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The Clinical Voice

President's Corner

By Patricia Isakowitz, LCSW

Dear Members,

I hope that you all had a chance to get some rest this summer, and enjoy the long warm days that the season generously gives us. Although the PSCSW board took the summer off from its regular monthly meetings, much work and planning has been going on behind the scenes, mostly on our legislative front. I would like to inform you of what has been happening since May and what will happen in the weeks to come.

In May we organized, together with NASW-PA, a campaign for Social Workers to contact their Local and State House members. The message was for members and social workers to appeal to their respective legislators to contact the Chairperson of the House Professional Licensure Committee, Rep. Julie Harhart, and urge her to bring House Bill 1415 up for a vote in her Committee. House Bill 1415 amends the licensure law for LCSWs to formally allow them to perform

diagnosis and to provide full practice protection for LCSWs who are in private practice.

We ran into a couple of minor procedural glitches, but on June 6, 2016 (D-Day!), Chairwoman Harhart brought the bill up for a vote in the Committee. The Committee presented the bill to the Full House and the bill received a unanimous vote. Two days later the bill was re-referred to the House Appropriations Committee, as is required by House rules. The purpose of the Appropriations review is to determine what, if any, cost the State would incur to implement the bill. The answer in this case was, as we knew it would be, zero. When the House met on June 13, 2016, the bill was re-reported out of the Appropriations and sent once again to the full House. Later that day, with no debate, the bill was passed by a vote of 186 to 5. The negative votes were from a small number of House

President's Corner, continued

members who do not like the way the state licenses and regulates various professions, and who therefore, vote against virtually all licensure bills.

The bill at that point was sent to the Senate. Usually, that is a routine procedure, but in this case it took a week for the Senate to officially receive the bill and refer it to the Senate Consumer Protection and Professional Licensure Committee. By that time, both the House and the Senate were well into the final stages of resolving the 2016-2017 State Budget, so the only bills that were being worked on were those that had a direct impact on the budget or on the process of passing the budget. That took a little longer than expected, but not nearly as long as last year. The final pieces of the budget were passed by the legislature and signed by Governor Wolf on July 13, 2016. The legislature began its summer recess at that point. Had HB 1415 been referred to the Committee in the Senate on June 13, 2016, it is possible, not certain, that it might have been considered before the budget was done, but that did not happen.

Since then we have learned of some concerns have arisen about the bill. The leadership of both PSCSW and NASW will be working to resolve identified issues. It is our hope that the Senate will consider the bill when it returns to session in late September 2016. However, time will be limited. Under the State Constitution, the legislative session for 2015-2016 will end on

November 30, 2016, and the deadline cannot be extended. With the elections and a couple of holidays falling between late September and November 30, 2016, there will be very few session days. We can still get the bill passed by the Senate and signed by Governor Wolf in that time, but we will need your help.

As the summer ends, please keep a close watch on your email because we will be sending you a request to contact your local State Senator. This will be very similar to the one you got in May 2016. *We will need as good as or better response from our members.*

Thank you for your help so far. We have one bigger hurdle to go and with your continued support, we can do it for all of us. So stay tuned and be ready to act.

I want to thank you for your constant support and trust. As I always say, we are a members-run organization, and we are as good and productive as we make it. Reach out to me if you have any questions, ideas or interest in becoming more active at PSCSW. This is a wonderful organization, and we need to keep it updated, alive and active.

Our amazing and dedicated board makes sure of that, and there is always room for more active members. Hope to see you at the next event! Maybe the annual dinner, on November 11th?

Warmly,
Patricia

Introducing New Editors

PSCSW and *The Clinical Voice* are happy to introduce to you our new co-editors: Marilyn Johnson and Margaret Mason. They come to us with an extensive experience in writing and publishing. Marilyn and Margaret share a passion for writing and communication, and are very excited to work together on our newsletter. Please take a moment to get to know our two new members of the Board as you read about them:

Marilyn Johnson, LSW, resides in the Poconos with her husband, and her rabbit, Shadow. Marilyn grew up in Newark, NJ and attended Bloomfield College earning a Bachelor's in Medical Social Work. She received her first Masters Degree from Montclair State University in Policy and Law, concentrating on Child Advocacy, and her MSW from Temple University. Marilyn is employed for The State of NJ, Department of Children and Families as a Training Coordinator, and is a Federal and NJ Managing by Data Research Fellow. Marilyn oversees the training initiatives, case practice enhancements, and child and family trauma-focused community teaming for six (6) county offices. Marilyn also provides various university undergraduate and graduate students seeking internships within the agency with supervision.

