

NASW SPECIALTY PRACTICE SECTIONS
FALL/WINTER ■ 2023

PP

PRIVATE PRACTICE

SECTION CONNECTION

Letter from the Chair

COVID-19 may seem to be in the rearview mirror, but private practice clinicians continue to experience the rippling effect of the pandemic and the massive increase in demand for mental health care. Many practitioners are affected by client/patient isolation, whereby practitioners may not be able to see clients in person. The rapid adoption of telehealth may indirectly contribute to feelings of isolation for both clinician and client. Additional stressors are the high demand for access to care and the inability of clinicians to routinely meet the needs of clients desperately seeking treatment. Practitioners providing clinical care in person also experience challenges to work–life balance. Chief stressors interrupting that balance include increases in the demand for clinical care, and they may have a compounding effect in an environment where there is already an unmet need for mental health services.

As a result, many clinicians experience burnout stress, compassion fatigue, and vicarious traumatization. Researchers recognize these are factors as worthy of notice (Pierce et al., 2021). Solo private practice clinicians have expressed particular stress, as they often cannot be as involved in peer groups. Solo practitioners often miss the benefits of group practices in which there is access to other private practitioners. This type of peer support can help with conceptualizing and obtaining valuable feedback. Feedback can strengthen solo practitioners' skills and positively contribute to clinicians' mental well-being.
The benefits of getting feedback from other therapists are invaluable.

The articles in this issue address some of these pressing challenges and urge us to think through the multifaceted demands of practice: working with difference, practicing in isolation, and recognizing the adverse effects and withdrawal symptoms associated with the use of benzodiazepines.

Janice Berry Edwards, PhD, LICSW, LCSW-C, ACSW

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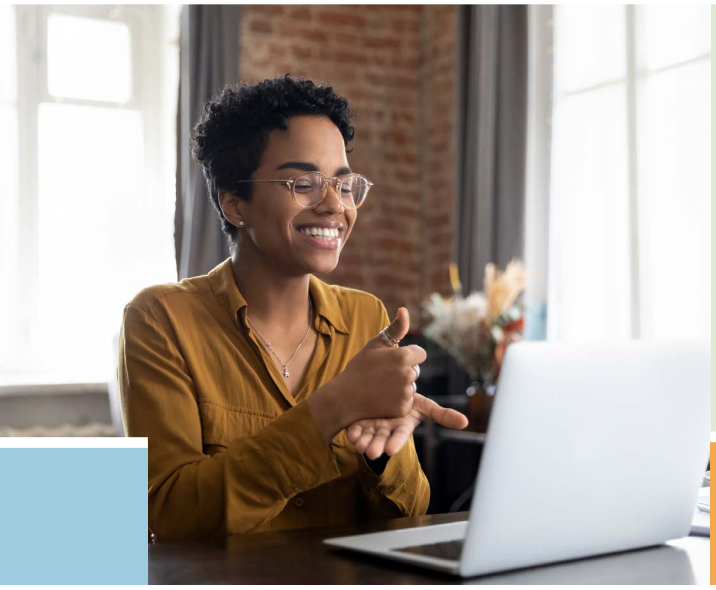

THE NECESSITY OF SOCIAL CONNECTION for Therapists Who Deliver Telehealth

ANDREA PARSONS MACBEAN, MSW, LCSW

Providing therapy during the pandemic has been unique in that we social workers have been simultaneously experiencing the same stressors as those of our clients. We must continually show up for others as we navigate the many changes COVID has brought to our lives. We must honor that we, along with our clients, are adapting to year three of modified socialization while recognizing that we are not immune to isolation's deleterious effects merely because we, as practitioners, understand the importance of connecting with others.

Private practice has become an isolated experience where office doors remain shut most of the time. Interactions with colleagues in private practice groups tend to feel like ships passing in the night. I can still recall my graduate school supervisor underscoring the loneliness of full-time private practice, and that was years before the pandemic. With many clinicians shifting to the virtual platform, feelings of isolation have amplified exponentially.

As therapists, we understand that socialization is vital to our emotional and physical well-being. Research has established that feeling lonely is correlated with a shortened life span and an

increase in medical conditions (Johns Hopkins Medicine, 2023). If you are finding it difficult to connect to others, it is important to recognize that you may have re-entry anxiety, social anxiety, and/or burnout. According to the World Health Organization (2022), global rates of anxiety increased 25 percent during COVID.

Re-entry anxiety speaks to the fear of reengagement after prolonged isolation. Wiederhold (2022) recommended exposure therapy to reengage with the world, as this approach challenges us to take incremental action outside of our comfort zone and use cognitive reframing to shift us away from catastrophic thoughts. Additionally, taking diaphragmatic breaths throughout the day can decrease anxiety and help with re-entry anxiety.

