The Clinical Update

California Society for Clinical Social Work — Spring 2016

At the CSCSW Board's quarterly meetings in November and February, members discussed strategic initiatives to bolster the organization and clinical social work in California. **See Page 2 for an update from our President.**

BBS Executive Officer Kim Madsen Explains Important New Requirements Affecting Registrants and Licensees

Abigail Reider, ASW, PPSC

In January, *The Clinical Update* had the opportunity to talk with Kim Madsen, Executive Officer of the California Board of Behavioral Sciences (BBS). She explained changes that the BBS has made to the Continuing Education (CE) program, to the licensure examination process, and to the clinical practice requirements for licensure, as well as the rationale for these changes. She also spoke about current BBS priorities, including transparency and communication with registrants and licensees. An edited version of the interview follows.

Q: *How is the CE requirement changing for Licensed Clinical Social Workers (LCSW)?*

A: There are two primary changes to the Board's CE program that will affect licensees. The first change regards CE providers. The BBS itself will no longer approve individual providers, although LCSWs can still obtain CEs from providers with a BBS provider number that has not yet expired. (Please see the BBS webiste to determine whether a BBS CE provider number is current or expired.)

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IN THIS ISSUE

Letter from the President

Dear CSCSW Members,

Happy Social Work Month!

We are quite happy to be bringing back *The Clinical Update*, CSCSW's newsletter, which will be published quarterly. We hope to use it as a vehicle to provide you with interesting educational content that pertains to your work, as well as opportunities to highlight events, members and your important work and that of our organization. If you are interested in publishing an article or advertising, please email info@clinicalsocialworksociety.org. We would also love your feedback and ideas.

The CSCSW Board met in February in Palo Alto, Ca.

Your new Board recently met for the second time, and it was a very dynamic meeting in which every member volunteered to work on several aspects of building our new, improved organization. Kim Madsen, Executive Officer of the Board of Behavioral Sciences (BBS), attended the meeting to inform us about new BBS regulations. Our editor interviewed her as well and wrote an article for this edition about these new regulations.

Each Board member has been very hard at work on at least one of our committees, which include Operations and Strategic Initiatives, Membership and Communications, Mentorship, and Education. We encourage members of CSCSW to join any of these committees, as there is much work to be done, and we would love your help. If you are interested in helping, please contact our administrator at info@clinicalsocialworksociety.org.

The Board decided to offer lapsed members the reduced rate of $50 to rejoin CSCSW for the period from now until June 30, 2016. We are hoping to attract as many of the lapsed members as possible. We have many new services, including a listserv and new opportunities to earn CEUs. We also have a revamped mentorship program for new social workers and are planning some very interesting programming throughout the state. In addition, we have established a presence on social media sites; stay tuned for links in an upcoming e-blast to stay connected with us via these sites.

I am also very happy to report that we have hired an experienced bookkeeper. In addition to keeping our financial records, she will write checks, which will then be signed by our treasurer, thus insuring that we have a system of checks and balances. Our administrator, Donna Dietz, has been working with the Board as well as the members to see that all aspects of CSCSW continue to run smoothly. We are now able to pay Donna, but received her services free of charge for six months while we were getting back on our feet. This was courtesy of the Clinical Social Work Association (CSWA), a national organization that we have joined. CSWA works on legislation that benefits all of us.

We will again be offering scholarships to second-year social work students in California schools of social work through the Jeanette Alexander Foundation, our nonprofit educational foundation. Contributions to the Jeanette Alexander Foundation are tax deductible and can be sent to CSCSW, PO Box 60937, Palo Alto, CA 94306. We have contacted all California schools of social work, requesting scholarship applicants. If you know of any qualified second-year social work students, please encourage them to fill out the application, which can be found on our website. Each winner will be given $500 plus a one-year membership for CSCSW.

Our districts have been holding very informative presentations, which are listed on our website. We are also planning workshops. If you have ideas for workshops or presentations or are interested in speaking at a workshop or giving a presentation, we would love to hear from you.

It is very exciting to watch CSCSW come back to life, and I have every confidence that it will soon be a strong, vibrant organization again. We are always open to your ideas and invite you to be in touch with us.

Sincerely,
Leah Reider, LCSW, CSCSW President

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The new regulations designate approval agencies recognized by the Board to approve CE providers, courses and instructors. These approval agencies have extensive experience and expertise administering and approving CE programs. We recognized the national professional associations pertinent to our licensing base, so individuals who want to be CE providers can go to one of these entities and apply to be a CE provider under them. They then need to meet the entity's requirements and are subject to their audits and reviews. We also wanted to be sensitive to the California-specific population, so we recognized pertinent professional associations within California.

There are seven overall approval organizations:

1. National Association of Social Workers (NASW)
2. Association of Social Work Boards (ASWB)
3. National Board of Certified Counselors (NBCC)
4. National Association of School Psychologists (NASP)
5. American Psychological Association (APA)
6. California Association of Marriage and Family Therapists (CAMFT)
7. California Psychological Association (CPA)

The following organizations are recognized by the Board as CE providers. These entities can provide CEs for programs that they sponsor or co-sponsor, but, if they are not listed as an approval agency above, they cannot provide CEs for courses given by other groups or individuals:

1. American Association for Marriage and Family Therapy (AAMFT)
2. American Association for Marriage and Family Therapy-California Division (AAMFT-CA)
3. California Association for Licensed Professional Clinical Counselors (CALPCC)
4. California Association of Marriage and Family Therapists (CAMFT)
5. National Association of Social Workers-California Chapter (NASW-CA)
6. California Society for Clinical Social Work (CSCSW)
7. California Association of School Psychologists (CASP)
8. California Psychological Association (CPA)
9. California Counseling Association (CCA)
10. American Counseling Association (ACA)

Accredited colleges and universities have always been allowed to provide CEs and do not need to be registered with an approval agency.