Margaret Mason, LSW, grew up in Wynnewood and currently lives in the Italian Market neighborhood of Philadelphia. She received her MSW from Boston College in 2014, and her Bachelor's in Theatre Arts from Penn State in 2011. Margaret currently works for Child Guidance Resource Centers within the Upper Darby School District providing services to children with disabilities. She has professional experience in foster care case management, domestic violence advocacy, and is a proud AmeriCorps alumnus.

Working as a Co-Parenting Team

The Family Therapist's Guide to Co-Parenting

By Frani Pollack, LSW, PhD

Salvador Minuchin emphasized the significance of the parenting sub-system. He went as far to say that you may see pathology in a child (eg behavioral outbursts, depression, or extreme anxiety) when parents do not work together. Contemporary family therapists, like Dr. Wayne Jones, agree with Minuchin's strong convictions. Dr. Jones says that often in middle class society, parents are constantly searching for the 'ideal parenting' strategy; searching for perfection and often missing the more important lesson of 'parents being on the same team.' Jones feels that it matters less if the parenting technique is correct (as long as it is good enough) and more that parents are backing each other up.

Often we work with parents who have strong feelings about what is best for their children. Sometimes these feelings conflict with their partners. Conflicts in marriages can be the result of strong belief differences about how to raise or discipline children. But if Jones and Minuchin are correct, then perhaps the primary goal should be to come together in parenting and not to win for better strategy.

As clinicians we are aware of the importance of a strong co-parenting team, yet we often experience many obstacles. The seven suggestions on following two pages provide specifics for helping parents work together and strengthen that parenting subsystem, and can also serve as handout to give to parents.

Working as a Co-Parenting Team

1. Back up your partner

Assuming there is no abuse or blatant misjudgment, support your partner's decisions. If you disagree, later you can discuss your disagreement in private. When your partner gives your seven-year-old a large ice cream before bed, and you are aware of how sugar disturbs her sleep, do not attack him as your child puts the first bite in her mouth. Later, speak to him about your concerns with sugar and sleep.

2. Compromise with differences

You will inevitably have different parenting views from your partner. You feel your son should not have computer time in the morning, your partner feels he needs a little 'down time' before school. You have seen the destructiveness of computers and are adamant. Your partner is equally strong about her views. Discuss your opinion, why you feel so strongly, and your concern about your child without putting down your partner's views. If no-one is shifting, agree to disagree but also decide that one clear parenting recommendation is best for the child. That likely means each of you need to compromise to come up with a clear rule. (Okay, he can have 10 minutes in the morning with a time clock.)

3. Do not make your child your parenting partner

Often smart kids may try to lure you into making the parenting decision they want, without your partner's consent. This may be particularly difficult, if you have a strained relationship with that child and you feel this may be a way to get in her better graces. (Your 9 year old daughter really wants her entire class of 15 girls to sleep over. You and your wife have agreed that 10 girls is the limit, but your somewhat distant daughter is being so sweet and using her lawyer like skills to convince you that 15 is best). Before you say "sure honey," tell her you will speak to your wife again, but you're not so sure about any changes.

4. Do not let your child trash the other parent

Children like to play sides. "Daddy is so mean, you are so nice." It can feel good to be the favored parent, and sometimes we may play into that role. Your child's good relationship with each of you is very important. If your child is upset with your partner, it is fine for you to listen and hear his concern. However, in your mind you should be thinking about how to 'repair'

it. (When your 13-year-old son complains that mom is too strict and that you understand him you may listen with compassion. However, your next thought should be what you can do to repair this relationship as you know how important it is. Perhaps Mom is too strict because you are not backing her up enough. Perhaps your son needs to speak to mom directly and work it out.)

5. Speak positively to your child about your partner's parenting

This is not just for your child, but also for yourself. It is easy to focus on what is not working in your parenting together or your partner's parenting. But what is working? (You can comment on how nice it is that Mom goes out of her way to get your kids favorite foods or how Dad puts so much effort into going to your sports games.)

