Newsletter

Development through research, advocacy, education, affiliation and action.

In This Issue:

Special Feature

Reflections on Caring for Our Clients and Ourselves During the Pandemic

page 3

Book Review

Bad Blood:
Secrets and Lies
in a Silicon Valley Startup
by John Carreyou
(reviewed by Bill Kinnaird)

page 7

Announcements

CEU Requirements Change

page 8

Open Board Positions

page 9

Call for Newsletter Submissions

page 12

Original Clinical Article

The Vulnerability of Caring

by Nora Ishibashi

page 10

President's Message

Kristy Arditti

Moving through this past holiday season, I became more aware than ever that the current pandemic continues to significantly impact our clients, our communities and ourselves. We, as clinicians, are holding with our clients the fears and concerns about the rise of COVID-19 cases in Illinois and the world, and the difficult decisions to be made about whether to visit or invite family and friends for important gatherings. We grieve the loss of connection and community, not just on a daily basis, but also on important milestones: births, weddings, deaths, and holidays.

However, in the midst of such stress and separation, I am buoyed by the creativity and tenacity of our collective care, concern and love for one another. Decorations and signs that pop up on front lawns to celebrate birthdays and achievements, parades of honking cars with waving families to celebrate being cancer free, flowers placed on doorsteps, Zoom invitations for concerts and poetry readings, monthly Zoom dates with friends to laugh and cry together—these are all examples of the ways we continue to show up for and companion one another during this time. It humbles me to see how powerful our collective human spirit can be, even in the midst of so much uncertainty.

As always, I continue to be grateful for our shared community here at ISCSW. Over the last several months we have had wonderful opportunities for connection through our Jane Roiter Sunday Seminar Fall Series. In September, we welcomed Huey Hawkins, Jr., LCSW, who gave a fascinating presentation titled *A Therapist's Reawakened Cultural Trauma: Rupture and Repair of the Therapeutic Relationship*. His presentation was an exploration of Jessica Benjamin's work, and offered a framework for how to think about empathic failures and resulting ruptures in the therapeutic relationship against a backdrop of violence toward people of color and past traumatic cultural wounds.

In October, we were fortunate to offer a presentation by Paula Ammerman, PhD, who presented a seminar titled *When Everything Seems Mad or Bad: Restoring Goodness in*

(cont. page 2)

President's Message
(continued)

the Therapeutic Dyad. This presentation was an examination of enactments that occur in the therapeutic relationship, and offered an illuminating perspective on how to mutually hold responsibility for the enactment between therapist and client. Paula spoke to how this mutuality allows the client and therapist to learn more about themselves, each other and the relationship through examination.

Finally, in November, Karen Bloomberg, PhD, provided a dynamic presentation titled *Early Trauma and Annihilation: A Therapist's Challenge to the Empathic Connection*. This presentation offered a framework for understanding how early childhood trauma necessitates a finely attuned therapeutic relationship in order to make the trauma more bearable, as well as the experience of trauma more "speakable." Case presentation material was offered to illustrate these concepts.

Happily, the Illinois Department of Financial and Professional Regulation (IDFPR) has announced that due to the ongoing crisis, each of these virtual CEU opportunities, as well as all future online events through at least the November 2021 license renewal deadline, will be considered fully equivalent to in-person CEUs in fulfillment of licensure requirements. See page 8 for more information.

ISCSW itself is also continuing to adapt to the unprecendented circumstances of this outbreak. Like the August issue before it, this issue of our Newsletter will be a Special Edition, continuing our well-received new feature: *Reflections on Caring for Our Clients and Ourselves During the Pandemic* from board members and fellow practitioners. This Special Edition is once again being made available as a free digital download on our website (ilclinicalsw.com) regardless of membership status. ISCSW members will continue to receive physical, mailed copies of future issues. See our website for information about renewing or enrolling a membership to continue receiving this benefit in the future.

In addition to these adaptations, on Sunday December 6th we offered a free ISCSW Networking Event titled *Sharing Our Caring: Triumphs and Challenges in Teletherapy*. This event, which was our first time providing a virtual opportunity to connect and network, took place on Zoom. It was very successful, providing attendees a chance to both socialize and discuss with one another the challenges everyone has been facing around meeting with clients online or by phone during the pandemic. Many attendees expressed to us the importance of our continuing to have these networking events, to reduce our sense of isolation and remind us of our caring community!

In closing, I want to thank those of you who have reached out to us here at ISCSW to share your thoughts, questions and concerns. We love to hear from you and welcome your feedback and partnership. We would also like to extend a formal invitation to any ISCSW member who is interested in joining us as a Board Member. The Board meets once a month on Tuesday evenings via Zoom, and we would welcome new members with energy and excitement to help us propel the work of ISCSW forward. See page 9 for more information, and please contact me directly via kristyarditti@gmail.com if you are interested or have questions.

We hope you all stay safe and healthy in the New Year!