Many of our clients reported the onset of social anxiety during COVID, or they felt an increase in the intensity of pre-existing social anxiety symptoms. If you can relate, please extend the same empathy and compassion to yourself as you give to your clients and consider the same behavioral changes you recommend to them. If your symptoms persist despite these efforts, seek professional support—knowing that doing so makes you human and does not reflect poorly on your clinical skills. Clinicians at times hold higher expectations for themselves than they do for their clients, and this is simply unfair.

Furthermore, burnout in our field is high. A 2022 study of community mental health workers found that 70 percent of respondents reported burnout and 59 percent of respondents expressed a reduction in feelings of professional accomplishment (Bonumwezi et al., 2022). Additionally, "emotion contagion, compassion fatigue, secondary trauma stress and longer duration of therapy" are all variables contributing to burnout among clinicians in the COVID era (Gunjan & Sharma, 2020).

But burnout is not new. Before COVID, clinicians reported that the tendency to overextend themselves in the service of their clients played a role in work stress (Luther et al., 2017). With the significant increase in mental health services since the onset of COVID, social workers' attempts to meet these demands have risen exponentially. All these factors may be making it difficult for clinicians to create connections in their lives.

To enhance professional connections, start with your immediate environment. Before your sessions start, act as if you have a commute: In that time, do something that connects you with others (or the world), be it grabbing a cup of coffee, taking a walk in your neighborhood with a friend, or listening to your favorite podcast or music. During your day, if you have a laptop and a break between clients, take your work outside or to another room where you can watch your favorite show while writing notes. Also, going outside between sessions for a change of scenery serves as a reminder of the world beyond our office walls.

Establish connections with professional organizations. Check out NASW's offerings of virtual and in-person events at www.socialworkers.org/Events. NASW also offers case consultation groups for every state. No matter how seasoned we are as clinicians, case consultation groups offer invaluable professional feedback as well as emotional support for the difficult work we do.

To enhance personal connections, browse an adult education catalog and pick a course that is completely new, as novelty has been found to brighten mood (Bunzek & Düze, 2006). Run with the novelty theme by trying out new recipes that you can share with a friend, neighbor, or family member; visit someplace new, be it local or on the other side of the world; or watch a new genre of movies or shows. The possibilities are endless!

Of course, vacations are essential to remaining connected to the world and to our work. I cannot overemphasize the importance of this, having led a work stress group whose theme was how some members of the organization would "overfunction" and then burn out while holding strong feelings of resentment. Taking time away can be, or can feel, difficult to do when paychecks depend on sessions. However, burnout to the point of shutdown occurs without time away from work. Take a staycation if is too much of a financial burden to travel and be a tourist in your community.

In summary, please make connecting to others a priority. Our communities need social workers, and while any career can be a marathon, ours has many hills. We must pace ourselves. Our social contacts are the crowd that encourages and replenishes us and keeps us going. May you have an abundance of joyful, meaningful connections.

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Upcoming Live SPS Webinars

Documentation Skills to Improve Outcomes for Social Workers
Wednesday, October 11, 2023 (1 – 2 pm ET)
Presenter: Nick Szubiak, MSW, LCSW
CEs: 1 Social Work CE contact hour

This webinar will explore essential skills to document clinical encounters to support change and client activation. The webinar will explore how documentation supports integration of assessments, treatment planning, and measurement based care. The webinar will explore how to accurately document data, assessments and planning.

Parting the Fog of Techno-Determinism: The Future of Social Work and Artificial Intelligence
Tuesday, November 7, 2023 (1 – 2:30 pm ET)
Presenters: Dr. Lauri Goldkind, PhD, LMSW, Dr. John Bricout, PhD, Dr. Clara Berridge, PhD
CE: 1.5 Ethics CE contact hours

Join us to learn about artificial intelligence and social work practice. We will provide an overview of what artificial intelligence is, explore several areas of social work practice where artificial intelligence tools are being deployed, and conclude with a discussion of ethical implications for these new technologies.

Two Sides of the Same Coin: Understanding the Challenges of Finding Mental Health Support in the Black Community
Friday, December 15, 2023 (1-2 pm ET)
Presenter: Halcyon Francis, DSW, LCSW-C
CEs: 1 Social Work contact hour

Mental health treatment within the Black community is becoming much more acceptable but there are still barriers to accessing care. Whether in outpatient community mental health centers, hospitals, school systems or in private practice, the challenges are usually consistent across treatment settings. This course will attempt to look at two sides of this issue: from a Black social worker's perspective and from the perspective of clients seeking such therapists.