6. Set aside a weekly time to talk to each other about the kids and parenting

Often parents talk about parenting at challenging times or when there is not adequate time or when things reach a crisis. It is helpful to set aside a weekly coffee date or walk where you can focus on parenting. If you are stressed about a child or situation, you know you can count on this time to discuss it with your partner. At this time you can discuss house rules, concerns about a child, differences in parenting, etc.. The goal here is to leave these conversations as a stronger parenting team.

7. Working as a team to calm each other

We all get upset at times with our children. Great parenting teams know this and help each other out when one parent is feeling stressed and not acting their best. When your wife and daughter are in an all out fight over going to the mall, perhaps just putting your arm around your wife can help to calm her down in dealing with your daughter in a more firm but reasonable tone. When your husband starts to escalate, you can remind him to take a few minutes to calm down before disciplining your son.

Working as a stronger parenting system can be hard. It takes a lot of awareness, and often involves changing old patterns. Any step you take in strengthening this alliance will be helpful. In the end, both your children and your entire family will benefit.

Frani Pollack, LSW, PhD

**PSCSW
Conferences**
Save the Dates

October 22, 2016

Dr Sharon Cooper,
forensic and
developmental
pediatrician,
consultant to the
National Center
for Missing and
Exploited Children.
Dr Cooper will show a
documentary that she
developed entitled
“Not Just Pictures”
about internet issues
and exploited children.

The film will be
followed by a
discussion of the
clinical issues that
arise in working with
families affected by
this issue.
4 Ethics CEs

January 27, 2017

Dr Howard Stevenson,
University of
Pennsylvania
professor, researcher,
author and clinician
who speaks nationally
about racial issues in
communities, racial
literacy, micro-
aggressions and how
to address these in
clinical practice.

Silence in the Therapeutic Process

By Claudia Apfelbaum, LCSW

Silence is a very alive element in the therapeutic process. It can be a frightening experience for a new therapist to sit in a room where nothing is being said. It can make the newer practitioner wonder if she is missing something or may prompt her to ask questions to fill the space. But if we can become comfortable with silence, it can open doors to the world within.

How can we become “friends” with silence?

To start, I want to offer you the idea of the experience of storms in nature. Have you ever noticed what happens, some of the time, when a storm is coming? There is a phase which is, “the calm before the storm.” Not all storms have a time of calm before they arrive, but those that do hold

something in the air before they hit. There is calm. Even the birds are quiet. It is as if nature is holding its breath. It seems as if it is waiting, gathering strength. What is coming? Usually, something big, something strong.

Can you see the similarity between the calm in nature and the silence in the room? The silence is an in-gathering time. The client is remembering things. She/he is processing thoughts and feelings inside within.

After the silence, there is likely to be a rushing out of words. Memories, thoughts and feelings are being expressed that were not available before. They are finding a passageway out. There is more to say. There is great pregnancy in silence.

I sit with a client. She is silent, inwardly focused. I feel the room is full with something. The air itself seems to breathe. I am waiting silently with her, holding her psyche with mine. I quietly observe her face, her breath, her hands, and definitely her eyes. I am attuning myself to her and letting her feel her way into her experience. These moments of waiting are essential. They feel potent.

I had asked what she remembered about learning to feel guilty. She said, “I can’t remember anything.” Then, I asked, “How are you feeling?” pointing to my heart as the place from which to feel.

“Sad,” she said. Her sadness had been palpable in the silence. It seemed to me that her acknowledgement of her sadness opened the door. Once she said that, she said more. She said she

was sad for the kid she had been, the kid who could *never* say how she felt, and who hated going with her dad to the mall, owing him a “thank you” for an experience that was not agreeable to her. He usually sat outside the store, drumming his fingers impatiently. He usually found the prices of things she liked too high. This was how her dad spent time with her.

This learning—about her guilt—made her feel stronger. She felt fortified to feel less guilty in standing up for her needs within her marriage. The self-awareness brought change. Silence was essential for this reflection.

Imagine what might have happened if the silence had been disrupted. I feel a sense of reverence for the process, knowing, as I do, how silence permits revelation.