Kristy Arditti
President, ISCSW

2021 Issue 1

Reflections
on Caring for Our Clients and Ourselves During the Pandemic

Mary Ann Jung, LCSW
Clinical Social Worker and Psychoanalyst

This past year has been a learning experience for all of us as Social Work Clinicians. In the beginning, COVID-19 was supposed to mean a two-week interval which would keep hospitals from being overwhelmed – we were to "flatten the curve". At that time, my clients and I were not overly concerned about any disruption. As summer approached, we employed all the suggested protocols, and some clients chose phone sessions over "in person" office sessions. I found that the phone sessions worked well, and we continue those in most cases. I made sure that those clients all had support systems and the ability to initiate social interactions for themselves whether it be with family, friends or with interest groups such as card clubs, health clubs or outside activities of one sort or another. Of course, these social interactions were at Zoom meetings, on the telephone or at outside gatherings or family get-togethers

During this time, I began to worry about the consequences that could eventuate from the isolation clients experienced from following the COVID therapeutic prescriptions. One client in particular, an older single woman, had lost her mother, her job and had only one family member who could be considered a support system. Her job and caring for her mother had been her only social investments. In addition, she now faced having a serious heart surgery.

We managed phone sessions for the first two months following her surgery. These phone sessions were extremely stressful as she focused on doing what she needed to do to heal from the surgery, and on her increasing distress from her isolation. She called acquaintances, but few called back as she wished they would. We began office sessions again using suggested safety measures, and I reassured her she could call when she needed to for a phone contact. I could usually help her cope with her anxiety, guilt and regret in a phone session. But once she sounded in such extreme pain, I knew it was not enough. I told her to pick up and come into the office right then. After working through some resistance, she came in, and we worked through the issues at hand.

This is the kind of thing that can happen more than once in a situation of extreme isolation. Clients can be afraid to go into Emergency Room settings for fear of getting COVID. They may also be too embarrassed to call a relative to come in a psychological emergency, especially one they don't feel especially close to. With these clients, I have found myself wanting to come up with something new, such as arranging for "Conversation Buddies" where I would match up two or three clients who were of similar age and similar enough situations and who needed social contact, to become a group where they could call on one another for support. The difficulties, of course, would be in the details of setting it up. I continue to think of ways to combat the fears clients have who suffer this isolation.

Clients who are alone and are responsible for helping aging parents transition to Assisted Living facilities are another group experiencing great distress. They have to grieve the separation and at the same time shoulder all the work of helping parents downsize and dispose of the family home and its contents. In addition, they aren't able to visit their parents except to wave at them through facility windows or stand at the entranceway and wave at the parent in the reception area.

I'm sure there are many other difficult and challenging situations that all of you deal with since the COVID lockdowns have begun. We have to do the best we can to assist our clients in any way possible. One thing we can do is talk to each other and share what we know, not only to help our clients but to support one another till we are free at last.

Kristy Arditti, AM, LCSW, CDVP
ISCSW President

I was initially concerned about how I would connect with and continue to companion my clients over video during the pandemic. Would I be able to feel their experiences in the same way? Would they be able to experience my empathy and compassion? How well would we be able to handle disconnects and the harder dynamics that inevitably come up in the therapeutic relationship? Quickly, I realized that although it takes more effort to really lean in and listen, and perhaps more permission to ask questions, my clients and I have managed to stay well connected during this time.

For my younger clients, I notice they seem much more comfortable with the digital nature of our sessions. They navigate "screen sharing" easily to show me a poem they have been working on or a funny video clip that made their day. My clients share their homes with me... such sacred places as bedrooms with their favorite stuffed animal, or the kitchen table where we sit together-but-apart with our coffee and share the pain and joy in their life. I notice that we are all struggling together with a sense of loneliness and disconnection, but also that time together and the therapeutic connection is shared and treasured in a new way.

I do notice that as a therapist, I feel more depleted from video sessions in general. Perhaps because it requires more concentration in ways that I took for granted when my clients and I were in the same room. I also notice that I have had to build in transition time from work time to family time, as I now do not have a commute that allows me to process and decompress after my time with clients. I welcome these challenges with their unintended gifts and find that both my clients and I have discovered new things about ourselves and each other during this time.

Ben Goldberger, LCSW
Community Mental Health Worker

The pandemic has radically transformed all of our lives, so to say that it has also turned community-based social work on its head is no understatement. I work on a multi-disciplinary team serving disabled veterans diagnosed with a serious mental illness. Prior to the pandemic, we provided twice-weekly home visits, weekly med tray deliveries, crisis intervention, and a host of other related services that mostly take place in the community (grocery runs, social security office visits, community walks, etc.). In many cases, our patients rely on us not only for basic mental health and medical services, but also for social interaction and stronger connections within their neighborhoods and across the city of Chicago. Imagine the difference between being treated like "some crazy person" at the grocery store or DHS office versus a feeling of normalcy, support, and alliance when interfacing with a world that is often unforgiving and uncompassionate toward those with serious mental illness. Our impact on a patient's life is sometimes quite radical and transformative.

So, you can imagine how intensely the reduction of those services due to COVID-related precautions has been felt by our patients. Social isolation and loneliness, fear, lack of access to resources, safety issues, and in some sad and horrible cases, being faced with a life-and-death fight against the virus itself. These are the realities of many of the people our program serves. While some patients have been able to lean more on their family and friends, others have been left incredibly vulnerable. At least four members of our program have died from COVID-related complications, while others have passed in relative isolation. Frankly, it's heartbreaking. I and others on my team have been deeply affected by the inability to support people in their greatest moments of need, feeling robbed of the opportunity to provide support and, in some cases, the chance to say goodbye. Not surprisingly, these shared experiences have also brought our team closer together. Lately, I have found we are more open and honest with each other and, in many cases, offering more kindness and mutual support.

