

Remembering Joe
McBride

Social Work in Cuba

Dissociation As
An Interpersonal
Phenomenon

An Interview with Bianca
Harper, DSW'12, LCSW

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The Clinician

The Clinical Doctor of Social Work Newsletter

The University of Pennsylvania School of Social Policy & Practice



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CONTENTS

3.

Director's Message

Lina Hartocollis, MSS, PhD

4.

From The Editor

Marni Rosner, DSW, LCSW

6.

Remembering Joe McBride

By Kate Ledwith, DSW, LCSW

7.

Social Work in Cuba

By Lois Robbins, DSW candidate, MSW

8.

Dissociation as an Interpersonal Phenomenon

By Jacqueline Strait, DSW, LCSW

11.

Alumni Update

An Interview with Bianca Harper, DSW'12, LCSW

By MaryAnn A. Groncki, DSW, LCSW

12.

DSW Student and Alumni News



Congratulations to the 2013 DSW Graduates!

The Clinician

The Clinical DSW Newsletter

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We would like to take this opportunity to thank everyone who has contributed to this edition of The Clinician. A very special thank you to Dr. Lina Hartocollis for her ongoing support and contributions to The Clinician.



DIRECTOR'S MESSAGE

LINA HARTOCOLLIS, MSS, PHD

Sometimes you take a chance and it pans out. Six years ago when Penn reinvented the DSW as a practice doctorate we had plenty of skeptics. Now we've got plenty of company—good company, with a steady stream of new programs coming down the pike. The DSW has gone from the next big idea to the new big thing. If you're not convinced, consider this watershed moment: a "Think Tank" on advanced practice doctorates held last month in Washington, DC, organized by a who's who of social work organizations: the National Association of Social Work (NASW), the Council on Social Work Education (CSWE), the Association for Baccalaureate Social Work Programs (BPD), the Group for the Advancement of Doctoral Education (GADE), the Society for Social Work Research (SSWR), the St. Louis Group, and the Association of Social Work Boards. I was invited to present on a panel and participate in two days of lively, provocative, productive dialogue about the DSW and its place in social work education, practice and research. What more do you need to know to be convinced that we've captured the attention of the profession, and with good reason.

Social work must continue to evolve to stay relevant and in touch with the times. Based on the 2012 NASW Survey on Social Work Professionals, somewhere in the neighborhood of 170,000 social workers provide mental health services across the country; that's more than any other single profession. Scores of licensed social workers in the US are on the frontlines in other domains of practice, working with more types of people and complex problems than any other helping profession. It stands to reason that there would be an option for social workers who want an advanced practice doctorate, just as there is in other related disciplines.

As for what the DSW degree gets you, the proof lies in our four classes of Penn DSW graduates. Our alumni are in high demand as social work educators, particularly to teach practice. They're also successfully competing for practice leadership positions that are posted for doctorate level professionals from other disciplines. And perhaps most impressively, the dissertations produced by Penn DSW alums have positioned them as respected and influential content experts and clinician-scholars who are gaining notice in their workplaces and spearheading changes in policies and practices.

When Heather Sheaffer's dissertation on "The Unmet Needs

of Families of Intensive Care Unit Patients" caught the attention of senior administrators at the hospital where she was a social work supervisor, she was asked to lead an advisory group that changed ICU policies to make them more family friendly. And several months ago when one of my own family members was a patient in that same hospital, I benefited from the changes that Heather's dissertation set in motion. No longer were there strict visiting hours in the ICU, and I was able to stay with my ill family member 24/7. The room was outfitted with a comfortable convertible chair/bed. And the hospital staff went out of their way to make sure I was informed, even inviting me to listen



in on their daily case conferences. Ultimately it's because of the successes of our talented students and accomplished alumni that other leading universities are following Penn and starting their own advanced practice DSW programs. As the saying goes, there's nothing quite as successful as success.