Finally, for those associations that can meet the statutory requirements, there is a pathway to apply to be an approval agency, so long as they meet the requirements and present a proposal, come before the Board, and the Board approves the proposal.

There are also changes occurring to requirements for CE course content. Previously, the only CE course content requirement was that courses simply be related to "direct or indirect patient care." This opened the door for courses offered that contained unproven, unethical, irrelevant or discriminatory content. The new regulations require courses offered to be based on a methodological, theoretical, research or practice knowledge base, be reviewed by the approval agency and meet a number of other requirements to help ensure course quality. The Board has the authority to audit coursework and providers, as well as investigate and take action, if warranted.

Q: *Where else can licensees obtain information about these changes?*

A: We encourage social workers to go to the BBS website to understand these changes and how they will affect you. There is extensive detailed information at http://www.bbs.ca.gov/pdf/forms/licensee_ce_faqs_102014.pdf.

It remains incumbent on licensees to ensure that they are receiving CE from a valid provider. The BBS will resume random CE audits for all licensees, including LCSWs. LCSWs should ensure CEs are taken from an acceptable CE provider and retain documentation for a period of four years.

Q: *Why are these changes being made to the CE program?*

A: We had thought for a long time that our continuing education program was inadequate. Consequently, we began to search for ways to improve it as well as to respond to some concerns in the community nationwide about continuing incompetency. We considered what is important to keep an individual current with what is happening out in the field. We established a continuing education review committee, and we began the task of conducting a holistic review of our program, looking at outside agencies that had a CE program.

The determination of the committee was to recognize providers or entities that had a very robust CE program that had several checks and balances to ensure that the quality of the CE was relevant to the practice of the profession. Many times, we would see what I would call, "Marketing 101," as a CE topic. While that is important,

clinical treatment is more critical.

Additionally, we saw the increase in a lot of online providers, so someone could take 36 hours of CE for the year in a short amount of time by just clicking all of the right buttons and printing out a certificate. That was hardly the intent of the legislature mandating that licensees got CEs. It got to the point where we felt compelled to do something.

During this transition, if providers have a current BBS provider number, they are still able to offer CE credits, and we will recognize these credits through 2017.

Q: *What are the changes to the licensure examination process?*

A: Please refer to our website at http://www.bbs.ca.gov/exams/exam_news.shtml for detailed information about the new examination process. Effective this year, registrants will be required to take the law and ethics examination generally by the expiration of their same current registration. However, there were some registrants' whose registration is going to expire in the first six months, and so we are providing a sort of grace period. Again, more information can be found on our website.

Essentially, new registrants will be required to take the law and ethics exam within the first year of their registration. We are giving everyone who is taking the law and ethics exam the opportunity to take that exam every 90 days during that first year and hopefully they will be successful. If they pass that exam, then they check off one of two required examinations for licensure. Then, the registrant will move on to accumulate the supervised work experience hours that they need to qualify for the clinical examination. For social workers, the second examination that you will take after you accumulate those hours will be the Association of Social Work Boards (ASWB) National Clinical Exam.

Q: *Why are these changes being made to the licensing examination process?*

A: We do things in committee quite a bit so that we can get maximum stakeholder input. We started the exam program review committee back in 2007 or 2008 to try to address barriers to licensure, why it was taking people so long to get through the process, as well as with an eye toward mobility throughout the country. One of the barriers that was identified was the differences in exams across the country. This was our way of addressing that, as well as addressing the concern that when registrants graduate from school, they are sent out into the field, under supervision, to practice, yet we made no determination whether they were actually qualified or even familiar with the current law and ethics of the profession. That is why we decided to eliminate the clinical vignette exam, which was the second exam within our old structure, and replace it with this law and ethics exam right after graduation. Many of our violations that we initiate formal discipline around are due to law and ethics.

We hope that these changes will provide a quicker entry into the final licensure exam cycle, and hopefully people will get licensed more quickly. The pathway to licensure out of state will be much easier. We are pretty excited about the changes for these reasons.

Under the old system, you had to wait 180 days between exams, so you could virtually be in the exam process for a year and a half, having gained all your hours waiting to pass the tests. Under this system, because you will be able to test sooner, there is a strong possibility that a lot of candidates, even if they fail the first time, can circle back in 90 days, retest and probably pass.

Q: *What are the changes to the way registrants can count hours toward licensure?*

A: Within the non-clinical setting, we are allowing the counting of some hours that we were not previously allowing to be counted. Registrants may now count hours spent attending workshops, seminars, training sessions or conferences, directly related to clinical social work, that have been approved by the applicant's supervisor. Registrants may also now count hours spent in supervision. The specifics will be up on the website soon. We encourage all registrants to look over that information.

Q: *Recently, there were very long wait times between when registrants submitted their hours for review and were approved to take the first clinical examination? What are the current wait times?*

A: We are happy to say that our timelines are much shorter. Social workers applying to take the clinical licensure exam are being evaluated in fewer than 45 days. Long gone are the six-month or 10-month waits in all of our licensing categories. I expect they will go down to about 30 days or fewer probably in the next three months. The long wait times caused our staff so much angst because they are so dedicated, and we felt your pain. None of us wanted to be in that position. I have to request additional staff almost a

year and a half in advance. The application backlog finally got people's attention, which is what motivated the state to give us more resources.