Our patient population is majority African-American, and so is our clinical team. Bearing witness to and participating in the Black Lives Matter uprising, concurrent with the pandemic, has been a uniquely powerful experience in my life and in my career as a social worker. On one hand, the BLM movement has inspired hope that marginalized groups' voices might truly be heard, and that substantive change is possible. On the other hand, the international focus on the ongoing police killings of unarmed Black people has once again exposed the rotten underbelly of this country. White supremacy and an economic system the favors profits over human lives are baked into the American pie. Fortunately, it has become safer to talk about these things with my team members, and think carefully about how this understanding informs the services we provide. At my place of employment, it is now safe, even encouraged, to say and see the words Black Lives Matter. While I often wonder if this is just a panicked response to a threat to established systems of power, this does represent a sea change in the discourse.

All of this has been such an intense journey so far, and there are more hard times to come for sure. But it's also hard to miss the way people are coming together in a time of great adversity. For each other, for their vulnerable clients and neighbors, and for a higher level of awareness. Something tells me (or perhaps it's just my hope run wild?) that we are beginning to wake up out of a great collective slumber, and somehow, the social work profession seems to find itself smack dab in the middle of it all.

Christina Peters, PhD
Private Practitioner

It goes without saying that in this time of immense challenge, we have had to pivot, and to then pivot again, and again, and yet again. I've been grateful for the amount of energy and focus that those in our field have collectively engaged in trying to navigate our new challenges – from Zoom support groups and seminars to the ongoing writing in journals and newsletters. There has been newfound camaraderie in our varied conversations with one another.

This reflection on being a therapist in the current times has come out of the shifts I've noticed in my own work, almost a kind of "waking up,'" noticing how some of my ways of viewing the work and my role in it have shifted. It was not that long ago that I would have scoffed at the idea of ongoing teletherapy. Sure, in cases where someone moves away and wants to continue, the once-in-a-while schedule glitches, or as an option to offer extra support, telehealth might be considered. But it was the exception. Yet, here we are, making it work, with all its pros and cons. I have been humbled by this experience on many levels, having learned, paradoxically, from what I didn't know. It seems that should be practically unremarkable to say so, as that is the nature of learning, to see things differently and expand our views. But what I mean is that these times have provided a spotlight on our ways of knowing, on how we view ourselves and our patients, on the ways we develop the stories we hold.

In our telehealth sessions, we are each in a space that is different and unique. The routines of our workspaces have been shaken. We, the patient and the therapist, see each other on a framed screen. Body language and nonverbal communication is there, but it is different and sometimes clunky as timing and eye contact are thrown off by the glitches of technology. The physical views we have of each other are limited – we see only part of each other's bodies and the rooms we are in. However, it has paradoxically offered new views, too. We also see something more than we did before – there are now windows into each of our homes and new details of personal lives are shared. We have seen kitchens and backyards and the insides of cars. In the case of a dropped phone, we might see under couches or get a view of a ceiling fan. In the rearranging to find private spaces, we have inadvertently met pets, children, and spouses who we had only imagined before. We are in a different space physically and mentally, sharing new routines of adjusting to the details of using Zoom or more significantly, sharing in the drama of a global pandemic.

This seems to me pretty profound. The experience of passing through something collectively has forced a change in the way that we see each other. Is it fair to say that at times when we are working, we can get into routines in our ways of being with a patient, in our ways of thinking about what is happening emotionally, in our ways of holding certain personal boundaries for ourselves, and in our ways of emotionally taking on the role as the helper that might also sometimes interfere with our remembering there are two humans in the room with complex lives? That sometimes we lose a little sense of each other's humanity in those routines and perhaps limit the stories of our patients that we hold in our minds?

The most humbling aspect of these times has been what I have learned about my patients and the sides of them that I didn't see before – be it the unforeseen toll that stressors have taken and have become more visible in a view of the patient's home, or the strengths that I overlooked, such as the calm and caring that a patient shows to a child that seems unexpected (mistakenly so) – because in sessions I am typically witness to so much of the patient's vulnerabilities and distress. To me, this is key: that I had some stories wrong and held onto stories that, as Joye Weisel-Barth described in a coincidently timely 2019 article, had become "calcified." I had limited my views, even when I think of myself as broad in scope and empathy. I had missed things about my patients and their lives.

Perhaps here is the silver lining, the shifts in our views that have opened us up to new ideas. We weren't so sure about telehealth, but we have found ways to make it work. We weren't so keen about sharing details of our personal lives in the process, but here we are, in our homes, with longer hair and more casual clothing, being interrupted by our own pets or family members or deliveries. And our patients know something about our lives in a very personal way: that we, too, are going through the adjustments of a pandemic. It's an experience that has been painful for all of us. No one has eased through this. Our patients know that about us, in real time.