So now that the DSW is not only on the vanguard but also in vogue, what's next? Last month's Think Tank began a profession-wide conversation that will continue as the discipline adapts to this exciting trend that started at Penn. As the number of institutions offering the DSW grows, one issue we'll certainly need to grapple with is how to maintain quality and accountability. But for the moment, as CSWE President Darla Spence Coffey sagely noted at the close of the first DSW Think Tank, the DSW is still in a phase of "disruptive innovation" and we shouldn't short circuit creativity by rushing headlong into standardization or accreditation. So I say let us continue the dialogue as we continue to welcome new DSW students and programs and trust the process of creative generativity that Penn ushered in.



FROM THE EDITOR

MARNI ROSNER, DSW'12, LCSW

Ram's article in the last newsletter, where he suggested beginning an administrative social work doctoral program, prompted a spirited email exchange between us. His main points - that social workers are not given the respect they deserve, and that "most of the directors of the large public and private social services departments and organizations are lawyers or people with MBAs. Too few of them are social workers" - are quite valid.

Where our thoughts diverged was how we approached the issue. At the time Ram wrote this, I had just read Sheryl Sandberg's *Lean In* (2013). Her first few chapters presented a great deal of academic research that addressed the broad negative social and cultural messages women constantly receive, resulting in self-doubt, self-censure, fearing not being liked, etc. As I read Ram's article, I began to wonder how all these messages intersect with leadership in our profession - one largely made up of women.

Ram and I were in agreement that of course both men and women have self-doubts and face adversity. Ram went on to say that men are more easily able to "ride with it... work against their doubts", where women "...embrace their doubts" and allow this adversity to "slow them down". Ouch. This is not something I wanted to hear. Yet...was he hitting

too close to home?

On reflection - and we are both very broadly generalizing - I think he has a point. However, I would not use the word "embrace"; this sounds too purposeful, too active. Yet, if not embrace, then what? What factors influence differences between how men and women metabolize adversity?

One influence is the media, where portrayal of girls being "less than" starts very young and in very formative years. The Geena Davis Institute on Gender in Media did, and continues to do, a stellar job researching and illuminating prominent gender roles in family (G-rated) entertainment. They found that male characters outnumber females three to one in family films; females are four times as likely as males to be found in sexy attire; females are severely underrepresented in the professions (medical science, law, politics, business leaders), and that less than 20% of working characters are female. Little has changed regarding the media's representations of gender in 60 years (<http://seejane.org/research/>).

This less-than portrayal of women continues beyond family entertainment, and sometimes takes a sharp turn toward degradation. Some of this is very old (literature portraying witches, the evil stepmother), and some is new. For example, the latest version of the best-selling video game *Grand Theft Auto*, released this past September, is quite remarkable (and unapologetic) in its misogynistic treatment of women. (And, how frightening that the main user of this entertainment is adolescent boys and young men.)

This portrayal of women certainly has a societal and cultural impact in the working world, where 50% of workers are now women. Although there has been improvement in concrete areas in the

FROM THE EDITOR
MARNI ROSNER, DSW'12, LCSW
Continued From Page 4

last 30 years (wages, opportunities for advancement, access to more fields), less definable and subtler obstacles persist. This week, as I was thinking about this topic, two items in my regular reading jumped out. One addressed a controversy in the classical music world, where three prominent and powerful male conductors (one French, two Russian) made comments disparaging female conductors. Statements included references to their weakness, their sexual energy being too distracting, their lack of stamina – it goes on and on (Tsioulcas, 2013).

The second was an article in *The New Yorker* about fashion icon Eileen Fisher (Malcolm, 2013). Fisher recalled a conference she had recently attended of heads of “like-minded” companies (Whole Foods and the Container Store were two of the other companies mentioned). Fifteen men and seven women had been invited, and on the second day one of the men observed that only one woman had spoken. I’m certain each woman had their individual reasons for not speaking (and, to be fair, the article did not address how many of the men had spoken), yet the phenomenon of female leaders remaining silent in the presence of men was startling.