Q: *Is there anything that you feel social workers or mental health practitioners in the state do not necessarily understand about the BBS that you would like to relay?*

A: Well, we are constantly referred to as the 'evil BBS.' There may be a belief that we never answer our phones, we do not respond to emails, and that we are horrible people. There have been events and situations that could have possibly lent a bit of truth to those statements, but we are definitely moving in a new direction. We are trying to be more transparent with all our stakeholders, including our registrants and licensees, and so we are really trying to provide information in a number of different medias so that people have access to the information. If people are not receiving answers to their questions, I would invite anyone to either send an email to the BBS Webmaster or to call the office. We are fully staffed now, so the things that were preventing us from answering routine questions are now gone.

Department of Consumer Affairs
Board of Behavioral Sciences

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CLINICAL SOCIAL WORK ASSOCIATION

As your voice, the CSWA is . . .

Strengthening Identity:

- CSWA is the primary organization building relationships with other clinical groups, while promoting the clinical social workers role as the "backbone" of the psychotherapy community.
- CSWA is a dynamic presence in Washington D.C., allowing for more effective efforts in educating legislators as to the value of clinical social work.

Preserving Integrity:

- CSWA efforts focus on developing guidelines for online clinical programs and helping set technology standards while maintaining the ethics and high standards of our profession.

Advocating Parity:

- CSWA's lobbying efforts were instrumental in developing and sponsoring the Improved Access to Medicare Mental Health Care Act (of Oct 2015).
- The CSWA Advocacy Team is a direct connection to Federal and State Legislatures ensuring that our voice is aggressively heard to ensure sponsored bills are supported and passed.

Strengthening IDENTITY Preserving INTEGRITY Advocating PARITY
CSWA

WE NEED YOU TO HELP US MAKE OUR VOICE EVEN STRONGER

There has never been a time in which LCSWs have had to learn so many new things to practice. Short of spending a huge amount of time doing the research and making it understandable in summaries, there is no way an individual LCSW could understand the changes occurring on his/her own – being a part of the CSWA gives you all of this background and research.

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CSCSW is an Affiliate Member of the CSWA - because of this partnership we have with the CSWA, CSCSW Members can join the CSWA at the STATE AFFILIATE MEMBER RATE OF $75.00 (a 50% savings from the General Member rate).

Technology and Social Work: Nine Things to Consider About the Use of Cell Phones within the Clinical Setting

Rachel Gordon, ASW

1) More Clinicians Are Using Cell Phones Than You May Think

Therapists are increasingly using cell phones to text, to prescribe client use of mental health applications, to email and to do in-vivo skills coaching over the phone. Clients are increasingly using cell phones to get in touch with their therapists and to share what is going on in their lives by showing their therapists text message histories, dating websites and photos.

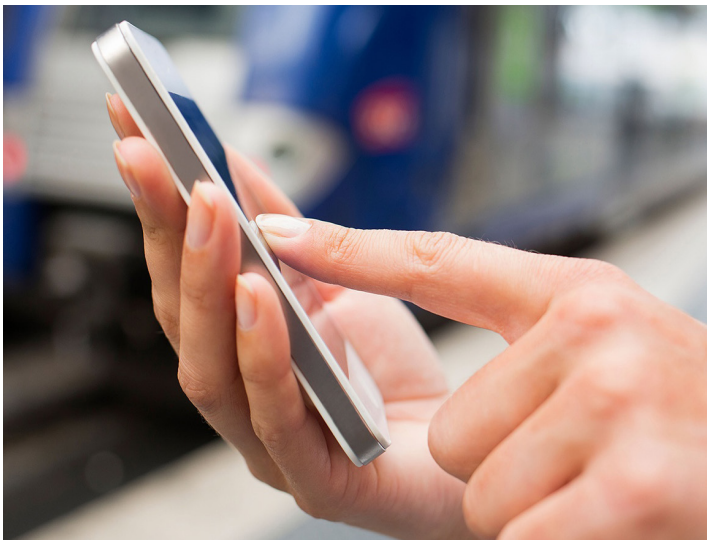
The increasing use of the cell phone in the therapy room should come as little surprise given how ubiquitous cell phones have become in our daily lives. The Pew Internet and American Life Project found that 91 percent of adults own cell phones and 56 percent of cell phone owners have smartphones.[1] Additionally, 89 percent of the clinicians interviewed by this author for a 2014 study reported that they were using their personal cell phone or a work cellphone to email, text or speak with their clients, and 100 percent of participants reported their clients brought their cell phones into session.[2]

2) Cell Phones Can Foster a Therapeutic Alliance

Many studies confirm that a therapeutic alliance can exist over the phone. A 2014 study compared face-to-face Cognitive Behavioral Therapy to Telephone Cognitive Behavioral Therapy and found no difference in client report of the alliance.[3] Therapeutic alliance has been found to exist for child clients with the use of phone counseling as well.[4] Furthermore, text messages between clients and therapist during the week have been shown to help clients feel closer to their therapists and their therapeutic group.[5] In summary, while there is some hesitation on the part of some clinicians about the use of cell phones in therapy, clients report that their use is successful and effective.

3) Confidentiality

There are few professional standards available for how to use a cell phone in therapeutic work. Many clinicians have found success in having official consent paperwork for their clients to sign specifically around technology use. This paperwork should outline both the benefits to the use of cell phones as well as the limits to confidentiality that exist. Specifically, it is important to point out that phone



calls on a cell phone, texts and emails are not confidential and can be hacked into by lay people as well as accessed by the U.S. government. However, emails that have been encrypted are completely secure. In addition, a clinician can increase security by having a cell phone with a screen that locks after 15 seconds of inactivity and requires a 6-digit password to reopen and use.

4) Cell Phones Can Be Used as an Intervention

The reminder functions, calendar functions and alarms can be greatly beneficial for clients with ADD/ADHD or who have difficulty with time management. A client's cell phone can be seen as a tool that will help the client function in their daily life better. Additionally, there are a multitude of cell phone applications that focus on mental health that clinicians can prescribe for client use. The number of online applications dedicated to mental health has multiplied rapidly. Many resources have been created that can assist clients in monitoring and improving various aspects of their mental health.

