these disorders. Dr. Sobel can be contacted at ssobelmd@gmail.com.

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Tuition: \$110 pre-registered by
Jan. 20; \$120 by Feb. 7 and \$130
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This course meets the BBS
requirement 6 CEU training in
Law and Ethics every 2 years.

Space is limited.

Saturday, February 11, 2012

Registration: 8:30am

Program: 9am - 4pm

A light lunch will be served.



Please return form with
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877 Teakwood Road
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Reflection Series 2012

Saturday, February 11, 2012

This Law and Ethics program is a joint effort of AAPCSW and CSCSW

www.AAPCSW.org

PROVIDING MENTAL HEALTH SERVICES LEGALLY AND ETHICALLY IN THE AGE OF CYBERSPACE

Presenter

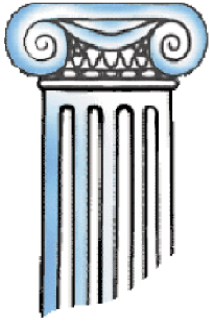
Carole Bender, JD, L.C.S.W.

Digital technology and the World of Social Networking are entering our treatment rooms in a variety of ways e.g. e-mails and text messaging between clients and psychotherapists; Internet psychotherapy sessions; and invitations from clients to be their friend on Facebook, LinkedIn, Twitter or other social networking sites. Since our Professional Code of Ethics were developed before the "Age of the Internet", this presentation will explore the ethical and/or legal issues of privacy, confidentiality, transparency, self disclosure, and dual relationships in this brave new world of Social Networking. This six -hour workshop will be both informational and interactive by utilizing different scenarios and small group discussion. The workshop will also review: Scope of Practice and Competence, Professional Standard of Care, Informed Consent, Privileged Communication, Reporting Laws and Record Keeping.

Participants will be able to discuss what happens to the patient's expectation of privacy or confidentiality and to the Psychotherapist - Patient Privilege when use of the Internet enters the treatment room. Participants will be able to explain when Patient Targeted Googling (PTG) can be clinically justified and when it is not. Participants will be able to describe which questions to ask themselves when faced with a request by a patient to be their friend on Facebook. Participants will be able to describe what their Professional Code(s) of Ethics say about providing mental health services via electronic media(such as computer, telephone, radio and television). Participants will be able to differentiate between the concepts of "Confidentiality" and "Privileged Communication". Participants will be able to articulate the different mandatory reporting requirements for child abuse and elder abuse.

Carole Bender, a Licensed Clinical Social Worker and Attorney, is former Director of the UCLA Department of Social Welfare's Center on Child Welfare and a member of the Field Faculty. She is Past President of the California Society for Clinical Social Work (CSCSW) and Chairs the CSCSW's Standards and Ethics Committee.

Ms. Bender has presented training on law and ethics to mental health clinicians in hospital and agency settings as well as at national and state conferences. She has held Adjunct Clinical Faculty teaching appointments at the USC School of Social Work, the UCLA School of Medicine Department of Psychiatry and the Albert Einstein College of Medicine Department of Psychiatry.



INSIDE THE INSTITUTE

News from the Sanville Institute for Clinical Social Work and Psychotherapy

A Message from Whitney van Nouhuys, PhD
Academic Dean

We are busily preparing for Winter Convocation on Saturday January 28th at The Sportsmen's Lodge in Studio City. If you receive this newsletter in time, we hope to see you there! The topic is Group Dynamics in Theory and Practice. We will be joined by students from the Smith School of Social Work PhD program as part of the Smith-Sanville collaboration made possible through Jean Sanville's ongoing generosity. Smith faculty member Joan Berzoff will present on her work with a group of homeless women.

We are excited to announce that On May 19th, at Cal State Los Angeles, we are sponsoring a day with Martha Stark, from Harvard, author of **Modes of Therapeutic Action: Enhancement of Knowledge, Provision of Experience, and Engagement in Relationship**. Martha is a gifted clinician, theorist, writer, and a thoroughly engaging presenter.

Also we are planning open houses in the north and the south, for prospective students to learn more about our unique doctorate and certificate programs. So please mark these dates on your calendar:

January 28	Group Dynamics in Theory and Practice
March 10	Open House in Los Angeles
March 24	Open House in Berkeley
May 19	A Day with Martha Stark at Cal State LA

For more information call or email the Institute office or check our website.

On a somber note, I want to acknowledge the passing of Myrna Klee Robinson, LCSW, on December 21st. Myrna contributed greatly to our Institute through her service as Board member, chair, and treasurer, and was the recipient of an honorary doctorate from The Sanville Institute last June. We deeply grieve the loss of her vital presence in our community.