Both of these examples address something that is difficult to quantify: the impact, both conscious and unconscious, of cultural and societal messages that say men are more valued than women. Since this begins so young, how can women not internalize, and be impacted by, these messages?

Again, Sheryl Sandberg does an excellent job summarizing the impact of societal messages, particularly at work, based on published academic research. To quote her, “Go to a playground: little girls get called ‘bossy’ all the time, a word that’s almost never used for boys. And that leads directly to the problems women face in the workforce. When a man does a good job, everyone says, ‘That’s great.’ When a woman does that same thing, she’ll get feedback that says things like, ‘Your results are good, but your peers just don’t like you as much’ or ‘maybe you were a little aggressive’...that means that as a man gets more successful, he is better liked by men and women, and as a woman gets more successful, she is less liked by men and women....But I want to be clear: I am not saying that men are too self-confident. That’s not the problem. The problem is that women aren’t self-confident enough” (NPR Staff, 2013).

Finally, it is possible that biology aggravates all of the above. A few years ago I saw a documentary on transgender individuals in transition. In my recollection of the documentary one individual, in the process of transitioning from female to male, described his diminishing emotional sensitivity. He recalled how sensitive he had been, yet was profoundly aware that he could no longer access this level of sensitivity as his estrogen decreased and his testosterone increased. (I am unfortunately unable to find this reference.) Clearly more research is needed in this area.

This is not to say that the above applies to all women, all the time. It is simply to emphasize that women have different experiences than men, and many have quite probably internalized, on a fairly unconscious level, society’s messages.

So, yes, social workers, particularly women, absolutely need more leadership training. But this leadership training, for women, must acknowledge the social and biological forces at play. We need to begin talking about these issues freely, without shame or defensiveness. Only then can we begin to address practical ways of negotiating both internal and external obstacles to leadership.

References

Malcolm, J. (2013, September 23). Nobody’s looking at you. *The New Yorker*, 52-63.

FROM THE EDITOR
MARNI ROSNER, DSW'12, LCSW
Continued From Page 5

NPR Staff (2013, March 11). Lean in: Facebook's Sheryl Sandberg explains what's holding women back. Retrieved from <http://www.npr.org/2013/03/11/173740524/lean-in-facebooks-sheryl-sandberg-explains-whats-holding-women-back>.

Sandberg, S. (2013). Lean in: Women, work, and the will to lead. New York: Random House.

Tsioulcas, A. (2013, October 9). What is classical music's women problem? Retrieved from <http://www.npr.org/blogs/deceptivecadence/2013/10/09/230751348/what-is-classical-musics-women-problem>.

REMEMBERING JOE MCBRIDE

Kate Ledwith, DSW'11, LCSW



Joe McBride, long-time adjunct faculty at SP2, died tragically in a bicycle accident in November 2010. Here, Kate Ledwith, DSW'11, remembers Joe and his enormous impact on her. - Editor

“By the way, I’m NOT buying you dinner for earning your DSW.” This was the first thing Joe said to me when I saw him last, just two days before we lost him. Of course I challenged him, as he taught me to do, and asked him why not? He told me quite clearly that a supervisee was not to surpass a supervisor. Then, after a lunch that will always remain too short and bittersweet, Joe and I stood on a street corner and traded “remind me next time to tell you...” moments. As I have painfully accepted over the past few years, there would be no next time. I’ve heard so many stories about what Joe was to people during this time and I treasure these stories as one of the ties that bind us all together, those of us who experienced his gift of touching so many lives. So allow me to use this opportunity to speak about what Joe was and will always be to me.

