



# THE CLINICAL PAGE

FALL 2006

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## SPECIAL POINTS OF INTEREST:

- Workshops/CEUs
- Member Practice News
- Editors' note

## A CHANGE IN THE WIND: FROM FEDERATION TO CLINICAL SOCIAL WORK ASSOCIATION

**Richard P. Yanes,**  
Executive Director

After more than 30 years as a federation of state clinical social work societies, the Clinical Social Work Federation transformed itself into an individual membership association and adopted the name the Clinical Social Work Association at its meeting of the Board of Directors last May.

### THIRTY YEARS OF SERVICE

As a transformed organization, the Association will be able to build on the rich and successful 30-year history of the Federation that includes helping to bring licensing for clinical social workers to the states and the development of HIPAA manuals

and training for clinical social workers. It was the Federation that developed a code of ethics regularly cited as the standard throughout the profession and through its newsletter, access, the Federation distributed clinical articles, provided financial advice directly related to clinical social workers, and connected clinicians to the trends and developments in mental health service. Most recently, we developed national guidelines for child custody evaluations which were published in the CSW Journal last September and the position paper on social work education and clinical learning to be published in the Journal in March 2007; the first step to increasing clinical education in the schools.

Continuing that tradition of service to the profession and to clinicians, the Association is providing information on the National Provider Identifier on its web site, [www.clinicalsocialworkassociation.org](http://www.clinicalsocialworkassociation.org), to those clinical social workers who will soon need one.

### THE TRANSFORMATION BEGINS

For more than a decade the Federation struggled with difficulties in communicating with its members, declining membership, and a changing health care environment. Efforts aimed at addressing these concerns over the years involved a number of approaches including many addressing its original

*(Continued on page 3)*

## GEORGIA SOCIAL WORKER ACROSS THE LIFESPAN

*This is the first of a four-part series of testimonials from social workers across the developmental timeline: 1-5, 5-10, 10-15, and 20 plus years of experience. Speaking of their professional development, what their goals are, how they view social work, looking forward, looking backward, etc.*

### 1-5 YEARS MICHAEL K. JOHNSON, LMSW

My first two years have been more difficult than I imagined, almost as difficult as confining the experience to less than 200 words. Working as a HIV Case Manager and experiencing burnout after only two years,

there were times where I was not sure I was in the right field. Empowering and setting limits with clients, brokering using limited and dwindling resources, having to stand up for social work values and ethics to other professionals tested me a great deal.

*(Continued on page 3)*

## PRESIDENT'S MESSAGE

This summer the Board of Regents of The University System of Georgia, the governing body of our 35 institutions of higher education, released their report on the status of health profession education. One of their primary focuses was clinical social work.

I must admit, I was both alarmed and relieved to read the report. As we all know, social work is a broad and diverse profession. As a result, the curricula in schools of social work often have many foci. Although there are many positive aspects of this diversity, one of the down sides is often clinical practice is under-represented. When this happens, the result is fewer and fewer social workers enter into counseling and psychotherapy careers. Now, the Board of Regents has confirmed that our next generation of clinical social workers is indeed going to be too small if our schools of social work do not answer the needed call. I am, however, optimistic that the Deans and Directors of our schools and departments of social work will heed this call and we may be heading into a resurgence of clinical training!

### SO, HERE IS THE BAD NEWS...

*U. S. Census estimates now place Georgia as the ninth largest state in the nation and yet on a per capita basis the state ranks 39th in physician supply, 47th or lower in supply of psychologists, social workers and dietitians, and 42nd or lower among the states in supply of physical therapists and registered nurses. Georgia does not reach its population ranking in any comparative category of health professions supply (Health Resources and Services Administration 2004).*

*Georgia currently has 89.4 social workers per 100,000 population, lower than the national rate of 159.1. Georgia ranks 47/50 in the nation. Furthermore, according to the Professional Licensing Boards Division, 1,998 psychologists were registered in the State of Georgia in November 2005. For this same period, the Professional Licensing Boards Division recorded 2,303 clinical social workers and 605 marriage and family therapists licensed in the State of Georgia.*

### AND HERE IS THE GOOD NEWS...

*The demand for psychologists and clinical social workers is expected to increase over the years in Georgia. According to the Georgia Department of Labor, demand for clinical and school psychologists is projected to climb from 1,440 in 2002 to 3,290 in 2012 and the demand for clinical social workers is projected to jump from 1,150 in 2002 to 1,840 in 2012. Marriage and family therapists are expected to experience a nearly 40 percent increase in demand.*

In summary, despite the fact that there are currently examples of fewer clinical social work positions in our area, it looks as if our profession has the potential to be needed for years to come. GSCSW will inevitably play a valuable role in the continued education of clinical social workers through mentorship, professional education, conferences, and networking. It appears GSCSW will be needed for many years to come.

