

PRESIDENT'S MESSAGE APRIL 2011

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Let me begin by appreciating how beautiful Louisiana is at this time of year. The dogwoods, the azaleas, the weather; this is a wonderful place and the beauty helps me keep perspective as we approach the challenges that come our way.

With this beautiful rejuvenation of our natural world around us we also have our state legislature coming to life this time of year as well. And, I am reminded of one of our organizations primary purposes; taking care of professional social workers in that legislature. One of the lessons I have learned in my tenure with LACSW is the necessity to pay attention to the legislature. I am amazed by the never ending undulations of the myriad special interests that directly or indirectly catch us in their crossfire. This year is shaping up

to have its challenges as well. I am grateful that our long time lobbyist, Maxine Cormier, is standing guard once again on our behalf. I also want to specifically acknowledge Deb Fernandez for her work with these legislative challenges.

Let me also express my gratitude to our two newest members of the board, Christina Roux and Kimberly Christensen. It is so important to have the next generation of professional social workers engage in the necessary work of LACSW and it is very gratifying to see these bright, professional and talented young ladies join our ranks. One of my specific appreciations for participating in LACSW is the camaraderie

with other professional social workers that I respect, enjoy, admire and can learn from. It is one of my favorite remedies to prevent burn out. Kimberly and Christina are welcome additions.

In this addition, as tax day approaches, I wanted to remind everybody that since the majority of what we do involves lobbying and protecting our professional stature our dues for LACSW are not deductible.

And speaking of dues, it will soon be time to renew those dues with LACSW. Considering what I have discussed in this column, renewal is an easy decision for me and I hop we it will be for you as well.

Member Abroad

Larry A. Bourgeois, LCSW-BACS, RSW (GB-UK)

And When You Need Help...

When I was first asked to write this column for the newsletter, I focused on working abroad and what made that work. My focus expanded to other issues and experiences that encompassed more than just working. This month, I'd like to take a peek at some issues that may arise for professionals who are living and working abroad and are interested in working with a therapist on a personal issue. This is written, of course, from the perspective of being an American.

Language-Depending on where you are, a foreign language could be the first hurdle you have to overcome. I often tell my friends: Having a relationship with someone who speaks the same language is difficult enough, much less factoring in communication in a language other than your native tongue. If you are able to find a therapist who speaks English, it will more than likely NOT be their native tongue. And if it is their native tongue, they are likely to be British. That can bring along a barrel of cultural issues that may make that communication almost as difficult as dealing with someone for whom English is their second language. One of my British friends here in the village says of Americans and Brits: "We are a people divided by a common language." There are upsides though to some of the language barriers mentioned: we tend to listen even more closely and pay even greater attention to body language. It can be done, but it is also hard work.

Location-Whether you live in an urban or rural area can also add another wrinkle to your ability to find a therapist. Even if you've overcome the language barrier/cultural issues that may arise, you'll probably have an easier time finding someone to work with if you are in an urban area. There will be a larger pool of people to choose from. With that, you might be able to experiment with different professionals to see what may or may not work best for you. Rural areas come with a whole list of additional questions to consider:

- Is there anyone available in your area or near your residence?
- If there is, is it someone with whom you do not already have a personal relationship?
- Given the insularness of many very small communities and the degree of information sharing, is it better to look elsewhere?

These issues are probably not that much different than living in rural areas in the states, but they can make an already tough proposition tougher.

Minding Your Ethics and Dual Relationships-The toughest part for a therapist living and working abroad who is looking for help themselves, is the need to be hyper-vigilant about dual relationships. With language, location, and small professional pools; it can be easier to just say: "Oh, I know someone in my village." This is where you have to ask yourself whether this has the potential to become a dual relationship? How will you feel seeing this person everywhere you go? And, what might this mean in the bigger picture of your life in a very small town-life in the fishbowl?

The chances of finding someone to work with might sound pretty grim at this point. Don't despair. Next month I'll share some creative ways to find the help you need.

A little closing language humor to make you smile...

In this region of France, the accent is very different from the French that most foreigners learn. If you studied French in school, it was probably a more Parisian French. One of the words I had trouble with in the beginning was the word for bread: "pain"-generally pronounced "pan" with a short "a". This region pronounces any "ain" words with an "ing" sound. At the grocery store one morning, a young man came up to me and asked me where the "ping" was. I went into all kinds of apologies, my pitiful French, not understanding, and then he picked up the baguette in my basket and said: "le ping". My eyes got big. I smiled, refrained from saying out-loud: "Oh, le pan.", and gave him directions. But, I found myself "panning" and "pinging" all day long. *The photo on the right was taken in Brussels, a city of two languages: French and Flemish...even more than "pan" and "ping" in that shop window!!*



Viibryd™: The Next Blockbuster Antidepressant?