Because he nurtured me in my very early, very anxious moments of being a clinical social worker and psychotherapist, he is a cornerstone of my work. Although all therapists create their own style, I have no doubt that some of his style is now mine. I feel both joy and sadness when I hear myself using specific interventions he taught me. He is the voice that continues to calm my anxiety in moments of self-questioning. He is a source of comedy. He is with me when I laugh with clients and explore the idea that therapy can be tough but also fun. He is the one who I want to call when good and bad things happen. I can’t call him but am thankful that there were so many years when I could call, share, and debrief, soaking up his wisdom and his mentoring. I’m left with a gap, full of questions and stories that are only to be shared with Joe. I will learn to address that gap without him. Currently, I address it with silence. Maybe one day I will address the gap with peace and the insight that came from knowing and admiring his

REMEMBERING JOE MCBRIDE
KATE LEDWITH, DSW'11, LCSW
Continued From Page 6

brand of truth that he put out into the world with courage, conviction, and compassion. With all gaps come opportunities, and as Joe knew well, unknown opportunities lie amongst all of this grief.

No Joe, I will not surpass you with my DSW. I would not have earned it without your support. I can only hope to come close to you and to the incredible stamp you have had on me and others in this universe. The conversations you had with me I will now turn and have with the world. I will continue to honor you in my work and life as a living memory of your impact. Every time I see a client, bear witness to someone's pain, fill out a chart, and end with a client for them to find their way in a world without me, I will hear your voice and feel your support and know your touch of wisdom in my soul. When I teach my classes, witness my students' growth over time, have enjoyable classroom moments, and answer students' questions that you answered for me, I will carry and share the gifts of insight, honesty, authenticity and so much more that you held tightly and helped me foster.

To all of us who travel this road of loving, missing, and honoring Joe McBride, I hope we can all see and share the bounty from knowing him and the grief of losing him. I will borrow from Shakespeare (and thank Kenwyn Smith) to say to Joe, "Farewell sweet prince, may flights of angels sing thee to thy rest."

SOCIAL WORK IN CUBA

Lois Robbins, DSW Candidate, MSW

This past spring, I was provided with the opportunity of a lifetime. My intern at the time was a student from Temple University and came in one day excited as Temple was organizing a week-long educational trip for social workers to Cuba. I had always wanted to visit this island, located 90 miles off the coast of Florida. In my youth, Cuba and the U.S.S.R., which was backing Cuba, were seen as enemies of the United States. In school, we had "bomb drills", where we prepared for bomb attacks by practicing sitting in a crouched position under our desks or in an inner hallway, with our hands over our heads.

One day there was even a school-wide exercise to see how fast we could make it home. The expectation was that everyone who could be home in a specific number of minutes (before the bombs were scheduled to hit) would be sent home. People were building bomb shelters in their backyards as the Cuban Missile Crisis wore on. Nightly news portrayed people fleeing Cuba on the flimsiest of watercrafts.

Since 1960, after Fidel Castro came to power, the U.S. has had a commercial, economic, and financial embargo against Cuba. Travel there by U.S. citizens was limited to journalists, academics, government officials, those with immediate family members living on the island, and those licensed by the Treasury Department. In 2011, these rules were amended to allow all Americans to visit Cuba as long as they are participating in a "people-to-people" tour. Independent travel to Cuba by Americans remains prohibited. In late June, I was one of 16 social workers who boarded a charter flight destined to Havana in order to spend seven days learning about life in Cuba. We would be meeting with representatives from various community organizations and governmental agencies, as well as dialoging with our social work counterparts.

Over the week we saw a country of contrasts. All levels of education and healthcare are free, yet grocery shelves are empty, soap is scarce, toilets are missing seats, and toilet paper is rationed. Housing shortages are a major problem: two million people live in Havana, a city built for one million. Riding through the countryside we saw



SOCIAL WORK IN CUBA BY LOIS ROBBINS, DSW CANDIDATE, MSW Continued From Page 7

luscious rural areas, small towns, and cities, but people often migrate to the capital for jobs and opportunities. Although the Cuban people could not have been more welcoming, I was conscious that most people, including our tour guide and bus driver, worked for the government and perhaps presented a biased view of the actual living situation of Cuban citizenry.