Warm regards,

Stephanie

\* To read the full report go to [http://www.usg.edu?pubs/taskforce\\_report0606.pdf](http://www.usg.edu?pubs/taskforce_report0606.pdf) or email me at [skswann@uga.edu](mailto:skswann@uga.edu).



“Our next generation of clinical social workers is indeed going to be too small if our schools of social work do not answer the needed call.”

## A CHANGE IN THE WIND

*(Continued from page 1)*

structure. In the last four years, it became increasingly clear that if we were to continue to serve the clinical social work profession, a complete change of the governance structure was required. In a facilitated session last year, the Board recognized that the growing demands of their profession and the societies they led made it increasingly difficult to address the challenges given the then current organizational structure; the time for change had arrived.

Following a full day's discussion of the transformation committee's report covering everything from the name, mission, governance structure, dues levels, services and benefits of membership,

and more, the Board, consisting at that time of representatives of the state societies, adopted the report by a unanimous vote and completed the work of transformation that began more than eight months ago. The final unanimous vote was met with great optimism and enthusiasm. The Board is to be congratulated for its willingness to grapple with these difficult issues and make difficult decisions.

### THE IMPACT OF CHANGE

Up until June 30, a member of the Federation was a member through his or her state society, which assessed and collected our dues and communicated our business and services. As of July 1, members have the opportunity to join the Association as individuals. As a member of

the Association, we will have a direct relationship and be able to communicate our services, legislative matters, alerts, clinical articles, and other matters, directly to you. Your membership status with your state society remains separate and unchanged.

Services and products such as the malpractice insurance program, subscriptions to the CSW Journal, the "800" help line telephone number, and more, will seamlessly continue as part of the new Association. The new Association will also continue to provide its members with national advocacy in the Congress and the Administration, provide state-level licensing and regulatory expertise, distribute the latest in studies from government organizations such as the NIMH (National

Institute of Mental Health), and SAMHSA (Substance Abuse Mental Health Services Administration), as well as the research conducted by universities, private foundations, and national mental health organizations, and keep its members up-to-date on the latest national mental health issues that affect their practice, their clients, and their profession.

For more information go to the Association's web site at [www.clinicalsocialworkassociation.org](http://www.clinicalsocialworkassociation.org). (Oct. 06)

*For Frequently Asked Questions about the Association, go to page 7.*

## ACROSS THE LIFESPAN: 1-5 YRS

*(Continued from page 1)*

At times I worried I was being too rigid-holding too tenaciously to the standards I learned in my graduate program. I became familiar with the signs of burnout and compassion fatigue. I would smirk when people asked me how I was caring for myself. Meditation, psychotherapy, supervision, hypnotherapy, exercise, spending time with

friends and family were all used to their fullest extent. Finally, I became aware of one last self care act that few people mentioned: getting a new job.

That's where I am right now: starting a new job as a hospice social worker and wondering what I will find there. I have no illusions that it will be easy, but I hope that I will be able to work more closely

with my clients and get a sense that I am having a greater impact. I now fully understand that I am not completely altruistic: hearing "thank you" is very important to me.

~ Michael K. Johnson, LMSW  
[michaelkjohnson@dscga.com](mailto:michaelkjohnson@dscga.com)



1-5 years: A testament of a budding social worker today.

**WELCOME NEW BOARD MEMBERS**

**RENEE DRYFOOS,  
LCSW, BCD  
PRESIDENT ELECT**

Renee has 22 years experience working in private and public behavioral health organizations. For the last 7 years Renee has been

the Director of the Dekalb Addiction Clinic. She specializes in working with substance abuse, co-occurring disorders and personality disorders. Renee lives in Decatur with her hus-

band and their calico cat. She enjoys motorcycle camping with her husband as well as gardening and yoga.