There is perhaps a recalibration of our roles that levels things out a bit more, makes the process more collaborative, highlights the intersubjectivity of our work and, even though professional and boundaried, also highlights the ultimate humanity in our very real relationships. More importantly, we have been given a keen reminder that there is always more that we will uncover, that we have to continually question our formulations in order to deepen our views and help us remember, there is always more to the story.

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Ruth Sterlin, LCSW

Private Practitioner and ISCSW Vice President

Like many other psychotherapists, my thoughts and feelings about doing treatment have changed dramatically over this period of the COVID-19 pandemic. I always believed that the only way to be a sensitively attuned therapist was to meet in person. Now, however, I stand humbled. Having jumped headlong into seeing clients online for reasons of safety, the results have been surprisingly positive. These last eight months have changed so much about my life, it makes perfect sense that they have also changed how I experience being a therapist.

One thing that stands out about doing treatment right now is the heightened stress level. Some elderly clients in my practice don't believe they will live through the pandemic, especially those with certain physical infirmities. Certain clients have realistic reasons for fearing the end is near, that they might easily contract the virus. Others struggle with the loss of hope. One client, 76, was so worried about her finances and her health that she became suicidal. She also refused to give me permission to contact any of her doctors or family members. After talking through the fact that I would have to break confidentiality if she were truly in danger, she has become calmer and has agreed to keep herself safe, even expressing gratitude for my hanging in there with her. Truly though, with some clients, it remains a day-to-day struggle to hang on to hope.

In that regard, it's a bit easier with younger clients who don't have the feeling that the pandemic has robbed them of a year of life just when their remaining time is diminishing and precious. For them, it's often an issue of feeling stuck in a holding pattern, especially if they are trying to launch into adulthood. They may have graduated from college, but they don't yet have a job or an apartment and have to remain living with their parents. Partly because of their young age, though, they feel able to project into the future, feeling that they still have many years ahead of them. Loss of hope is less of an issue, and our focus remains more on having the patience to wait out the pandemic and work on issues such as depression, anxiety and family relationships.

One very difficult experience for me was when I had a client who became very quiet during a phone session, and I had to ask him if he was crying. He answered that, yes, he was crying, that he had never told anyone else some of the things that he was sharing with me. This nearly brought me to tears, because we couldn't see each other, and I so wanted to offer him comfort and "holding". We did it with words, though, and as we talked, I believe he was able to feel my concern and caring.

Working with clients during this period of heightened stress and social unrest is especially difficult for me, as it is with all of us, because I am keenly aware of my own fears and stresses. I find myself grieving for the way life used to be, for my children and grandchildren whom I can't see because they all live out of state, for the sense of relative safety I used to feel before the virus, for the mess our country is in, and for those I have never met who are losing jobs, homes and even access to food. There is no experience quite like that of wondering if you or a loved one will die during this pandemic. On some days, it feels like just too much!

Through all of this, though, what continues to spur me on is the tremendous strength and resilience I have witnessed in my clients. For the two of us to see each other on the screen and revel in the fact that the sun is out and that it's a good day for a walk is enough to make it all worth the journey. In spite of everything, very important work continues to take place. One client has found tremendous comfort in discovering unknown relatives through ancestry websites. Another client says that, because of our work together, he is relating to his wife differently, which gives him hope that his troubled marriage can get better. Many continue to find incredible respite in our time together, simply because I will listen and understand, and because we are "in the same boat" with each other.

Clearly, I have found working during this pandemic very difficult and at times quite draining, more so than before Covid. At the same time, I feel myself growing along with my clients, all of us together reaching inside of ourselves to find an inner strength that we may not have known was there before the pandemic.

Book Review

Bad Blood:
Secrets and Lies in a Silicon Valley Startup

by John Carreyou (2020) - 305 pages

– *Reviewed by* William Kinnaird

Bad Blood—a case history—by John Carreyrou is suggested as a worthwhile story for a clinical social work readership. The author, who is an investigative journalist at the *Wall Street Journal,* reports on the notorius Elizabeth Holmes, founder of the once high-flying Silicon Valley health technology startup Theranos. Mr. Carreyrou first exposed the Theranos fraud on October 15, 2015, under the *Wall Street Journal* headline "A Prized Startup's Struggles."

Elizabeth Holmes, founder of Theranos, purported to have developed a blood sampling device which, with only a few drops of blood, could detect or predict a wide range of illnesses. The compact Theranos testing device was touted by Holmes as revolutionizing medical diagnostics. Major corportations including Walgreens and Safeway contracted with Theranos to install her diagnostic devices in their stores. Theranos boasted a board of directors with luminaries such as "George Shultz, Henry Kissinger, Sam Nunn, and other aging ex-statesmen" (p. 279).

Much to the dismay and endangerment of tens of thousands of people who were tested using the Theranos device, erroneous results were returned. The vaunted "miniLab" could not deliver nearly what was promised.

One has to wonder—even marvel—how Ms. Holmes could have sustained her Theranos charade for as long as she did, being lauded on the October 2014 *Forbes Magazine* cover as "having a net worth at $4.5 billion and anointed [by Forbes] the world's youngest self-made female billionaire." As her scheme unravelled, "Forbes revised its estimate of her net worth to zero in 2016."