On arrival we found ourselves thrown back in time to the 1950s. Buildings that were once exquisite, with ornate facades, lined the streets of Havana. The lack of financial and material resources left most of the structures in deplorable condition. Laundry lines hung from decaying balconies, windows were missing, feral dogs ran the street, and local people frequently asked tourists for change. There was a mix of well-cared-for cars that were relics of the 1950s, newer Russian-built automobiles, and bicycle powered taxis. Within this environment is a country rich in social work programs and support.

Over the week we met staff and toured facilities that focused on medical services, mental health issues, sexuality and gender including the promotion of acceptance of those in the LGBT community, and an organic farm which raised crops for the local community. The head of the social workers organization of Cuba presented the history of social work; an administrator for social security and work described how everyone in Cuba was expected to work and the different retirement ages for men and women. Of personal interest, as I had been a teacher of the visually impaired, she described how the school for the blind had difficulties repairing the Braillewriters and getting Braille paper. I am hoping to be able to get new Braillewriters and paper through the embargo in order for the children to have the proper supplies.

We also visited community-based organizations and learned how they improve the lives of those in the area. My favorite activity was at a "block party" type event that was organized by the local unit of Committee for the Defense of the Revolution (CDR). Neighborhoods are divided into CDRs, and most community activities are run through the Cuban people. We left with great feelings and lots of hugs.

Continued On Page 10

DISSOCIATION AS AN INTERPERSONAL PHENOMENON

Jacqueline Strait, DSW'13, LCSW



Dissociation is a phenomenon that has inspired much controversy from the inception of its study. Beginning with the study of hysteria, the existence of dissociation as a psychic experience and a psychological disorder has been called into question. In more recent years, critics have expressed suspicion of the diagnosis of Dissociative Identity Disorder, questioning if it is a "real" disorder and arguing that its manifestation has been both sensationalized and reified. Despite the longstanding controversy surrounding dissociation and dissociative disorders, most practitioners who have treated clients with a dissociative disorder argue that it's a phenomenon you have to see to believe. There is a shift that occurs intrapsychically for the clinician when she is faced with a client "switching" or entering into a dissociative trance in front of her for the first time. In these moments, the clinician cannot easily deny the powerful evidence of a client's dissociation in the therapy room, both in what she observes externally and what she experiences internally. This experience of bearing witness to a dissociative switch is a transformative one for the clinician, yet it has not been studied empirically and has only rarely been referenced in the clinical literature.

DISSOCIATION AS AN INTERPERSONAL PHENOMENON BY JACQUELINE STRAIT, DSW'13, LCSW

Continued From Page 8

What is it that happens when a clinician witnesses a client dissociate for the first time? What about this experience is so powerful that it casts away her doubt about the legitimacy of dissociation as a phenomenon? My own clinical experience and research have suggested that it is the clinician's internal experience – her thoughts, feelings, and physical sensations – that occur in the midst of the patient's dissociation that are so hauntingly convincing. As the patient moves in and out of dissociative moments during the course of a therapy session, the clinician is susceptible to concomitant shifts in states of consciousness and emotional tone that often manifest as intense affects, such as sadness or rage, or as a vague feeling of unreality – moments of so-called “mutual dissociation” (Perlman, 2004, p. 106). These countertransferential responses often bewilder the clinician, causing states of confusion that expose the shadowy emergence of dissociation in the room. When the clinician chooses to pay attention to these internal experiences, they can enable her to identify the dissociative switch when it occurs, to trust in its veracity, and to understand its meaning (Davies & Frawley, 1991; Gill, 2010; Howell, 2005).