PSCSW Conferences *Save the Dates*

February 25, 2017

Dr Robert Youdin, LCSW, gerontologist, clinician, author and former social work professor at Fordham University.

Dr Youdin will speak about his recent research and work with older adults and addiction, specifically to widely-used prescription medications.

His presentation will include clinical content about working with aging clients struggling with multifaceted issues and the treatment of addiction.

You may register online for conferences at www.pscsw.org

Participation may be limited due to space constraints, so we encourage early registration.

All conference fees include a CE certificate.

Member Spotlight: Fran Gerstein

By Margaret Mason, LSW

“What we do most of all is bear witness, and be present with people,” says Fran Gerstein, LCSW. “It’s an honor to hear someone’s story.”

Fran is a Clinical Social Worker based out of Wynnewood, Pennsylvania. Her social work experience has been extensive, ranging from private practice to agency work to teaching. She is also a veteran PSCSW member, having served on the board from 2013-2015 as the Newsletter Editor. When asked about the most empowering agency she has encountered, Fran mentions the Renfrew Center, a residential treatment facility for women and girls experiencing eating disorders. “It was an honor to empower women to find their voices,” she explains. “It’s a privilege to help women create support systems.”

Currently, Fran works in private practice, a practice she has been building for over 30 years. She also teaches two courses at Philadelphia University, and facilitates a group at the New Leaf Club. The New Leaf group supports parents of children who died of alcohol or drug overdose. When she is not seeing clients or teaching, Fran enjoys supervising young clinicians. “I feel dedicated to helping young clinical social workers in a hands-on way. I want to pass on what I’ve learned from my mentors and

teachers.” Fran expresses this enthusiasm and love when talking about all of her work. She radiates compassion for clients, clinicians, and agencies. “I can’t imagine having a different career that could be as rewarding,” she gushes.

Fran graduated with her MSW in 1981, and she feels that it was the best thing she ever did. “I have done many, many things with this degree,” she says. Her social work career started in child protective services in Brooklyn, and she quickly went on to become a supervisor in a foster care agency. Since coming to Philadelphia, she has worked at Renfrew as a co-clinical outpatient director, been a school social worker, and taught at the Bryn Mawr and West Chester Schools of Social Work, as well as in Philadelphia University’s Masters in Counseling program. Additionally, she was the clinical director for a residential treatment facility called GirlSpace for teenage girls. The goal was for girls who were in out-of-state group homes to be reunited with their families, but the facility ended up failing. When asked why, Fran explains “There were too many agencies involved, and they were in cross purposes with each other; it was a systemic nightmare and only stayed in operation for about a year.”

When talking to Fran, it becomes clear how dedicated she is to her clients. “I’ve had clients who have overcome enormous obstacles, and I find that very inspiring,” she says. “Like, one woman was sexually abused pretty much every day of her life from early childhood through adolescence. There was a lot of unresolved trauma that we worked on over a period of years. Now she has a great job and a great family, She does really well in life.” Fran allows herself to be changed by the stories of others. “I am especially moved when someone has literally shown me something they couldn’t otherwise express. I was working in a nursing home and a woman had just come back from having a mastectomy. She literally pulled up her shirt and showed me that she was missing a breast. I was floored.” Fran was moved that this client wanted her to share in her journey. “The desire people have to communicate what they’re going through is mind-blowing to me,” she explains.

To avoid burnout, which she feels is too prevalent, Fran encourages social workers to talk about the field. She spends much of her free time doing just that. Fran’s husband and daughter are both therapists, and most of her friends are as well. “I encourage tons and tons of peer supervision, and tons and tons of mentorship.” When talking to younger

social workers, she encourages them to “Find a niche. Find something that you like to do that other people don’t like as much. Find mentors who can support finessing that.”

I asked Fran about challenges she experiences, and she was quick to express that her biggest difficulty comes when she doesn’t know how to help. “It’s when I can’t figure out how to help someone that I start doubting myself or doubting my abilities or doubting the field.” Another challenge she faces is that when you’ve been in the field as long as she has, it’s easy to forget how hard it is to be on the other side of the room. “I’m so comfortable being clinical, and I forget how nervous people are as they come in. I’ve probably met with hundreds of people over the years. I have to remind myself what it feels like to be out of sorts by putting myself in positions where I’m a little bit lost and confused. Yoga is one.” She does not feel that the work is depressing, because she feels blessed to be a part of seeing people at their most vulnerable. “As much as I’ve learned a million things clinically, our most profound tool as clinicians is that when other people say to our clients, ‘Gotta go, you’re bumming me out,’ we stick with them and instead say, ‘Tell me more. Show me.’ That’s our power.” Power, indeed.