Why would the saga of Elizabeth Holmes be of interest to a clinical social worker? She is a type of person who probably would not seek psychotherapy unless for secondary gain. Her treatment diagnosis would probably be guarded. Nevertheless, *Bad Blood* may be considered a good case history about a person with a mixed personality disorder.

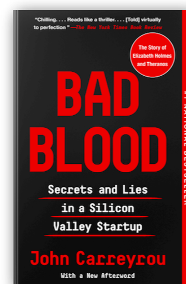
The kinds of behavior Holmes engaged in as Theranos' founder and CEO will sound familiar. She is brilliant, charming, charismatic, and ambitious. Her enterprise was very secretive. She demanded complete devotion from her employees. She was manipulative, intimidating, and vindictive. She overpromised, grossly exaggerated, and lied.

This reviewer's initial diagnostic impression was of a brilliant young woman with a narcissistic personality disorder with pathological grandiosity. As the story unfolds, however, her antisocial traits became more pronounced. At this point her clinical diagnosis to this reviewer becomes a mixed personality disorder.

After contemplating whether he would consider Ms. Holmes a psychopath, Mr. Carreyrou said he would "leave it to psychologists to decide" (page 299). This reviewer notes that historically the terms "psychopath" and "sociopath" have been used interchangably (McWilliams 1994). Both terms were dropped from the DSM. The current DSM-5 diagnostic term is "antisocial personality disorder" (Kaplan & Sadock 2015). The current terminology suggests someone who doesn't like parties or social gatherings, and seems to lack the punch of the former terms.

Currently, Elizabeth Holmes' trial is scheduled for March 9, 2021. It is reported that she will plead "not guilty" with a mental disease defense (CNN 09/10/2020).

This reviewer found opening portions of *Bad Blood* tedious to read as Holmes' activities and enterprise are described. However, when the author discusses his investigative work, the story really picks up. It becomes an engaging and truly chilling story.



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Bill Kinnaird is a board member of ISCSW and serves as our Chair of Standards and Practices.

Announcement!

CEU Requirements Change
for 2019-2021 License Renewal

ISCSW is thrilled to share news from the Illinois Department of Financial and Professional Regulation (IDFPR), which has announced that due to the ongoing crisis, "In-Person" CEU requirements for Social Workers and Clinical Social Workers will be **waived** for the 2021 License Renewal period. This means that virtual CEU opportunities (such as webinars) offered by approved CE sponsors will be considered **fully equivalent** to in-person CEUs with regard to the fulfillment of licensure requirements. This change is in effect at least through the **November 2021** License Renewal deadline. At the current time, we expect the 50% In-Person CEU requirement to resume for the 2021-23 licensure cycle.

ISCSW's own webinar programming is eligible under the terms of this waiver, including our upcoming Sunday Seminars and all previous virtual CEU certificates issued before the IDFPR announcement.

Note that all other previously announced CE requirements for 30 total hours of training, including: 3.0 hours of ethics and 3.0 hours of cultural competency, as well as (**new for 2020**): 1.0 hour in sexual harassment prevention, and mandated reporter training **are still in effect.** ISCSW is currently developing plans for our regular biennial Conference on Ethics and Cultural Competence to help address these requirements.

For more information, see the full IDFPR announcement here:
www.tinyurl.com/IDFPR-guidance

For details on the new Sexual Harrassment and Mandated Reporting requirements, see NASW-IL: www.tinyurl.com/NASW-update

Open Board Positions

This is a time of exciting transition for ISCSW. We are currently working on several exciting new projects, and to that end, we are looking to add new board members who are interested in and excited about the mission and goals of our Society.

The Illinois Society for Clinical Social Work is a professional organization that advocates for the needs of social workers in direct practice settings and acts as a resource by promoting the professional development of our members through political action, advocacy, education and affiliation.

In the past, the ISCSW played a major role in the passage of the legislation that provides licensure for Clinical Social Workers in Illinois. Our organization also helped pass important amendments to mental health care laws, including third-party reimbursement, changes in the Juvenile Court Act, the Crime Victim's Compensation Act, the Mental Health and Disabilities Act, the Unified Code of Corrections, and the Adoption Act.

Participation on the board requires a social work background and academic degree, monthly attendance at our board meetings (see below) and the willingness to spend an additional 1-3 hours per month on work for our board. Benefits include networking opportunities, promotion of your own work/practice, board experience for your CV, and free attendance at our educational events.

If you would like to be a part of steering and shaping the organization through this new era of leadership and development, we are looking for new board members to fill the following vacant positions, spanning a variety of interests and skill sets:

Legislation and Policy

Membership

Public Relations

New Professionals

Newsletter Editor

Cultural Competency

Student Liaison
(to be filled by a social work student)

Ordinarily, the board meets on the third Tuesday of every month in the Lakeview neighborhood of Chicago (located convenient to the Belmont Red/Brown/Purple lines), from 7:30 to 9PM. During the COVID-19 outbreak, we have been conducting our meetings safely online via remote video conferencing. Either way, our meetings are both fun and productive. If you are interested in gaining board experience or have questions, please contact Kristy Arditti, ISCSW President, at: **(773) 677-2180** or **kristyarditti@gmail.com**

Original Clinical Article

The Vulnerability of Caring

by Nora Ishibashi

Introduction

This is a very hard time in our history to be in a caregiving profession. My sister, Dr. Peg Syverson is the head priest and Zen teacher at the Appamada Zen Center in Austin, Texas. This is why I know that the word *appamada* was the last word spoken by the Buddha and that it means care, or a caring attitude. Common to various translations, appamada is a commitment to being attentive (Batchelor 2005). Ultimately, what the Buddha said to his followers as his total final instruction was "care."