I embarked on a study to examine the clinician's internal experience in the face of a client's dissociative episodes in session (Strait, 2013). I interviewed twelve experienced therapists. Every one of the participants recounted powerful and at times uncanny thoughts, feelings and physical sensations in response to a patient's dissociation in session. Two-thirds of these participants noted that a shift in their own internal experience was one of the early, and in some cases the very first, indications that dissociation had entered the therapy dyad. Foremost of these internal experiences was an awareness of feeling “left” by the patient. Nine of the participants described this peculiar sensation of feeling alone while in the physical presence of the patient – her body there but her mind gone elsewhere. This awareness was informed to some extent by a perception of the patient's nonverbal signals (loss of eye contact; slowing, fragmentation or total absence of the patient's speech; and a stillness and drawing in of the patient's posture). Largely, though, the participants described this perception as an intuitive one, something they sensed and felt in their “gut” but struggled to put words around. One participant described his response to his patient's absence via dissociation as an “eerie feeling.” He explained, “There is a kind of eerie feeling, like I kind of know she's not fully there. Like, I almost want to go like that [waving his hands in front of the patient's face].” Another participant compared her experience during a patient's dissociation to a cell phone call dropping out – she continued talking while becoming increasingly aware of the sense of not being listened to. Another simply described the experience as “a feeling of . . . being in the room with no one.” One respondent spoke explicitly to the intuitive component of this feeling of aloneness. She explained, “I can just feel them leave me. The energy is different. The energy is not present. This is the intuitive part of therapy (laughs). You know they are there in body, but they are not there. Their energy is not there. So I can feel it. The energy in the room changes.” According to the participants, it was this feeling that was diagnostic. The internal experience of the clinician was information, albeit nonverbal and at times non-conscious, that revealed the dissociative field in the room.

Every one of the participants I interviewed admitted to powerful and evocative internal reactions to their patient's dissociation in session. Each of the participants used these reactions as diagnostic information, a way to track the dissociation as it emerged and eventually to understand its meaning. This finding suggests that while dissociation has been conceptualized as an intrapsychic defense strategy, it also holds a significant interpersonal impact. The patient's dissociation has the power to communicate, person to person, outside of words. This finding calls us to consider not only what triggers a dissociative episode, but also under what relational circumstances dissociation emerges and what it aims to communicate. The latter questions are born of a radical paradigm shift. Instead of viewing dissociation as a symptom embedded in a one-person psychology, we can understand dissociation as an interpersonal phenomenon – a manifestation of relational injury that emerges under discrete relational contexts to communicate a feeling state or need. As one of my participants so eloquently noted, at some point the dissociation in the therapy room became “our dissociation” – reflecting some idiosyncratic meaning for both the patient and therapist, as well as the pair.

DISSOCIATION AS AN INTERPERSONAL PHENOMENON BY JACQUELINE STRAIT, DSW'13, LCSW Continued From Page 9

References

Davies, J. M. & Frawley, M. G. (1991). Dissociative processes and transference-countertransference paradigms in the psychoanalytically oriented treatment of adult survivors of childhood sexual abuse. In S. A. Mitchell & L. Aron (Eds.), *Relational psychoanalysis: The emergence of a tradition* (pp. 269-304). New York: Routledge.

Gill, S. (2010). The therapist as psychobiological regulator: Dissociation, affect attunement and clinical process. *Clinical Social Work Journal*, 38, 260 – 268.

Howell, E. (2005). *The dissociative mind*. New York: Routledge Taylor & Francis Group.

Perlman, S. D. (2004). Who dissociates? Incest survivor or therapist? In W. J. Coburn (Ed.), *Transformations in self psychology: Progress in self psychology*, vol. 20 (pp. 95 –108). Hillsdale, NJ: Analytic Press.

Strait, J. R. (2013). *Do you know what I know? Examining the therapist's internal experience when a client dissociates in session*. (Doctoral dissertation). Retrieved from Doctorate in Social Work (DSW) Dissertations. (Paper 36)

SOCIAL WORK IN CUBA BY LOIS ROBBINS, DSW CANDIDATE, MSW Continued From Page 8

Generally, social work in Cuba is community based, with social workers living in the communities they serve. Much of the work is proactive and prevention based. For example, if a pregnant woman does not have the resources necessary to ensure a healthy pregnancy, there is a special hospital where she can stay until the baby is delivered. If a baby is disabled, the mother will be paid her salary by the government to stay at home with the child for the first year of his or her life. Being part of the community allows social workers to know the families and issues they face. If a social worker is concerned about domestic violence, she will reach out to the family in her community and assist in resolving problems. Social workers and physicians regularly visit the sick and those with mental health issues in their homes. There are daily programs for the elderly and interventions for those who do not have families. Gun violence is virtually non-existent in Cuba; only the military and police are allowed to possess guns.