5) Boundaries

Clinicians' ability to maintain healthy personal and professional boundaries allows them to do their best work. In the aforementioned 2014 study completed by this author, participating clinicians expressed various concerns about how the use of a cell phone in therapy might affect the boundaries of the relationship. For example, clinicians worried that they would have difficulty creating a healthy and happy work-life balance if their clients had their cell phone numbers. They worried they might want to

respond to text messages that they received late at night or that they would have difficulty compartmentalizing work from their personal life. Additionally, many clinicians stated that increased access to one's therapist might blur the definition of what the role of therapy was and that clients might even use the phone as a crisis line.

While half of the clinicians felt increased access to clinicians might negatively impact the therapeutic work, 28 percent of the clinicians believed that increased access was integral to their work. Of these participants, the majority identified as CBT or DBT therapists, who use cell phone coaching outside of the session as part of standard treatment. For them, it is impossible to transfer the skills discussed in therapy to daily life without some temporary help in the form of cell phone coaching.

While the participants in this study expressed many concerns about how the use of cell phones might affect the boundaries of the therapeutic relationship, not one clinician reported a boundary violation as a result of a client having their cell phone number. Additionally, the clinicians felt that they were able to provide clear instructions around cell phone use as well as discuss any missteps with their clients.

6) Access to Treatment, Access to Clients

Increased access is a clear benefit of cell phone use in the clinical relationship, especially for people who cannot drive to a clinic due to distance or disability or cannot afford in-person therapy. Cell phones also allow for clients to have sessions while at work or more convenient times. These gains are especially important for people of lower socioeconomic status or older adults who may not have access to transportation.

7) Additional Benefits

For the 18 participants in this author's aforementioned study, cell phones had considerable benefits. One benefit that the participants reported was that cell phones were an endless source of data about the client. From text message histories to social media sites, the cell phone holds rich records about the client's communication style, relationships, self-presentation and identity, among other things. In addition, the cell phone can be a therapeutic intervention in and of itself (see #4). Finally, every participant discussed the convenience of being able to use a cell phone to text and email about scheduling with clients as opposed to playing endless games of phone tag for small logistical matters.

In addition, the comfort of the client can be increased with the use of a cell phone. Many participants in this author's 2014 study pointed out that their clients were able to share more or in different ways over technological mediums. For example, clients were able to be more vulnerable when using email or when talking over the phone. Many of the clinicians speculated that the lack of intensity and vulnerability that can be present in a face-to-face interaction facilitated increased client disclosure and risk-taking. This is a huge benefit for therapy, as it builds the relationship between client and therapist and allows therapy to move along faster. This particular point is extremely important when considering how to best match treatment to clients' needs. For example, one therapist and her client decided that they would have every fourth session on the phone instead of in-person, as it was so helpful to the client.

8) Limitations

While the benefits of cell phone use are significant, there are equally important limitations. The cell phone is neither confidential nor secure, and there are currently no professional standards of use. As such, clinicians become vulnerable to issues of liability and legal action. Additionally, the lack of professional standards present confusion around how to bill for time spent on email or texting with a client.

The participants in this author's 2014 study offered examples of when clients used the cell phone in order to avoid interaction with their therapist during sessions in person. This was done by texting with friends, playing a game or checking emails during a session. While this may be important behavioral data in general, it certainly interferes with therapeutic connection and progress.

Additionally, it is still unclear as to whether the therapeutic relationship would be negatively impacted due to the lack of nonverbal cues over the phone, which might make it difficult for the therapist to feel or convey empathy. Finally, some clients may need to have face-to-face treatment due to their particular mental health issue. For example, people dealing with interpersonal or relational issues may do better in face-to-face treatment.[6] It is important for each individual clinician to weigh the pros and cons of cell phone use for themselves and their own practice and to decide how much cell phone integration feels appropriate to them.

9) The Cell Phone and Social Work

There are many ways in which the cell phone could be used as an integral tool for social workers. Many social workers spend their time driving from location to location in their

clients' communities in order to best serve their clients. The cell phone could be an essential instrument in providing directions, calculating mileage for reimbursement and coordinating client care with a multitude of other service providers and individuals. For social workers, the cell phone represents a vital tool for community fieldwork, direct service and case management. For clients, the cell phone increases access to mental health treatment. The cell phone allows access to a mental health professional for those who may not be able to come into a clinic.

The use of cell phones as well as technology in general will only increase in the future. In many populations, the use of cell phones increasingly means culturally and age-appropriate care. While there may be some major concerns for therapists, the use of cell phones or other technologies is increasingly matching client expectations, wants and needs. It is imperative that the therapeutic community follows such cultural trends and shows a willingness to meet their clients where they are. The use of a cell phone, when appropriate, represents an opportunity for social work to be on the front-end of therapeutic change as opposed to playing catch up later.

Rachel Gordon, ASW graduated from Smith College School for Social Work in August of 2014. While at Smith, she interned as a mental health clinician at Berkeley High School's Health Center as well as with Kaiser Permanente's outpatient program. Her thesis was entitled, "Don't Call Us, We'll Call You: The Cell Phone and the Therapeutic Relationship," which focused on how the use of the cell phone impacts the therapy relationship. Since graduating, she has been working with foster youth as a clinician at West Coast Children's Clinic in the San Francisco Bay Area.

Endnotes

1 Brenner, Joanna. (Sept 18, 2013). Pew Internet: Mobile. Retrieved on 10/25/13 from: http://pewinternet.org/Commentary/2012/February/Pew-Internet-Mobile.aspx

2 Gordon, Rachel (2014). Don't Call Us, We'll Call You: The Cell Phone and the Therapeutic Relationship. Smith School for Social Work.