Introduction to Cultural Competence and Compassion

Margaret Mason, LSW, Co-Editor

Cultural Competence and Compassion

Prosper is 14, black, and diagnosed with autism. He is trying to make sense of a world where he's not sure he belongs. The word autism, Prosper thinks, is when you feel uncomfortable with the people around you. When he is in new social settings, he believes he has autism. When he is at his beloved After-School Program, he says he "got over autism." I see Prosper once a week at his home to work on social skills and emotional processing. I am 27, white, and I have not been diagnosed with autism. The world is a very different place for me than it is for Prosper.

Sitting with Prosper on his porch, I asked him about the changes in his life. The change that I was referring to was that a new brother had moved into his home. "Changes, changes, changes," said Prosper. "So many changes. Changes with the president and black people getting shot by police. I'm sick of all of these changes."

I asked Prosper to tell me more. "I keep seeing all these black people get shot for no reason. And if Donald Trump becomes president it will just get worse. I don't want to get shot on the street for no reason."

Prosper broke my heart. I asked him to talk more about his feelings. I empowered him to get involved in the election. After processing these thoughts, I brought Prosper into the kitchen to share with his mom what he had been feeling. I watched their

interaction, and I couldn't help feeling guilty in my own white skin. This family knows I am their ally, but I could never possibly understand.

I wondered, is this why I brought Prosper inside to talk to his Mom? Did I feel too awkward discussing race? I believe it is clinically sound to involve a parent, especially as you are trying to gauge the family's culture regarding world issues. However, if the subject matter were different, would I have been so quick to involve Mom? Listening to them discuss the dangers they encounter every day, I remembered. The world is a very different place for me than it is for them.

In this session, Prosper reminded me that we as clinicians are not teachers or guides. Even with the youngest and most vulnerable clients, we can only be educated, compassionate witnesses, ready to walk with our clients on their journeys. We do our research, but it is their story. And what amazing stories they are. Stories of age and gender and race and politics and sexual orientation. Stories of strength and resilience. Stories of heart. And in all of these stories, we are surrounded by one resounding story of humanity.

In this issue of *The Clinical Voice*, we highlight cultural competence and compassion. We encourage you to think about your own clients, and the conversations that make you want to look away. We hope this theme encourages you to walk with your clients instead of ahead of them, and share in the beauty of their interlocking strengths.

Social Workers: The Voices of Change

By Gary Jones, MSW, LCSW

There used to be a time when such colors as black, white, red and blue were simply crayons in a box. Today, their meanings have changed and have become more complex and distressing. Social and political issues have created new meanings for these once simple colors and the discord from those issues creates a colorfully disharmonious sea of chaos and conflict from which there seems no crossable bridge.

Almost daily, we are front row observers to tragic events we would rather not see, and these events leave a legacy we and our children will never be able to forget. Mass shootings, which have occurred in Newtown, Charlestown, San Bernardino, Orlando, Dallas and other places, have become too common, and the casualties encompass every race, gender, sexual orientation and socio-economic status. We mourn the very young, the very old, and everyone in between.

We have watched death among African Americans at the hands of law enforcement officers. We have also seen attacks against these same officers, many of which have resulted in death. No matter how you look at the issue, the view is disconcerting. Many people feel they are victimized and believe that justice has yet to be seen. Others feel their daily duty to protect and serve goes unnoticed, disrespected, and is becoming increasingly more dangerous. The tone of our current Presidential

election has been very negative, competitive, and full of non-constructive rhetoric. This rhetoric indicates how divisive our country has become. Voices of compromise are often drowned out and evaporated by rising tides of negative sentiments and blame. Instead of simply being Americans living in the United States, we are rapidly becoming residents who happen to live in either red states or blue states.