When we care about something or someone, it means they matter to us; whatever fate befalls them impacts us. We make ourselves vulnerable to the experience of that person or thing. What happens to them matters to us. For sentient beings, we wish well-being, health and happiness. We want for them an optimal life. And we turn toward them when there are difficulties rather than turning away.

Somehow, at some point in our lives, those of us in the helping professions decided pursuing a life of caring for others would be the best use of ourselves. We became vulnerable because we wanted to help. We wanted to join with people and offer our own knowledge and life experience as a resource in their path toward a constructive and fulfilling life. We made ourselves available as an act of solidarity with the people who came to us.

And so, we find ourselves in the middle of a pandemic, with economic uncertainty, social unrest, climate change, and global fear, doing our best to do good and shore up our own courage and our hope. Our clients are experiencing ongoing trauma on many levels while we are simultaneously experiencing the same and also different traumas related to the circumstances. We have lost the contexts of our past lives, and we are uncertain about the future. Our days can become a surreal experience of being completely untethered.

Even in the midst of the upheaval, we have expectations—expectations about how we should feel, what we should be able to do, and how we should be responding to the stress of it all. We find ourselves unable to live up to even the most modest aspirations at times. We may struggle with discouragement, exhaustion, and overwhelm. We lapse in the most basic kinds of self-caretaking. We have to figure out how to take care of ourselves even while we are taking care of our clients. And even while continuing with the business of our daily lives, we have to care for our deeper selves—those parts of us seeking meaning, trying to build constructively in a confusing world, and connecting with other people.

Concrete Actions

First, we can attend to the most basic levels. There are a number of concrete actions that mitigate the effects of trauma. Bruce Perry has a wonderful video from March 2020 with helpful advice for dealing with this particular traumatic time (www.tinyurl.com/bruceperryvid). His advice informs the following list of suggestions.

1) Limit Toxic Inputs

Like everyone else, we have worries about what is going to happen and what is currently happening. In the midst of multiple traumas and uncertainties, we seek information that will help us make sense of our world and make decisions about our own lives. At a certain point, however, reading the news and listening to other people's opinions and ideas becomes destructive to us. We think we are trying to stay informed, but ultimately news is designed to be attention grabbing, not necessarily accurate or proportional. Perry says the news is toxic. We are seeking greater certainty and guidance, but we are getting distortions and marketing.

The problem with "news" is that it gives us a distorted notion of human nature. Because it focuses on the out of the ordinary, it tends to diminish the visibility of the ordinary. But normal is ordinary. Most people are prosocial; most people are benevolent; most people are motivated to be helpful. But it is difficult to hold onto that reality when we are bombarded with news that tells a different story. Bregman (2020) reminds us of the real story of human beings as fundamentally good.

2) Regulate Where You Can: Structure Your Day

In addition to limiting toxic inputs, structuring what you can structure is helpful. Being proactive gives you a sense of controlling what you can. Plan your day. Create projects. Learn a new hobby. Plan what you can for the short term, particularly when the long term is completely uncertain. Develop routines, even if they are small and short. Creating a certain predictability every day is helpful. Bring

your focus back to the immediate choices you can make.

In addition to creating structure, physical regulation is extremely useful. We know that exercise, or any physical movement, alleviates stress. Movement can also be a way to structure the day. You can choose how you move and when you move. Perry has found that several short bursts of movement work well over the day. Also, movement can help after a traumatic input. Perry recommends doing even five minutes of exercise after watching the news, for example. However you move, even if it is to stand up for a minute, counts as helpful.

While our days are already structured by our appointments, that normal schedule may need to be adjusted. By paying attention to your own energy levels and frame of mind, you may find that you need more breaks or a different arrangement of work hours. Also, as more work is done virtually, commuting time is opened up, and that can allow work hours to be reorganized or extended. It helps to step back occasionally and think about the way the week is laid out on your calendar and whether changes need to be made. With more time opened up and fewer places to go and things to do, we may end up working more hours than we can productively sustain. Pacing ourselves is important. We need time to unwind and to not be productive.

3) Engage with Small Pleasures

Now is a time to remember the small actions that are pleasurable. Being outside, gardening, watching enjoyable movies or TV series, attending virtual events, conferences or concerts can be restorative. Joining online book clubs and writing clubs can also be helpful.

Given the increase in virtual connecting, we have the opportunities to make new friends and to connect with like-minded people all over the world. As we join online groups and events, we find ourselves in contact with people we might not have met otherwise.

4) We Are a Species Who Regulates Through Relationships

By far the most helpful action we can take for our own well-being is turning to our own personal relationships. We know that in situations of stress, the presence of an empathic witness is protective. Practicing self-care is important, but connecting in relationships is crucial. Cassel (1974), in writing about the physical impacts of stress, notes that "the strength of the social supports provided by the primary groups of most importance to the individual" is the crucial protective factor. He continues, "at both the human and animal levels the presence of another particular animal of the same species may, under certain circumstances, protect the individual from a variety of stressful stimuli."