3 Stiles-Shields, C., Kwasny, M. J., Cai, X., & Mohr, D. C. (2014). Therapeutic Alliance in Face-to-Face and Telephone-Administered Cognitive Behavioral Therapy. Journal Of Consulting And Clinical Psychology.

4 Lingely-Pottie, P., & McGrath, P. J. (2006). A therapeutic alliance can exist without face-to-face contact. Journal Of Telemedicine And Telecare, 12(8), 396-399.

5 Aguilera & Munoz. (2011). Text Messaging as an Adjunct to CBT in Low-Income Populations: A Usability and Feasibility Pilot Study. Professional Psychology: Research and Practice, Vol. 42, No. 6, 472-478.

6 Brenes, G. A., Ingram, C. W., & Danhauer, S. C. (2011). Benefits and challenges of conducting psychotherapy by telephone. Professional Psychology: Research And Practice, 42(6), 543-549.

Poetry Corner

A Voice at Last

A suffocating silence
trapped my memory in time;
I'm traveling back to reclaim
all that is rightfully mine.
My innocence was stolen;
they ripped away my youth.
One by one their lies are fading
as I face the truth.
Frozen tears are melting
to an ocean at my feet.
Unless I feel this deadening pain,
I cannot be complete.
Stronger, I move forward,
released from my past;
A song rises deep within,
I've found a voice at last.

Understanding the Significant Link between Early-Life Trauma and Adult-Life Addictive Sexual Behavior

Robert Weiss, LCSW, CSAT-S

It is well accepted that risk factors for addiction are part-genetic and part-environmental; when the research on the underlying causes of addiction is accumulated and distilled, it appears that addiction can be attributed to both nature and nurture. Biological risk factors include a family history of addiction and/or mental illness. Environmental risk factors usually center on early-life trauma and relational issues, and/or inappropriate early-life exposure to a potentially addictive substance or behavior. Most addicts are influenced by a combination of genetics and environment. This is the case regardless of the type of addiction.

Research also shows that certain environmental factors – most notably various forms of childhood trauma – greatly increase the potential for adult-life addiction. Furthermore, the more times a child is traumatized, the greater his or her propensity for addiction (and various other problems) later on. For instance, one study found that survivors of chronic childhood trauma (four or more significant trauma experiences prior to age 18) are:

"Research shows that certain environmental factors – most notably various forms of childhood trauma – greatly increase the potential for adult-life addiction."

1.8 times as likely to smoke cigarettes
1.9 times as likely to become obese
2.4 times as likely to experience ongoing anxiety
3.6 times as likely to be depressed
3.6 times as likely to qualify as promiscuous
7.2 times as likely to become alcoholic
11.1 times as likely to become an intravenous drug user.[1]

This data shows an undeniable link between childhood trauma (including but not limited to abuse, neglect, inconsistency and abandonment) and a wide array of adult-life mental health symptoms and disorders, including addiction.

It is well established that inappropriate early-life exposure to a potentially addictive substance or behavior also increases the risk for addiction. The lower the age of a person's first use or exposure, the more likely he or she is to develop an addiction.[2] This finding could be the result of neurological conditioning, as children's brains are highly malleable; pleasure connected to use can establish itself more easily and create and reinforce neural pathways that are hard to change. In addition, early-life trauma can be quite severe and often occurs in conjunction with multiple kinds of trauma, such as both verbal and physical abuse or both exposure to violence and neglect.

Addicts tend to use their addiction as a way to self-soothe and self-medicate their emotional discomfort. In other words, addicts do not use to have fun and feel good, they use to medicate themselve and numb uncomfortable and painful feelings. In the case of childhood trauma survivors, many are seeking temporary escape from the anxiety, depression, low self-esteem and disconnection they feel due to their trauma(s).

Unfortunately, addicted trauma survivors often do not see a connection between their early-life experience and their adult-life problems. As a result, they may view themselves as crazy, unworthy and/or unfixable, which, in turn, exacerbates their feelings of shame and self-loathing, which can drive them even deeper into the emotional escapism of their addiction. Addicts who have experienced childhood trauma often do not understand that their adult-life addictive behaviors are a very understandable coping response run amok.

It is clear that a large percentage of sex addicts were traumatized in childhood. One survey asking sex addicts about their childhoods found that 97 percent reported emotional abuse, 83 percent reported sexual abuse and 71 percent reported physical abuse.[3] In another survey of sex addicts, 38 percent reported emotional abuse, 17 percent reported sexual abuse, and 16 percent reported physical abuse.[4] Numerous factors may account for the discrepancy in these findings. Most likely, the percentages lie somewhere in the middle.

In my professional experience working with addicts and studying addiction, I have found that addiction is almost universally tied to moderate to extensive early-life trauma histories. Essentially, addicts' dependency and developmental needs were not adequately met in childhood, causing them to have low self-esteem. Because of this, they feel uncomfortable in their own skin,

which can manifest as anxiety, depression, diminished self-worth, social and emotional isolation and an inability to trust, among other symptoms. Therefore, it is understandable that people who feel this way about themselves choose to self-soothe with drugs, alcohol and/or a pleasurable behavior (such as sex) – in time becoming dependent on these temporary external fixes.

As discussed, the link between early-life trauma and adult-life addiction is well established. What often goes unrecognized is the particular power of sexual trauma. One study of teens being treated for substance abuse issues found that 42 percent of the boys and 71 percent of the girls had experienced some form of overt sexual abuse.[5] This is not an isolated result. Other research also links childhood sex abuse to later-life addictions,[6] in particular sexual addiction.[7]

Early-life sex abuse can leave its victims feeling confused, ashamed and self-loathing. This is true whether the abuse is single-incident, chronic (repeated), overt (hands-on) or covert (sexualized emotional partnering). Exacerbating matters is the fact that childhood sexual abuse is usually coupled with other forms of trauma, such as emotional, psychological and/or physical neglect and abuse,[8] creating layer upon layer of confusion, shame and self-loathing.