While I have learned the history of the island and understand the resistance of the Cuban exiles now living in the United States to normalize relations with Cuba, it is sad for both countries. Cuba is a beautiful country with beautiful people who are, geographically, our neighbors. It took us longer to walk from the plane through the Miami Airport and get our luggage than the 45 minutes it took to fly back from Havana.

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ALUMNI UPDATE

An Interview with Bianca Harper, DSW'12, LCSW

BY MARYANN A. GRONCKI, DSW'10, LCSW



BIANCA HARPER
SP2 DSW GRADUATE (2012)

Can you tell us about your career since you graduated from the UPenn, Clinical Doctor of Social Work (DSW) program?

Since graduating from the DSW program, I have continued teaching, researching, and practicing. I presented my dissertation findings at the 2012 CSWE annual meeting and at the International Family Violence and Child Victimization Research Conference. I collaborated with a Rutgers faculty member on a study examining mothers who were sexually abused as children and chronic stressors in their lives that impact parenting.

I taught in the MSW program at Penn and Rutgers and in the BSW program at Temple. I enjoyed teaching so much that I began looking for a full time academic position. I was fortunate to be offered a position that was aligned with my academic and practice interests and I am now an Assistant Professor in the School of Social Work at the University of Southern California. I am part of the Families and Children concentration which allows me to incorporate my practice experience into the classroom.

What DSW program experiences have been the most valuable for you - as a student and now in your work with your students and clients?

The relationships I developed with faculty were invaluable because they helped me clarify my ideas regarding my research interests and provided guidance regarding my career plans. The program provided access to leaders in the field of social work. The mentorship I received in the program was tremendous and the opportunity to teach as a DSW student opened the door for a career path that I had not fully considered prior to beginning the DSW program. Additionally, the knowledge I obtained from the DSW faculty throughout the program

enhanced my clinical practice skills. I also learned so much from my cohort colleagues who brought a wealth of knowledge and practice experience to the program. I graduated from the DSW program feeling much more self aware and confident in my social work knowledge and skills.

Have you encountered any significant challenge(s) since graduating from The DSW program?

I have been fortunate to have many opportunities for teaching, research, and clinical practice since graduating from the DSW program. One challenge I face is determining how to split my time between academia and clinical practice. I enjoy both and feel that my strengths in the classroom stem from my practice experience and I don't want to lose that. Teaching part time allowed me the flexibility to teach and practice. Now as a full time faculty member, my time for clinical practice is limited. However, I hope to maintain a part time practice in the future.

Is there anything you think current DSW students should be aware of or know as they embark on their post Clinical Doctor of Social Work career?

I believe the opportunities that

An Interview with Bianca Harper, DSW'12, LCSW
By MaryAnn A. Groncki, DSW'10, LCSW
Continued From Page 11

I have had since graduating from the DSW program are a result of the ongoing mentoring that I sought out and professional networking that I initiated as a student. I would encourage current students to get to know faculty members, clinicians, and others and take advantage of the access to phenomenal people in the field. The relationships built can be a wonderful support as you continue to grow personally and professionally. Additionally, networking is essential to staying abreast of opportunities to teach, research, and practice.



MARYANN A. GRONCKI
SP2 DSW GRADUATE (2010)

The Clinician, published twice yearly, provides UPenn DSW students and alumni an opportunity to highlight their work, research, and thinking as it relates to direct practice and leadership in the social work profession. We encourage submission of articles that encompass social work values, are innovative and creative, and represent a wide range of clinical paradigms and techniques. We also encourage submission of essays and reflections that are relevant to clinical practice and leadership in social work.