Stress can be damaging. Especially in caregivers, even vicarious trauma can lead to physical and emotional symptoms. Sabin-Farrell (2003) writes, "for some workers, exposure to trauma work results in emotional distress, which may be considered an occupational risk." We understand, but forget that we have occupational risks. Being engaged with another person opens us to their distress. However, Bride's research finds "Overall demographics such as age and gender did not predict therapist trauma; most therapists did not have secondary trauma" (2004). In addition, Schauben and Frazier (1995) found that "therapists who use social support as a coping mechanism have fewer trauma symptoms" (Quoted in Bride 2004, p. 41).

So, first, get a Battle Buddy. Albott (2020) reports on the use of the Battle Buddy system at the University of Minnesota Medical Center, "The US Army assigns a 'Battle Buddy' to every soldier, beginning in Basic Training and continuing throughout one's military career, ensuring that no one is left behind, particularly in combat. Critically, each Battle Buddy is expected to assist their partner in and out of combat." Battle Buddies are matched on type of work, seniority, and other demographics. They check in with each other every day.

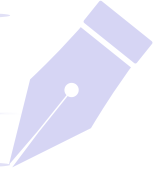
We can seek out like-minded people who are doing similar work to our own and who are in a similar life stage. We share our experience and also watch for signs of distress in each other. Going through difficult times is bearable if we do not feel alone with our experience. We can create our own Battle Buddies.

In addition to one-on-one supports, we can remember that we are members of different kinds of healing communities. There is the National Association of Social Workers, the Chicago Therapists Listserv, the Illinois Society for Clinical Social Work, the North Shore Alliance of Psychotherapists (which I organize), and various specific groups such as Jungian therapists, School Social Workers of America, and many, many others. By participating with our communities, we can deepen our sense of a larger connection and mission.

Added to peer support in our work, we are also familiar with the importance of having good consultation, good therapy for ourselves, and mentoring from people ahead of us on the path. As we go along in our careers, we may drift away from these types of

(cont. page 13)

Calling All Writers!



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relationships, but they are fundamental for sustaining our work. It is from our own relationships that we hone our capacity to provide healing relationships to our clients. We need to attend to and rebuild those structures of professional support for ourselves.

And, of course, our own personal social contacts are fundamentally important: friends and family. We can intentionally nurture the relationships that are personally fulfilling. We can distinguish the relationships that are particularly restorative or energizing and engage with them more deliberately and more frequently. Some relationships may feel pleasurable, but do not necessarily enhance our well-being over time. Other relationships may be quieter, but we find after engaging with them, we are happier, more productive, and more motivated. We can deliberately connect with those people who are helpful for us. We know that there is solid evidence that social connection is protective and constructive. And, especially now, we feel the precious quality of the important people in our lives.

5) Develop Self-Compassion

Fundamental to maintaining our own well-being is a capacity for self-compassion. Sometimes, it feels easier to provide compassion for other people in distress than for ourselves, but we can only give to our clients what we are willing to give to ourselves. Lemire (2018) describes people with self-compassion, "Typically, they are kind to themselves; they recognize and accept failure as a shared human experience, and they take a balanced approach to emotional setbacks."

We can cultivate our self-compassion by practicing it. We can stop and pay attention to our own inner state and accept our limited humanity. We can create regular self-reflective times where we ask ourselves specific questions about how we are doing, what might be out of balance, and what is going well. We can step back and appreciate the efforts we are making even when we cannot be sure of the outcomes. We can remind ourselves of our "why" instead of our "how".

While self-compassion helps us accept our common human limitations, it is also important to acknowledge our contributions and our own progress. We can stop and look at how far we have come in our own lives and what we have built up to this point. We can remind ourselves of where we were in our lives five years ago or ten years ago and celebrate the people we have helped and the wisdom we have developed from our life experiences.

Intersubjective Process

Psychotherapy is an intersubjective process. In the apt description of Mary Richmond, we engage in the "action of mind upon mind." In the process, both minds are changed. But unlike mutual relationships, we are engaged in caregiving relationships. The structure of this type of relationship is that there is a person seeking care and a person providing care. There is a very specific focus that organizes our connection. The purpose of the relationships that we make with our clients is to promote the growth of the client.

Ultimately all human relationships are about care, but psychotherapy relationships have the added dimension of responsibility. Jordan describes it as love.

> *Love is ultimately about vulnerability, courage, and growth. Growth-fostering relationships are to my mind essentially loving relationships that connect us to one another and to ourselves. We open ourselves to vulnerability, we allow people to have an impact on us, we let people see that they matter; we care deeply about their growth and well-being. The concept of mutuality is easier for me to talk about in therapy than love, given the complicated baggage that the word love carries. But I think we should begin to reclaim the language of love, away from the sexualized, romanticized distortions of the dominant culture, and bring it back into the heart of caring and healing* (2008, p.231).