Unsurprisingly, many sexually-abused children begin to self-medicate these difficult feelings relatively early in life – typically during adolescence but sometimes even before. Frequently, this process involves alcohol or drugs, though many young people also learn (or are taught) to self-soothe with sexual activity. Often, sex abuse survivors choose to eroticize and reenact (i.e., fantasize about and masturbate to) an aspect or multiple aspects of their abuse in a misguided attempt to master and control that trauma.[9] This is a very common coping response. At times, unfortunately, this behavior can lead to re-traumatization.

Unfortunately, even though these self-soothing sexual behaviors are distracting in the moment, they tend to exacerbate preexisting confusion, shame, self-loathing and other forms of emotional discomfort, thus creating an even greater need for numbing and escape. As such, many survivors of childhood sex abuse find themselves stuck in an addictive cycle of self-hatred and sexual shame, ameliorated by sexual fantasy and activity, followed by still more self-hatred and sexual shame. In short, their escapist addictive sexual fantasies and behavior automatically and inherently trigger the need for more of the same. In time, they develop a sexual addiction – turning to sexual fantasy and activity as a way to cope with their emotional discomfort, even when these compulsive sexual behaviors are destroying their lives.

Robert Weiss LCSW, CSAT-S has served for the past six years as Senior Vice President of National Clinical Development for Elements Behavioral Health. In this capacity, he has established and overseen addiction and mental health treatment programs for more than a dozen high-end treatment facilities, including Promises Treatment Centers in Malibu and Los Angeles, The Ranch in rural Tennessee, and The Right Step in Texas. An internationally-acknowledged clinician and author, he has served as a subject expert on the intersection of human intimacy and digital technology for multiple media outlets, including The Oprah Winfrey Network, The New York Times, The Los Angeles Times, The Daily Beast, and CNN, among many others. He is the author of several highly regarded books, including Sex Addiction 101: A Basic Guide to Healing from Sex, Love, and Porn Addiction. He is a regular contributor to several pop and clinical websites, including Psychology Today, Huffington Post, Psych Central, Counselor Magazine and Addiction.com, among others. For more information please visit his website at robertweissmsw.com.

Endnotes

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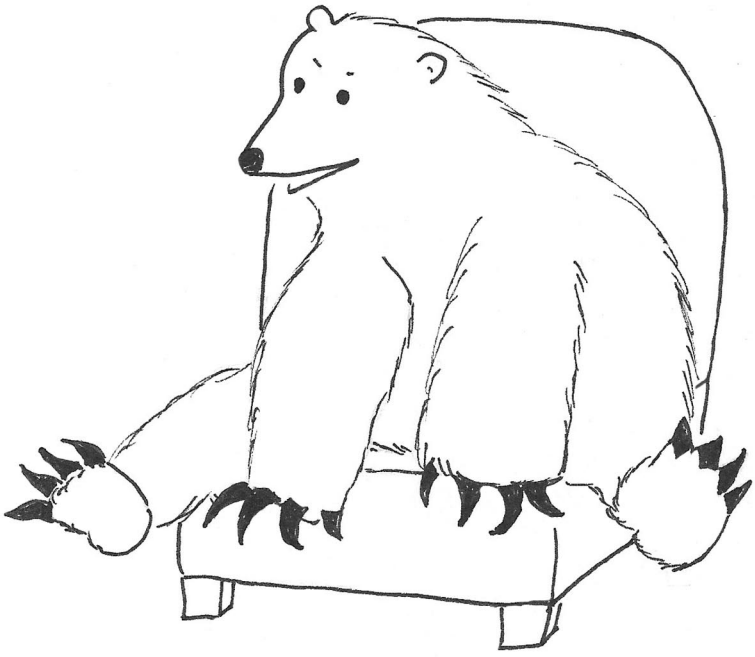
I'm Polar - not Bipolar!



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BECOME A MEMBER OF CSCSW!

MEMBER BENEFITS INCLUDE:

- Free CEUs for attending the informative presentations at our district meetings
- Unparalleled networking and robust, relevant educational opportunities
- The Clinical Update free electronically
- Free access to our Mentorship Program
- Membership to the CSCSW listserv
- Reduced pricing for state-wide workshops

VISIT OUR WEBSITE TO LEARN MORE ABOUT MEMBER BENEFITS
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If you are interested in becoming a member or would like more information about California Society for Clinical Social Work, please contact CSCSW Administrator Donna Dietz:
info@clinicalsocialworksociety.org

District Updates

Our districts hold informative presentations and workshops, which are advertised on our website and through email. If you have ideas for presentations or workshops or are interested in speaking on a topic on which you have expertise, we would love to hear from you.

Greater Los Angeles District

District Coordinators:

Monica Blauner ~ monica@monicablauner.com

Lisa Haas ~ haaslisa@mac.com

We are very excited about re-vitalizing the Greater Los Angeles (GLA) District. We want to express our sincere appreciation to the first GLA District Coordinator, Linda Levinson, and to previous District Co-Coordinators Lynette Sim, Katy Kolodziejski, and Rebecca Danelski, for their leadership and dedication to CSCSW. Thank you also to steering committee member Judith Messinger who opened up her beautiful home for the meetings.

We have found a new meeting space at the Betty Ford Center in West Los Angeles that is bright and accessible and holds over 50 people. Our next CE event will be on May 7, "Creating Meaning in Later Life." The presenter will be Janet Yang, PhD, ABPP, Clinical Director, Heritage Clinic (www.heritageclinic.org) and a psychologist in the Los Angeles area who specializes in the issues of aging.