**BARBARA  
EMMANUEL, LCSW  
SECRETARY**

Barbara Emmanuel graduated from UGA's MSW program in 2000, and joined the staff of St. Jude's Recovery

Center first as case manager, and then coordinator of the Day Outpatient Program. She is currently a family counselor at Talbott Recovery Campus and is beginning a practice in downtown Deca-

tur. She enjoys working with individuals, couples and families whose lives have been touched by addiction.

**SHARON BURFORD  
LCSW, MBA  
TRESURER**

Sharon Burford is an LCSW who has been in the field since 1991. She has worked in the mental health and

addictions fields, in inpatient, outpatient, and residential centers. Sharon has provided both clinical and administrative supervision to master's level clinicians and

students. In 2004, she obtained her MBA. Sharon is currently employed at Talbott Recovery Campus and also maintains a small private practice.

**MEG ROTENBERG,  
LMSW, LPC  
MENTORSHIP**

Meg graduated from Emory in

1996 with a BA in Psychology. She earned a Master of Science in Community Counseling from Georgia State

and completed the Smith Master of Social Work program in 2003.

**STEPHANIE  
BARNHARDT,  
LCSW  
LEGISLATIVE  
REPRESENTATIVE**

Stephanie has a BA in Sociology and French from Goucher College in Towson, MD and an MSW with a clinical concentration from Florida State University. She has worked with a number of populations, including the homeless, veterans, substance abusers (homeless as well as

medical professionals), inpatient psychiatric clients, non-custodial parents, and geriatrics. She has experience in a number of settings, including hospitals, addiction treatment centers, nursing homes, and home- and community-based treatment. In addition to her clinical experience, Stephanie has extensive knowledge of quality management techniques and programs and has served as

a behavioral health program surveyor for CARF, specializing in residential and outpatient substance abuse programs.

Stephanie's main focus of practice at this time is clinical supervision and the provision of mental health services to nursing home patients. She joined the GSCSW in 2005 and is a member of the GSCSW's low-cost supervision providers group.

**We thank our talented and hard-working new board members for volunteering.**



## WELCOME NEW BOARD MEMBERS

### MAUREEN O'REGAN, LMSW LMSW REPRESENTATIVE

As a 2004 graduate from Boston College School of Social Work, I am fairly new to the field and brand new to Atlanta. GSCSW has been an invaluable source of support as I begin my Georgia career path. I have benefited from networking, continuing education, the

support of the mentorship group and my GSCSW mentor, and getting to know other professionals with clinical interests.

Having personally benefited from GSCSW membership, I am enthusiastic about encouraging students and young professionals to join and take advantage of our supportive network. I understand that job search-

ing, career-related decision-making, and navigating issues related to being a new professional can be frustrating and anxiety provoking. As a member of the LMSW committee, I look forward to creating services and programs that are responsive to the needs of students and new social workers.

### SUSAN REID, MSW PROFESSIONAL EDUCATION

Susan received her BS in Human Resources from Mercer University and her MSW in Clinical Social Work from UGA. She has been an administrator for a large private

non-profit mental health center for 15 years. She has been in private practice in Sandy Springs since 1989.

Her presentations include: *Working with trauma survivors*; *Can this therapist be saved?* (3 hour ethics work-

shop); *Ethics in time of managed care* (5 hours ethics); *Weight no longer: A common-sense approach to weight management*.



## JOIN THE GSCSW LISTSERV

We are continuing to encourage everyone to be a member of the GSCSW online community through the listserv. The benefits include:

- Giving and obtaining referrals and resources
- Jobs and workshop postings
- Office space announcements

If you are not a member, please send an email requesting an invitation to join the GSCSW listserv to: [gscsw@yahoo.com](mailto:gscsw@yahoo.com).

Sample email:

"I am a member of GSCSW and would like to join the listserv. My email is: [youremailaddress@sample.com](mailto:youremailaddress@sample.com)."

Someone will respond to you regarding the status of your request.

We look forward to hearing from you online!

To join the listserv, send a request to [gscsw@yahoo.com](mailto:gscsw@yahoo.com).

## MEMBER ARTICLES

Each issue of *The Clinical Page* will feature articles written by GSCSW members. Please feel free to submit an article you have written at any time for future issues. Email articles to [alycewellons@yahoo.com](mailto:alycewellons@yahoo.com).

We thank member Fred Crimi, LCSW for submitting his article on masculinity for us to consider.