As social workers, we are not only in the middle of these conflicts; we are expected to make sense of senseless incidents. We have to do this for our clients as well as ourselves. We have to do this because every day we come into contact with clients who have either been victims of crime, have experienced some form of stigma, or have watched loved ones experience injustice.

So, where do we as social workers stand on these issues? We know the talk but are we really ready to walk the walk? Do we talk about change or do we become agents of change? We know what it means to be culturally competent. Amid the echoes of injustice, increased surges of random violence in what used to be safe places; threats of terrorism, raw negative emotions and pure hate, our work of supporting others has become more challenging. Social workers are, by nature, agents of diversity. Some may argue that we are →

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already diverse enough and that this dialogue is redundant and non-constructive. Some may be offended, but if we are totally honest, we may not be as culturally diverse and as competent as we believe we are. We cannot remain content with believing that all of the work needed to bring about social justice will happen within the walls of our private practices.

As social workers, we must be the bridge builders, between the Black and

the White, the Blue and the Black, and the Red and the Blue. We have to be visible. We must initiate and stimulate constructive dialogue and bring together those who may not know how to come together. Our ongoing commitment to protecting and honoring human dignity should motivate us to continue the fight for social justice at every level. Becoming visible will help us to effect change in our communities and create alliances and dialogue that will be lasting and meaningful.

Becoming a Diversity Savvy Clinician

By Karen L. Smith, MSS, LCSW

Good intentions are not enough

Having some gay friends isn't enough. Being part of a multi-racial family with adopted children isn't enough.

Making a safe and welcoming place for a large range of people requires a fair amount of work and attention on the part of the clinician. It requires challenging some of our basic assumptions, broadening our understanding and experiences of difference, courageously introducing taboo topics, asking directed questions, and risking awkward, tense, multi-layered conversations in sessions.

While it is common for us as social workers to be inclined towards the

desire for cultural competence across many different groups and populations, to achieve it requires focused intentionality, both in and out of sessions. Below are some guide posts for the path.

Our Clients Are Listening

Certainly for many of us as clinicians, if we are referred a gay or lesbian client, or a client whose children were adopted, or a client who identifies as gender queer, or a client whose ethnicity has been relayed to us by the referral source despite it being visibly unclear to us, we are likely to be on our game, and aware of our language use. We are going to remember not to be assumptive.

When asking our queer client about their current and prior relationships we will hopefully remember to speak in gender neutral language, and to not limit our questions to “marriage,” but ask about committed relationships or partnerships. When we already know our client to have adopted their children, we might curb our language to avoid questions about when our client “had” her children. If we know our client is gender queer or transgender, we might be prepared to ask them about the pronouns they prefer to use. If we know our client identifies with a particular ethnic identity, we might be prepared to ask them about it and what it means to them.

The problem is that while we might know a handful of things about our clients through our referral source, our phone intake or visible appearance, we are really like Jon Snow; we know nothing. We never truly know anything about another person until we have had time for the slow unveiling of their identities, as therapy provides. Our clinical training teaches us this. But it is even more so around issues of cultural, ethnic, religious, gender and orientation identities. Besides our potential ignorance, we are additionally filled with assumptions born of a life in a society that has very strong opinions on how it wants us to see each other.

Our language carries our assumptions. The questions we do and don’t ask, the way we ask them, the pronouns we use, even the Freudian slips our unconscious forces upon us when it knows we are on

unsteady ground. (I literally used the term “totem pole” when working with a Native American client. I feel confident I have never used that metaphor in a session before or since.)

If our client is part of a marginalized group, they are listening for our language and assumptions. If we ask our client if they are married, then they know we make assumptions about hetero-normative relationships. If we are surprised when our client mentions other adult family members who live in their home, like cousins, or parents, or aunts, we reveal our assumption of a two adult household, which only characterizes certain cultural households. If in exploring their sources of support, we ask about church, they know we see through a narrow cultural frame.

Directness is the Only Path

The good news is there is an easy way to address what we don’t know, or what we need to ask about: direct questions and statements. If we have a client whose gender is unclear to us, we can ask directly what gender pronouns they prefer we use. If someone’s ethnicity or nationality or race is unclear to us, we can ask.