After the presentation, volunteers for the Greater Los Angeles steering committee will have a brief meeting to discuss planning for future events. All those who are interested in participating and contributing ideas are welcome!

Our June meeting will occur on June 11 on the topic of "Mindfulness as a Therapeutic Tool," presented by Monica Blauner, LCSW, CSAT, the former Program Director of the Sexual Recovery Institute, currently in private practice specializing in the treatment of chemical dependency and sexual addictions.

Mid-Peninsula District

District Coordinators:

Virginia Frederick ~ GinnyFred@aol.com

Joan Berman ~ berman.joan@gmail.com

We are happy to report that we had 28 social workers attend our January meeting, during which Janet Yang, Ph.D. gave a very well-received presentation on working with aging patients to create meaning in later life. Our February meeting was also very successful with a wonderful presentation from our president, Leah Reider, LCSW and Joan Berman, LCSW on "Working with High-Conflict Divorce Families." On March 18, Greg Merrell, LCSW and Director of Field Education at the University of California, Berkeley School for Social Welfare, will present "The Move to Competency-Based Education in Social Work: Implications for Clinical Practice." This will be a special offering for the month of March, which is Social Work Month. We encourage you to join us!

A couple of years ago, we moved our meetings out of the Stanford Department of Psychiatry, as we were getting too big for the room which only held 30 comfortably. Currently, we are meeting at the Palo Alto Medical Foundation. We currently offer between seven to 10 CE programs per year. We have a wonderful group of members who help with the steering committee each year. We are always working on providing interesting and relevant programs for social workers to obtain their CEUs and know how important this is to our members. We are currently also focusing on outreach to younger members in order to engage and support the next generation of our profession.

Virginia Frederick, LCSW has been involved in CSCSW in one way or another since 1982 and has been one of the District Coordinators for about 30 years.

Sacramento/Davis District

District Coordinator:

Leilani Buddenhagen ~ leilani.buddenhagen@gmail.com

We continue to operate a vibrant district. We hold eight programs a year, with monthly meetings from September-May. We are historically on leave during the three summer months. An active steering committee helps to plan our meetings, which are 2-hour CE presentations. We have just moved locations and are now starting meetings at a local community center. Leilani Buddenhagen, ASW is officially the District Coordinator, but many other accomplished social workers in the area are very active and involved, including Nancy White, Mick Rogers, and Jean Rosenfeld.

We are actively trying to develop our programming to expand beyond CEU presentations, with a special focus on services for ASWs. This year, we started a consultation group for ASWs, led by two members. We are hoping to expand this to two groups

The Sacramento/Davis District met in November for a thought-provoking clinical presentation.

that will start and end at designated times during the year in order to create a cohort experience. We are also discussing the feasibility of devoting our May program to an ASW symposium, at which we would invite ASWs to present short talks on their work, papers or theses. The symposium would be designed to elevate the voices of ASWs as critical players in the field who often serve on the front lines of the profession, as well as to give participants an opportunity to partake in professional development that could advance their careers.

We are also hoping to develop some workshops in the summer months for ASWs to complete BBS required licensure classes in an effort to attract more ASWs to our district.

San Diego District

District Coordinator:
Ros Goldstein ~ goldsiegel@gmail.com

The San Diego District is over 30 years old. We have been providing monthly CE programs for that length of time. Ros Goldstein, LCSW had been editing monthly newsletter *Connections* until last year when we converted to monthly e-blast announcements of our programs. Our program in February was a presentation on "Pharmacological and Non-Pharmacological Treatment Options in Psychiatry." In March, we met for our annual networking event, where we enjoyed hors d'oevres and connected with colleagues. We have monthly programs the first Thursday of each month, 5:30-7:30 pm, at San Diego Jewish Family Service and now have 30-35 attendees, made up of LCSWs, MFTs, ASWs, IMFs, interns and students.

Throughout the years, we have joined with NASW for March's Social Work Month for an awards celebration, where our district nominates someone for the Clinical Social Worker of the Year award. As we do annually, we participated recently in an "Agency Fair" for SDSU, USC, and SMSU interns, to familiarize interns with the Society and our district programs. We also have periodic invitations to speak to second-year MSW students at the University of Southern California and San Diego State University. Finally, we have an annual "Meet and Greet" networking gathering with about 30-40 attendees. I feel honored to lead such an active and dedicated district.

San Fernando Valley District

District Coordinators:
Gloria Gesas ~ gegesaslcsw@gmail.com
Tanya Moradians ~ tmoradia@ucla.edu

Although the San Fernando Valley District (in the suburbs of Los Angeles) had previously been inactive for several years, we are now active and thriving once again as we celebrate our fourth anniversary. We continue to grow and offer compelling presentations to clinicians and students in the area. Topics have included diverse clinical subjects, including but not limited to, "Working with Victims of Domestic Violence and their Children" and "Using Humor in Psychotherapy with Older Adults."

We invite all students and professionals in mental health to come to our meetings regardless of location. We have had

San Diego District Steering Committee members gather at their district's most recent meeting.

attendees travel from as far away as Sacramento and San Diego to hear our outstanding presentations. Our offerings are always posted on the CSCSW website as well as distributed to our members via email. Please contact the district coordinators with any questions.

We held our most recent meeting on February 14 on the topic of how neurobiology, diversity and psychology interplay into psychological diagnoses and treatment. It was a well-attended, dynamic presentation and discussion led by Joel Schwartz, PsyD and Kristen Zaleski, PhD, LCSW.

Our next presentation will be on Sunday, April 10th from 9:30am-12:15pm. Leslie Spero-Schneider, LCSW will speak on mindfulness meditation and self-care for clinicians. More information will be forthcoming.