We are a state-approved educational institution with centers in Berkeley and Los Angeles offering PhD and certificate programs in clinical social work, open to social workers, MFTs, and psychiatric nurses with a master's degree in their field. For further information about upcoming events and our unique learning opportunities at Sanville, please contact The Sanville Institute office at 510-848-8420 or at admin@sanville.edu

CSCSW Website Advertising:

Homepage Ads:	Advertisements placed on our homepage will display at the bottom of the home page and every other page navigated to and will display for 30 days. Only two spaces per month are available for this option
Homepage Rates:	\$65 for 40 words. Additional words are charged at \$30 for each additional 30 word block (i.e. 41-70 words = \$95; 71-100 words = \$125, etc)
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All Other Rates:	\$50 for 40 words. Additional words are charged at \$20 for each additional 30 word block (i.e. 41-70 words = \$70; 71-100 words = \$90, etc)

CSCSW members receive a 10% discount on all online advertising

Electronic submissions should be sent to cesco@clinicalsocialworksociety.org, along with credit card information.

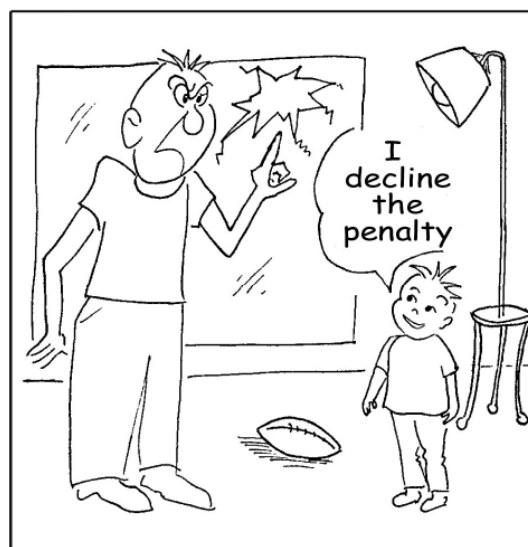
News from the BBS

Maximum Number of Supervised Registrants: Effective January 1, 2012, an eligible supervisor of a marriage and family therapy intern (MFT intern), an associate clinical social worker (ASW), or a professional clinical counselor intern (PCC Intern) in a private practice setting may supervisor or employ, at any one time, no more than a total of three individuals registered as an MFT intern, ASW, or PCC Intern. A marriage and family therapy corporation, a licensed clinical social worker's corporation, or a professional clinical counselor corporation may employ, at any one time, no more than a total of three individuals registered as an MFT intern, ASW, or PCC Intern for each employee or shareholder who has satisfied the requirements stipulated in law. Any of the previously mentioned corporations may not employ, at any one time, more than a total of 15 individuals registered as an MFT intern, ASW, or PCC Intern. In no event shall any supervisor supervise, at any one time, more than a total of three individuals registered as either an MFT intern, ASW, or PCC Intern (SB 943, Chapter 350, Statutes of 2011).

LMFT Applicants: Experience Requirements: For hours gained towards LMFT licensure on January 1, 2012 or after, an applicant cannot gain more than 500 hours of client centered advocacy. Please refer to the Board's Web site (http://www.bbs.ca.gov/app-reg/mft_requirement.shtml).

Practicum Requirement: As a result of legislation signed last year, beginning January 1, 2012 all trainees gaining counseling hours of experience must be enrolled in a practicum course, unless the period of lapsed enrollment in practicum is less than 90 calendar days and that period is immediately proceeded and immediately followed by enrollment in a practicum course. This is an unintended consequence of Senate Bill 363 and the Board is working to resolve this issue with urgency legislation to require only those trainees subject to the new curriculum requirements (Senate Bill 33, Statutes of 2009) to meet this practicum requirement. New curriculum requirements apply to the following applicants: students beginning graduate study after August 1, 2012; students that begin graduate study before August 1, 2012 but fail to complete that study before December 31, 2018; and, students that begin graduate study before August 1, 2012 and graduate from a program that meets the new curriculum requirements. The Board will continue to provide updates on legislation to address this issue, however, until corrective legislation is signed into law and becomes effective no trainee will be permitted to gain counseling hours of experience unless he or she meets the requirements in Business and Professions Code (BPC) Section 4980.42. Please refer to the Board's Web site for the full text of BPC section 4980.42.

New Degree Title: Effective January 1, 2012, LMFT license or registration applicants may possess a master's or doctor's degree in "couple and family therapy."



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California Society for Clinical Social Work
P O Box 1151
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We Invite You to Write for Us:

We welcome your contributions to the newsletter:

- Articles on clinical issues and business aspects of your practice
- Articles on your personal experience regarding some aspect of your work
- Articles from students and new social workers
- Reviews of books, movies, websites and other media that would be relevant to our members
- Tell us about an interesting member
- Send your ideas and suggestions for articles and authors
- What else???

Please contact **Jean Rosenfeld** at 916-487-8276 or email rosenfeld@clinicalsocialworksociety.org



The Clinical Update

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