Caring and healing are not just what we do, but who we are. Our positive impact on the people we care for is not so much a technique as it is our capacity to stay in an attitude of curiosity, empathy, acceptance, and encouragement. We can tolerate discomfort, stay with the full range of human emotion and make effort to enhance our interpersonal connection. We welcome each person as a unique expression of their own history and values. We embody a commitment to stay present and engage with the process. As a result, we are mutually affected by our relationship.

Robbins (2016) describes a person-centered approach like this, "Humanistic psychology...flows from the ethical recognition of human dignity put into action as an ethics of caring." Robbins explains that human dignity arises from the fundamental difference between people and objects. Objects have value based on what they are worth. So, objects of equal value can be exchanged with each other. But people have value because they are unique. Any spe-

Original Clinical Article (continued)

cific person cannot be exchanged equally with another person.

> *To say that human beings have dignity is to say that any given person is beyond price, of nonquantifiable value that is nonfungible and therefore of infinite worth (i.e., infinite in the sense that something that is priceless is infinite in worth; its value cannot be estimated and therefore no price is high enough). Therefore, ironically and paradoxically, any given person is a finite being with infinite worth. What makes the person priceless is his or her vulnerability, perishability, and mortality— in other words, his or her finitude* (Robbins 2016, p.227).

And, as a result, it is our willingness to be vulnerable, our courage in the face of human distress that is our contribution. Equally important, our gifts as caregivers can be given to ourselves as well as to our clients. We can listen for the inner voices that discount our own experience or that privilege other people's pain above our own. We can commit to having compassion for ourselves, to mourning the loss that we have those critical inner voices, to recognizing the places where we have made things better, to encouraging ourselves. As Peg says, "The commitment is to caring about all people, not all people except for one." We can give ourselves at least as much attention and acceptance as we try to give our clients.

Conclusion

In some ways, nothing has changed. Our work is about connecting in whatever ways we can with people who are in personal distress for the purpose of being helpful to them. Yet, in some ways, everything has changed. We are working in a different world. We are thwarted by technology; we are frightened by the pandemic; we are exhausted with worry. It doesn't matter. We keep trying to help. The main thing is to remember to turn that kindness on ourselves too.

We will be changed. Our clients will be changed. And our choices now will affect that change. We know that tension can lead to growth. In the face of trauma, post-traumatic growth is possible.

> *Post-traumatic growth is purported to occur in five distinct life domains—individuals report experiencing a greater appreciation of life, more intimate social relationships, heightened feelings of personal strength, greater engagement with spiritual questions and the recognition of new possibilities for their lives* (Jayawickreme 2014).

We have been forced to step back and assess the choices we have been making and the ways we have conducted our lives. Even this self-reflection can lead to improvements in the ways we organize our lives. We can remind ourselves of these possible arenas of post-traumatic growth and attend to them in our own lives—appreciation, relationship, competence, depth, and possibility.

We can make time to reflect and recognize where we are expanding, and we can be intentional about that growth. Vulnerability is a prerequisite for growth. When we are stretched outside of our comfort zones, we are forced to create new ways of being. We alternate between comfort, which allows space for rest and restoration; and tension, which promotes growth and expansion. In the face of that reality, we can appreciate that we have created lives that offer the maximum opportunity for growth even in the face of uncontrollable losses.

We are making meaning with our clients. By creating meaning, by seeing life as comprehensible, manageable, and meaningful, we develop the maximum well-being even in the face of acute distress. Antonovsky (1984) calls this *salutogenesis,* optimal mental health. Challenges—stresses—are part of life itself, and our confidence in our own capabilities profoundly impacts the effect of those challenges. An attitude of confidence in meeting challenges is passed from one person to another and from one generation to the next.

We decide what makes our lives meaningful (Frankl 2019). And, in one way, we already have. By choosing caring as a central focus, we have endorsed human connection as the source of life meaning. Reminding ourselves of this feeling of purpose is perhaps the most important factor in our own health and well-being. Having a purpose in life has been cited consistently as an indicator of healthy aging for several reasons, including its potential for reducing mortality risk (Hill 2014).

We have the deep pleasure, and purpose, of joining with people who are pursuing their best lives. Batchelor (2005) writes in his article defining appamada that by focusing on care, "What I feel we are concerned with, as a practice, is what a human being can optimally become." Jordan (2008) describes this optimal development as follows, "I actually think of development as movement toward more integration, more responsiveness, more flexibility, more connection, and becoming a part of something larger." We want to become liberated from being controlled by the built-in losses and limitations of life so that our experience is engaged, responsive, fully feeling, curious, and expansive.

This is the work of therapy, for both people.

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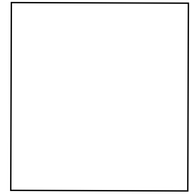

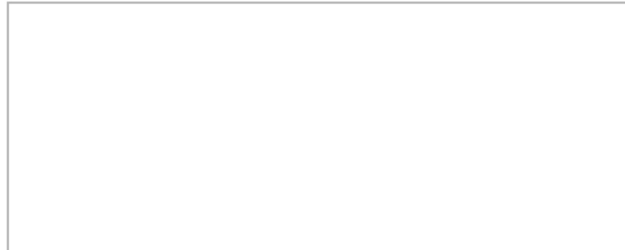

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