COLONIZED THERAPY AND THE HARM YOU UNKNOWINGLY CAUSE YOUR BIPOC CLIENTS: Our Current Practice of Individualized Mental Health

IEEIA CURRIE, LMSW-C, LICSW • NEVA MORRISON, LCSW

Imagine one of your clients—who is Black, Indigenous, or a person of color (BIPOC)—comes to you upset that they did not get that job or promotion they had their eye on. As their therapist, you might work with them to consider what *they* might have done differently or what they can do better to get that next job or promotion. Seems like a good place to start.

As clinicians, we are taught traditional counseling methods that were designed under a colonized philosophy and belief that people are independent and autonomous. Social work education is grounded in colonized beliefs, teaching social work students colonized modalities that lack the tolerance to explore the needs of BIPOC persons seeking mental health services. Undoing the harmful impact of the social work profession on BIPOC individuals begins with the education of social workers (Sossou & Yogtiba, 2008).

When therapy is individualized and autonomous, clients can be made to feel solely responsible for their mental health issues. And, of course, clients hold responsibility for their own mental health. However, this individualized and autonomous approach is harmful to BIPOC clients. It does not account for the chronic stress caused by continued colonization—which includes subjugation, oppression, and racism—or its traumatizing effects on the bodies and minds of BIPOC clients. When you practice from a colonized philosophy mindset, your BIPOC clients will likely leave their therapy sessions with exacerbated feelings of worthlessness, shame, inadequacy, and revictimization; they may internalize the blame.

Think about the job example mentioned earlier and consider what Paul-Emile (2018) writes: "Where bright, articulate Black college students posed as high school graduates applying for jobs, researchers found that Black individuals who did not have criminal records were less likely to get a job callback than Whites who had reported a recent felony criminal conviction record." You can see where employing an individualized and autonomous approach is harmful to the BIPOC client who did not get the job: The only thing that would have made a difference is if they were not BIPOC.

When working with BIPOC individuals, how often have you considered the issues that affect their mental health? Have you considered the barriers BIPOC individuals face when seeking mental health services? Often, the needs and struggles of BIPOC clients are overlooked, or the BIPOC person is responsible for doing the work, holding empathy, and educating clinicians about their lived experience, thus remaining unheard. This dynamic further negatively affects the mental health of the BIPOC client (Ayodeji et al., 2021). Claims that mental health has diversified because of the increased number of BIPOC clinicians and populations served are true, yet most evidence-based modalities used in treatment are, at best, not diverse or inclusive and, at worst, harmful. For example, clinicians are often taught to use a seated or lying position for therapy. However, according to Dr. Michael Yellow Bird, increasing endocannabinoids—chemical neuromessengers in the brain that increase memory, reduce pain, lower stress and anxiety, and improve mood—is difficult for Indigenous bodies to accomplish from a seated position. Two ways that endocannabinoids are raised are when a person dances and/or sings. This is one reason why many Indigenous ceremonies incorporate singing and dancing. By design, many Indigenous ceremonies work to increase participants' endocannabinoids. If you work

Terry Suntjens, director of Indigenous initiatives at MacEwan University, shared the wisdom of the late Roxanne Tootoosis, an Indigenous knowledge keeper: "We don't know what we don't know, meaning we have a responsibility to know, to understand, so that we can walk in this life without causing harm." It is your responsibility as a social worker to ensure that you are practicing without harm. You can take several steps to begin this process. The first and most difficult step is being honest with yourself about your own biases, prejudices, and limitations. The second step is to actively educate yourself on shifting to a decolonized practice without further burdening BIPOC persons or making them feel responsible for your education; a great place to begin is a thorough exploration of the works cited in this article. A third step is advocacy with the NASW and your alma mater to strongly encourage them to acknowledge and restructure their curricula to be inclusive of holistic/cultural practices. This journey will be ever evolving, so a fourth step is to commit to knowing you always have more to learn.

with this population, you must know that the Indigenous body has coevolved with culture, and its buffers against depression and anxiety are found in movement. Clinicians working with Indigenous peoples should not conduct therapy solely in a seated or sedentary way (Suntjens & Dion, 2020).

Monterio and Wall (2011) may agree. They have similarly stated that movement heals the body, mind, spirit, and soul. Their work examines African dance and ritual variations in healing trauma in African or Black people. African dance involves holism—but not at the expense of individualism. African dance includes the person's spiritual, psychological, physical, social, and mental being: "Movement and ritual can ground the individual and community, especially when faced with overwhelming trauma." The village was a vital part of the Black community's healing. Degrading the village, individualizing the person, and continuing to blame Black individuals for trauma faced in every area of daily life continue the impact of *weathering*, defined as the effects living in a racial society have on the physical and mental health of BIPOC individuals (McGee and Stovall, 2015). Research shows signs of weathering can be seen in Black individuals as young as 20 years old.