While smack-dab in the middle of my personal and professional planning during January of this year, the FDA went ahead and approved another antidepressant. As a psychopharmacology writer and speaker, this should teach me not to turn my back for even one second.

This new one is **Viibryd™** (vilazodone), manufactured by Massachusetts company Clinical Data, Inc. As I write this piece, I have absolutely no idea how to pronounce this drug's brand-name, but I'm sure someone will tell me soon (if you know, please pass along).

At first glance, Viibryd seems promising. It's not simply another "me-too" Prozac, Lexapro, Effexor, Cymbalta or Wellbutrin. Its biochemistry is somewhat more impressive: It combines the actions of serotonin antidepressants (like Prozac and Lexapro) with the mechanism of the anti-anxiety drug Buspar. Buspar acts on serotonin also, so in effect, Viibryd provides a dual-action effect on serotonin.

So is Viibryd a blockbuster waiting to happen? Well, it could be if one believes that low brain serotonin is responsible for depression. There's no shortage of well-respected clinicians who just don't buy this notion. After all, science has not been able to convincingly show a serotonin deficit in depression. And although it's true that Prozac, Zoloft, Lexapro and other serotonin antidepressants have helped millions of people, they may be acting by a completely different mechanism that remains poorly understood.

Another issue is that Viibryd isn't quite as "new" as its maker would have us believe. Physicians and other prescribers have been combining serotonin antidepressants with Buspar for years. This has been a fairly common combination, but frankly, many psychiatrists in particular, believe that Buspar's efficacy is nothing to write home about. The combination is also considerably less expensive. Who knows, maybe Viibryd will deliver the goods, and the drug is not simply a re-tread like so many others that preceded it to market. We'll see.

The holy grail of antidepressant treatment remains elusive, but exciting advances have certainly left the starting blocks. Neuroscience has begun to track genetic fingerprints that will eventually pave the way for a more sophisticated understanding of what's actually happening in the brains of depressed patients, with the goal of taking the guesswork out of what antidepressant will work for whom.

I can imagine a day when a clinician, faced with a patient who has major depression, will be able to order a gene scan that will predict response to a certain medication. This will ease the burden on the trial-and-error, hit-or-miss process that unfortunately characterizes so much of antidepressant management today.

Joe Wegmann is a licensed pharmacist and clinical social worker with more than 30 years of experience in the area of psychotropic medication. He has presented psychopharmacology seminars to more than 10,000 healthcare professionals in 46 states, and he maintains an active psychotherapy practice specializing in the treatment of depression and anxiety. Joe's latest book, Psychopharmacology: Straight Talk on Mental Health Medications, is available from Pesi.com. Explore Joe's programs at www.pharmatherapist.com, and write him at joe@thepharmatherapist.com.

Managed Care Update
By: Lessa Sitter, LCSW, DCSW
Managed Care Committee Chair

There has been discussion about some past problems with Blue Cross of Alabama not covering social workers as providers. It is our understanding if they are covering consumers who reside in Louisiana then our insurance laws apply though it depends on what products the individual companies have chosen. As with BCBS in La. Some social workers are on some panels and not others and (ERISA) self insured plans are not governed the same way. Members discussed that claims should be sent to BCBS of Louisiana. A reminder, if clients are filing insurance on their own (if the provider is out of network) they will need to include the provider's NPI number, tax ID number, as well as location of where they were seen, i.e. usually office code (11).

We were successful in getting Clinical Social Workers approved through the legislature to be eligible to be a "Medicaid Provider" though no funding was approved. From the information that we are gathering re: Medicaid changes it looks like the state may let people with Medicaid be seen by private or community mental health centers. Interested social workers would need to affiliate with an approved facility in order to see these clients. Judy Haspel attended a meeting for the La. Association of Behavioral Health in hopes of gathering more information but the representative from DHH (Dept. of Health and Hospitals) did not attend the meeting.

Members have asked how to file a complaint with the Insurance Commissioner's office when they have exhausted all means of trying to resolve problems with insurance companies. For helpful hints please go to our website at LACSW.org and click on helpful tips for managed/unmanaged care. We try to share helpful information amongst our membership and welcome any feedback, experiences, concerns with managed/unmanaged care. (leesasitter@att.net)

NEW STRATEGIES FOR OUR POLITICAL SUPPORT

Considering the current circumstances in regards to organizations supporting political campaigns and candidates, we (LACSW) will no longer make contributions to candidates as an organization. However, we still want to encourage our membership to individually support the candidates of your choice that you feel best support our mission as social workers. Additionally, we do want to have our collective voice heard loud and clear by these candidates, so we encourage you to use the form below when you make your contributions directly to your candidate of choice.