To view previous issues of The Clinician click on the following link -

<http://www.sp2.upenn.edu/programs/dsw/clinician.html>

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DSW STUDENT AND ALUMNI NEWS

Yodit Betru, DSW'13, LCSW, is a Clinical Assistant Professor and Agency Coordinator for the Child Welfare Education and Research Programs at the University of Pittsburgh School of Social Work.

Guia Calicdan-Apostle, DSW'11, MSSW, is a tenure-track faculty member at The Richard Stockton College of New Jersey School of Social and Behavioral Sciences in Galloway, New Jersey. She was first presenter of "Power, Knowledge, and Relationships in Mentoring: What Would Foucault Say?" and second presenter of the topic "Is it a Man's World? An Examination of the Gendered Impact of White Male Mentorship and Sponsorship on Salaried Black Hospitality and Tourism Professionals", both at the Center for African American Research and Policy's 2013 Annual National Summit in Charlotte, North Carolina. Dr. Calicdan-Apostle's article "Bahá'í Practitioners' Spiritual Orientation in Mental Health Practice" is now available in print in the International Journal of Religion and Spirituality in Society, Volume 2, Issue 4, pp.107-119, and electronically, <http://religioninsociety.com/>, ISSN 2154-8633. Her article "Social Working Diversity: Empowering Disadvantaged and Marginalized School Children via the Village Sanctuary Framework" has been accepted to the International Journal of Diversity in Education.

DSW STUDENT AND ALUMNI NEWS

Cynthia Closs, DSW'10, LCSW, received the 2013 Excellence in Teaching Award for Part-Time Faculty at SP2. Dr. Closs participated in the 2013 Trans* Health Conference panel discussion on educating clinicians about the implications of gatekeeping when working with persons of non-conforming gender expressions. She recently accepted a position as the Coordinator of Health Services for the Sexual Assault Counseling and Education Unit at Temple University's Tuttleman Counseling Center.

JaNeen Cross, DSW candidate, LSW, ACSW, MBA, presented "The Building Blocks for a Successful Peer Support Group" at the Society for Social Work Leadership in Health Care's (SSWLHC) annual conference on October 3rd in Philadelphia.

Matthew Ditty, DSW'13, LCSW, presented his dissertation "Practice Settings and Dialectical Behavior Therapy Implementation: A mixed method analysis" at the DBT Strategic Planning Meeting, held in Seattle on October 5-6 and hosted by Marsha Linehan and Behavioral Tech, LLC.

Shiloh Erdley, DSW'13, LCSW, began a tenure-track faculty position at Bloomsburg University in Bloomsburg, Pennsylvania this fall.

Bianca Harper, DSW'12, LCSW, accepted a position at the University of Southern California as an Assistant Professor in the School of Social Work.

Kirk James, DSW'13, MSW, will present two papers at the Council for Social Work Education's Annual Professional Meeting in Texas in November. He is currently teaching at the Borough of Manhattan Community College and City College in New York. Dr. James recently had a chapter proposal accepted for a book on Trayvon Martin and Criminal Justice.

Allison Klugman Gonzalez, DSW'13, LSW, accepted a new position as Manager of Program Development for St. Francis Hospital in Wilmington, Delaware.

Marni Rosner, DSW'12, LCSW, served as moderator for a Forum on infertility in September, held at the BMCC Tribeca Performing Arts Center in Manhattan. This Forum was filmed for a documentary.

Megan Schutt, DSW candidate, LMSW, accompanied Professor Andrea Doyle, PhD, LCSW, and Dr. Matthew Ditty, DSW'13, LCSW, to Seattle, Washington for the DBT Strategic Planning Meeting on October 5-6, hosted by Marsha Linehan and Behavioral Tech, LLC.

Jacquelyn Warr-Williams, DSW'12, LCSW, is currently teaching at the University of Pennsylvania, Temple University, and Rutgers New Brunswick.

Kietra Winn, DSW'13, LCSW, is teaching Human Behavior and the Social Environment at the University of Pennsylvania and Contemporary Issues in Human Services at Wilmington University in Wilmington, Delaware.