When clinicians consider decolonizing the curriculum and teaching antiracism in social work education, barriers such as student resistance, instructor anxiety, and pressure to focus on clinical competency skills, which have been structured around colonized standards, may feel overwhelming and the effort may be of decreasing importance to non-BIPOC individuals (Hamilton-Mason & Schneider, 2018). The willingness of academic programs to admit racism, prejudice, and biases in the teachings of social work practice, as well as to engage in effective dialogue, may aid in restructuring curriculum to be more inclusive of holistic/cultural practices, allowing for more ancestral, spiritual, holistic methods and less coercive and combative approaches to help BIPOC individuals seeking assistance for mental health concerns.

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THE LESS PUBLICIZED DANGERS of Benzodiazepines

NASHIRA KAYODE, PHD, LCSW

The World Health Organization (WHO, 2022) estimates that since 2020, there has been a 25 percent increase in the number of people who have symptoms of anxiety. Prescription medications, such as benzodiazepines, are a common approach used to treat anxiety.

In 2019, an estimated 92 million benzodiazepine prescriptions were dispensed from U.S. outpatient pharmacies; alprazolam (generic name for Xanax; 38 percent) is the most commonly prescribed drug, followed by clonazepam (24 percent) and lorazepam (20 percent).

With so many Americans using benzodiazepines, the dangers of misusing and overdosing on the medications have been widely publicized. However, little attention has been paid to benzodiazepine-related adverse effects and withdrawal symptoms, despite evidence about them dating back to the 1980s, when the medications first became available. These adverse effects and withdrawal symptoms can be potentially dangerous and excruciating. In 2020, the U.S. Food and Drug Administration (FDA) required label changes for benzodiazepines to include warnings about possible physical dependence even after short-term use (several days) as well as cautions about discontinuing the medication or reducing its dosage.

My husband was misdiagnosed and prescribed alprazolam. He had insomnia and confusion in the first few weeks; within 6 weeks, he had a completely altered mental state and adverse physiological reactions such as tremors, high blood pressure, and rapid heartbeat. Emergency room doctors abruptly stopped alprazolam. His symptoms persisted, and a few days later he was diagnosed with benzodiazepine withdrawal. Despite his documented altered mental state and numerous physiological

symptoms, he was sent home untreated and not referred to any other treatments to assist with his withdrawal.

Xanax's own website cautions: **"Do not suddenly stop taking XANAX as it may lead to serious and life-threatening side effects**, including unusual movements, responses, or expressions, seizures, sudden and severe mental or nervous system changes, depression, seeing or hearing things that others do not, an extreme increase in activity or talking, losing touch with reality, and suicidal thoughts or actions."

Once my husband started having adverse effects and sought medical care, several medical professionals (at least 15) were not familiar with the adverse effects or withdrawals, much less how to treat them. With millions of Americans prescribed benzodiazepine, doctors should be more

educated and prepared to address adverse reactions and withdrawals—and to educate their patients as well.

Further exacerbating this situation is when non-White patients, such as my Nigerian American husband, seek providers who have little information on how this medication affects people like him. Furthermore, African American/Black patients and other minorities are prescribed benzodiazepines less often than are White people. This means that in clinical studies and in actual practice, a small sample size exists to shed light on the effects of benzodiazepines on African American/Black individuals.

Therefore, it is possible for medication effects to present differently in African Americans than what is typically indicated, as the medications were possibly not widely tested with this group to begin with, and real-life experience is limited. Prescribing physicians must be better educated on the dangers associated with benzodiazepines, especially alprazolam, and communicate these dangers to their patients.

Additionally, cultural considerations must be addressed in this situation—as they should be addressed with many other treatment-related issues. African American/Black individuals are less likely to seek treatment, so when they do, they need to be met with culturally competent and responsive care. Providers and agencies need to address personal biases and deliver culturally sensitive assessments and treatment. Such skills and approaches would have saved my family significant pain and trauma.

Nashira Kayode, PhD, LCSW, is a consultant and author based in Southern California. Dr. Kayode has practiced in the mental health field for more than 17 years and is an expert with the State of California Board of Behavioral Sciences.

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RESOURCES

Anxiety Treatment | XANAX® (alprazolam tablets) | Safety

Important Safety Info | XANAX® (alprazolam tablets) | Safety Info
www.fda.gov/news-events/press-announcements/fda-requiring-labeling-changes-benzodiazepines

www.benzo.org.uk/breggin.htm

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These highlights do not include all the information needed to use XANAX safely and effectively. See full prescribing information for XANAX. XANAX (alprazolam) tablets, for oral use, CIV Initial U.S. Approval: 1981 (nih.gov). Disparities, 10, 334–342. https://doi.org/10.1007/s40615-021-01224-z

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- Health
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- School Social Work
- Social and Economic Justice & Peace
- Social Work and the Courts

For submission details and author guidelines, go to SocialWorkers.org/Careers/Specialty-Practice-Sections/Author-Guidelines. If you need more information, email sections@socialworkers.org.

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