LOUISIANA ASSOCIATION OF CLINICAL SOCIAL WORKERS

Email: lacsw2@hotmail.com

Phone: (225)932-0053

Dear Candidate _____:

Please accept my individual contribution to your campaign. I offer this support as a professional social worker who is a member of the LACSW. As a social worker I believe in active participation in government that encourages and respects the dignity of all its constituents. Please feel free to contact me or LACSW for any advice in this regard.

Signature

LOUISIANA ASSOCIATION OF CLINICAL SOCIAL WORKERS

PROFESSIONAL MEMBERSHIP AND REFERRAL DIRECTORY INFORMATION

MEMBERSHIP YEAR: July 1, 2010 to June 30, 2011

IDENTIFYING INFORMATION: Please list the information you wish to be used in the Membership Referral Directory for members and the public and as a marketing tool for approaching managed care companies.

NAME: _____

(Last, First, Middle Initial or Nickname) – Please Print

CREDENTIALS: (Please circle all that apply) **GSW** **LCSW** **Diplomate** **Bd. Approved Supervisor**

OTHER CERTIFICATIONS: _____

PHYSICAL ADDRESS: _____

(Street, City, State, Zip)

MAILING ADDRESS: _____

if different from above (Street, City, State, Zip)

E-MAIL: _____ **Website:** _____ **OFFICE PHONE:** () - _____

FAX: () - _____ **HOME PHONE :** () - _____ List Home In Directory: Yes No

How do you prefer to be contacted? Mail Fax Email Office Phone Home Phone Any listed

LEGISLATIVE INFORMATION: Please use your Voter Registration Card to complete the following:

State Senator: _____ **Senator District Number:** _____

Representative: _____ **Representative District Number:** _____

MEMBERSHIP DUES: Please make payable to LACSW c/o Myra Hidalgo, LCSW,
1407 Louisiana Ave., New Orleans, LA 70115

	New	Renewal		
_____ Student Membership	_____	_____	\$ 20.00	\$ _____ Ck # _____
_____ GSW/MSW Membership	_____	_____	\$ 75.00	\$ _____ Ck # _____
_____ LCSW Membership	_____	_____	\$195.00	\$ _____ Ck # _____
_____ Retired Membership	_____	_____	\$ 50.00	\$ _____ Ck # _____
_____ Agency/Corp. Membership	_____	_____	\$300.00	\$ _____ Ck # _____

CONTRIBUTIONS:

_____ Donation For Lobbying Efforts – Please make payable to LACSW \$ _____ Ck # _____

TOTAL ENCLOSED\$ _____

Group Name or Place of Employment: _____

Practice Setting: Private Practice Agency Setting In Patient Clinic Consultation Services: Yes No

Work Schedule: Full-Time Part-Time _____ Days _____ Evenings _____ Saturdays

Populations: Children Adolescents Adults Geriatric

Cultural Issues: African American Asians Hispanics

Modalities: Individual Therapy Couple Therapy Group Therapy Family Therapy

Specialty Groups: _____ Therapeutic Models: _____

Check with your C.P.A. for your particular tax situation regarding business expense deductions. Because our dues are used primarily to pay our lobbyist, they are not tax deductible.

The Louisiana Association of Clinical Social Workers (LACSW) is a voluntary association of clinical social workers whose mission is “to define, represent, promote, and protect clinical social work as a knowledge-based, client-centered profession which provides quality mental health services to the general public.”

LACSW offers its members the following benefits:

- A Board of Directors with state - wide representation to oversee the concerns of clinical social workers across the state of Louisiana.
- The only active presence in the Louisiana legislature through a full-time lobbyist who promotes clinical social work issues for the consumer and the social work practitioner.
- Discounts for workshops on clinical social work skills sponsored by the Continuing Education Committee within the Association.
- A clearinghouse for concerns of clinical social workers that are beyond the influence of the individual practitioner.
- Listing in a membership directory made available to health care companies and consumers to market the clinical social work services of the members.
- A Bi-monthly newsletter to keep members informed of the actions of the Association on their behalf.
- Staying abreast of national concerns via LACSW's membership in the Council of Social Work Organizations created in 2006 by the American Board of Examiners in Clinical Social Work.
- Representative interaction with managed care companies in Louisiana to assure high clinical practice standards and appropriate fee structures.

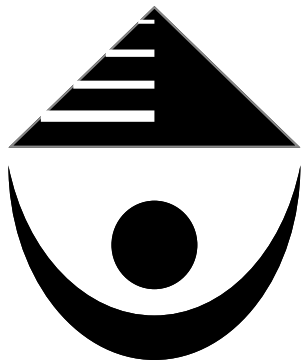
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HOSPITAL**

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Next Board meeting is at BRGH
Florida Campus
Friday, May 13, 2011
10:00 AM