We are actively growing our connections with many of the surrounding graduate schools of social work, including USC, UCLA, Cal State Northridge and Cal State LA.

The San Fernando Valley District also has an important relationship with the Sanville Institute. Many of the Sanville graduates have presented on subjects from their dissertations as well as on other clinical topics at our district meetings.

District Coordinator Tanya Moradians is one of the founding members of CSCSW. Tanya is a graduate of the Sanville Institute and continues to play an important role in the two organizations. She also regularly attends meetings at the Veterans Administration and shares information about our district meetings.

District Coordinator Gloria Gesas has been a member of CSCSW for 30 years and joined when she was a graduate student in social work at USC. Gloria is particularly interested in outreaching to community mental health agencies and in sharing the many benefits of membership. She is also enthusiastic about liaising with social work faculty and students.

Fresno District

District Coordinator:
Emiliano Beltran ~ ebeltran2@live.com

Stay tuned! We are still active in this location. Please contact the district coordinator for more information.

Member News

We regret to inform you that Dolores Siegel, LCSW, a former Board member of the California Society for Clinical Social Work, passed away from uterine cancer on August 27, 2015 at the age of 58. Dolores spent her life dedicated to the field of social work. She taught in the department of social work education at California State University, Fresno from 1999 until the time of her death. All of us at CSCSW mourn this tragic loss and send our deepest condolences to Dolores's family and loved ones. In lieu of flowers, the family requests any donations be made to Hinds Hospice, 2490 W. Shaw Ave., Fresno, CA, 93711.

Attendance at district meetings can earn FREE CE credit

Members earn two CEUs at no cost. Credits for non-members are $10 per unit. Non-members may attend at no charge (no CEU certificate). MSW students are encouraged to attend. Our meetings begin with a half-hour for attendees to network and build community.

CSCSW Historical Contributions

Did you know that CSCSW was responsible for the following contributions to clinical social work in California?

- In the 1960s, CSCSW was the organization that obtained our license in California, which was one of the first states to provide clinical social workers with a license. This accomplishment was achieved by a small group of devoted social workers who testified in Sacramento that social workers were on the front lines of every agency doing psychotherapy and aiding the poor, and should thus be licensed.

- In 1975, a parity bill was passed that gave social workers the right to bill insurance companies for our services. Tanya Moradians, PhD, LCSW, current District Coordinator for the San Fernando Valley District, was among the small group of social workers who testified against the insurance industry with the help of our part-time lobbyist, who was also a social worker.

- In the 1970s, CSCSW provided the seed funding for and was instrumental in establishing the Sanville Institute, which became the educational arm of the Society and continues to be a leader in providing doctoral education and ongoing professional development for master's-level clinicians.

Do You Know How To Use the Member Directory on our Website?

http://clinicalsocialworksociety.org/memberdirectory

To access our Member Directory, either use the link above or go to our website's home page and use the link located on the left-side menu bar entitled, "Member Directory."

There are two ways to utilize the Member Directory:

Simple Search. Search by first or last name only. Type the name into the search window, click "Submit," and the list of matches will appear beneath your request.

Advanced Search. Click on the blue underlined "Advanced Search" above the simple search box. From here, you can search by name, phone number, website, city, and the therapy practice focus. Each search selection box has a drop down menu with a variety of parameters. For most searches, the "Contains" parameter is recommended. For websites, the "Not Empty" parameter is recommended; this will pull up all members who have a website listed on their profile. Once your selections have been made, scroll to the bottom of the page and click "Submit." This will pull up all the members that match your advanced search criteria.

Upcoming Events

Current Status of Clinical Social Work Education
03/18/2016 12:15 PM (PDT)
Palo Alto Medical Foundation | 795 El Camino Real, Palo Alto

Trauma and the Development of a Psychotic Defensive Structure in a Transgender-Identified Patient
03/19/2016 10:00 AM (PDT)
120 Commonwealth Ave. (Between Euclid & Geary), San Francisco

The Clinical Nuances of Treating Clients with Persistent Mental Illness
03/19/2016 1:00 PM (PDT)
The Sierra 2 Community Center | 2791 24th Street- Room 10, Sacramento

Working with Victims of Intimate Partner Violence (IPV)
04/10/2016 9:30 AM (PDT)
The Sherman Oaks Galleria Community Room | 15301 Ventura Blvd., Sherman Oaks

Creating Meaning in Later Life
05/07/2016 10:00 AM (PDT)
Betty Ford Center | 10700 Santa Monica Blvd #310, Los Angeles

Mindfulness as a Therapeutic Tool
06/11/2016 10:00 AM (PDT)
Betty Ford Center | 10700 Santa Monica Blvd #310, Los Angeles

COMING SOON: LAW AND ETHICS WORKSHOP

Nationally recognized psychologist and attorney A. Steven Frankel, PhD, JD, ABPP provides you with tools and resources to more effectively deal with critical legal and ethical issues, and to avoid pitfalls that frequently confront licensed therapists in the current regulatory climate. Topics include Coping With Threats by Patients, Testifying in Court, Suicide Assessment, Terminating Difficult Clients, Supervision, Malpractice Suits, "Side Businesses" and Innovative Ideas, Telehealth and E-Health, and Practicing Across State Lines.

WE ARE PLANNING FOR TWO FALL ETHICS WORSKHOPS -- STAY TUNED FOR DETAILS!
WE WILL PROVIDE UPDATES AS SOON AS THEY BECOME AVAILABLE!

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The Clinical Update

Managing Editor: Abigail Reider

We welcome your contributions to the newsletter. Please contact Abigail Reider if you are interested in contributing. newsletter@clinicalsocialworksociety.org

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