As uncomfortable as it might seem to bring up one of these taboo topics, it is therapy; taboo is our realm. Most of us grew up in homes where we weren’t allowed to ask or state the obvious. But in therapy, that is our main job, even on issues of cultural differences. Just as we might initially be uncomfortable asking these types of

Cultural Competence and Compassion

questions, our clients are possibly as uncomfortable or more so. We need to be prepared to talk about that along with our decision to address the issue directly.

Nobody Wants to Teach You

The goal of addressing what we see directly isn't so that they can teach us about their cultural group. It isn't their job to educate us about their culture, race, gender, orientation, ethnicity, religion or socio-economic status. Individuals from disenfranchised groups are routinely asked to educate others about themselves, as representatives of their group. The reason clients frequently seek out therapists that are part of their own group is so that they needn't explain the basic parameters that define their group.

While there is of course no way we can become insider experts on all groups, we should have a general commitment in life to being people of the world. If we want to be culturally competent as clinicians, we should be regularly reading multicultural books, watching multicultural movies, with clients from disenfranchised groups. In my many years of working with eating disordered clients, I routinely brought up my size (which is fat). Again, this is part of stating the obvious, naming the taboo, and opening it up for conversation. If we bring it up, it helps open up a space for our clients to broach the topic when they need to also.

Our clients may need to address concerns/questions/curiosities they have about our cultural, racial, ethnic,

economic, gender or orientation groups. Naming it ourselves gives them permission to state the obvious, to bring up the taboo, with this topic, with other topics, in our sessions, and in life. While we all have different approaches and styles to dealing with questions and managing self-disclosure, part of cultural competency is being able to talk about the specificities, entitlements, and hardships of our own groups.

Talking about Difference Can Feel Contentious

In a society that has worked hard to divide us and leave groups separate and disenfranchised, talking about our differences can create a feeling of divisiveness. It is part of why we avoid it. Our client is highly likely to experience defensiveness when talking about cultural differences, as there is much to defend. In addition to whatever defensiveness they might experience in conversations on the topic of differences, the consulting room increases the possibility of a transference layer. The good news: that is our realm.

Conclusion

Cultural Competency is sometimes used as a throw away term. People can default to the "I have a black friend" fantasy of cultural competency. True cultural competency requires a commitment to knowledge about different segments of society, a rigorous mind seeking out nuanced differences, and a courageous soul for handling direct conversation.

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How to Register for PSCSW Events

By Kathy Beidler, Administrative Assistant

Whether we like it or not, technology is moving all of us to do more online, and registering for PSCSW events is no exception. In order to register for all our Coffee & Conversations (C&C's) and Book & Film Clinical Discussion Groups, you *must* login to the PSCSW website. (Our educational conferences are the only programs where you have a choice to register online or by mail.) I recommend logging into the website *before* you want to register for a program or event for the following reasons.

- If you do not login to register, *you will pay the non-member rate.*
- You may miss a program you wish to attend. We are fortunate that our programs are very popular and can fill rather quickly. If you do not know your login, a program may fill before I can assist with your login.

Below are the instructions for registering online for a PSCSW educational program or event:

1. **You *must* login to the website – www.pscsw.org**
2. Click Member Login on top-right corner.
3. Your username is your email address.
4. Password: If you do not know your password, please select Lost Your Password. If you do not receive an email with a new password, please check your spam folder. If it is not there, please email me, I can reset your password.
5. Once logged in, click Continuing Education link on toolbar.
6. Select educational program or event.
7. Scroll down to choose your Registration/CE Option - make your selection.
8. Scroll down to Registration Details - if the form is not complete, please complete it.
9. Click Submit.
10. If there is a payment due, you will then be taken to PayPal. This is our third party provider for credit card payments. If you have a PayPal account, you can login at this time to pay. If you do not have a PayPal account, you do not need to create one to pay. You can pay as a guest.

Again, I suggest a test login to be sure you can in fact login. I am happy to walk you through the process or assist (reset your password) in any way to be sure you can login to the website. Please remember that you are responsible for maintaining all your online information. If you change your email, phone number, address, name, credentials, etc., it is important to notify me. However, I cannot and do not maintain or update your information online. (The information you input online can be viewed only by PSCSW members. It is our online directory.) You can email me (pscsw@pscsw.org) or call 215-942-0775 with any questions.

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