### THE DISTORTED MASCULINE MYSTIQUE: HOW OUR CULTURE SUPPORTS A MODERN SOCIAL TRAGEDY

Recent circus-like events surrounding the football superstar Terrell Owens make it painful to listen to talk radio and watch TV. The most recent event, his apparent attempt to do self-harm, has gained extreme media attention and exposes the man's confused and painful life. The lack of sensitivity for a man's probable mental health problem speaks to how little progress we seem to be making as a society in understanding mental illness. Equally important, and very telling, is the exposure of the major distortion that our culture supports about what it is to be a man, and how we define masculinity.

Here are the rings in the circus. In ring number one we see a man who represents the elite athlete. In our culture sports figures have become substitute male role models. If boys and men do not have an active and involved father or healthy male mentors, as is the case far too often, sports figures become that male model for success. Terrell's success on the field does not speak to his stature as a man, nor does it provide a true understanding of masculinity. It does nothing to teach boys or men about the healthy journey to becoming a man, yet we are led to believe he is a real man.

Ring number two has to do with the distorted and overblown coverage by the media. This is a tragic commentary about our culture because, as the media onslaught documents, we appear consumed with the job of selling sensationalism without regard to value and content. Worse yet, it is very sad for men and their struggle to become conscious. The over-the-top media coverage reinforces the belief that Terrell Owens represents someone we are supposed to emulate. There is nothing about this man that is worthy of emulation. Men in our patriarchal society do not need emotionally disturbed and emotionally disconnected men held up as role models.

The third ring in this circus has to do with how mental illness and the pursuit of mental health are treated. Instead of acknowledging the seriousness of his condition and the value of counseling, we find ourselves lost in lies, deception and denial. From a clinical perspective, without the benefit of an in-depth, face-to-face interview, a mental health practitioner could guess, at the very least, that this man suffers from serious emotional problems and, at the extreme, has a personality disorder. A reading of the DSM-IV, Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, points to any one of three Axis II diagnoses. Narcissistic, Histrionic, and Borderline Disorder come to mind. What has been made public about his past behavior as a professional football player provides anecdotal evidence about his disturbance. Reports about his unhealthy fathering and disturbed family of origin point to developmental disturbances. This further supports the possible existence of a mental health problem. Finally, his most recent attempt to do harm to himself, as reported by police and first responders in Texas, also supports a reasonable belief that this man is in a lot of emotional pain. Denial, which represents apparent shame about the emotional condition of this man, only makes his problem worse.



(Continued on page 7)

## THE DISTORTED MASCULINE MYSTIQUE

(Continued from page 6)

So we are treated to the circus of denial, enabling, and exploitation. Owens undoubtedly will pay a severe price as his life unfolds. That will be tragic. Also tragic will be the reinforcing of an ethic which does not value the struggle of men to become men. We are still consumed by cultural values that are shame-based and support men's being disconnected from their feelings. Susan Faludi in her book *Stiffed* has described this condition as "modern social tragedy."

~ Fred Crimi L.C.S.W.

fredcrimi.com

email: fredcrimi@fredcrimi.com

"We are still consumed by cultural values that are shame-based and support men's being disconnected from their feelings."

## FREQUENTLY ASKED QUESTIONS ABOUT THE ASSOCIATION

### WHAT IS THE DIFFERENCE BETWEEN A FEDERATION AND AN ASSOCIATION?

A federation is an organization consisting of other organizations, in our case it used to be state societies. An association is an organization of individuals with a common interest.

Our past federation structure meant that our governing board was made-up of representatives from the state societies and our membership existed, for the most part, through the societies. Those representatives found it increasingly difficult to find the time to do Federation business as well as take care of their state societies, their practices, and their home lives.

The governing board of an association generally consists of individual members who are elected by individual

members and whose only focus is the association. In our case, we'll establish 10 regions throughout the country from which will come representatives to sit on the Board of Directors. You will be able to vote for the representative from your region, or even stand for election for that position if you wish, as well as vote for the future presidents of the Association.

### DOES THE NEW ASSOCIATION HAVE A NAME?

Yes, the name of the new organization is the Clinical Social Work Association.

### WHAT IS THE VISION OF THE ASSOCIATION?

The Association's vision is to be the leading organization that graduate level social workers and post-graduate level social work clinicians recognize as providing essential services, products, professional support, and identity required to practice as

clinical social workers.

### WHAT IS THE MISSION OF THE ASSOCIATION?

The Association's mission is "To promote excellence in clinical social work practice through the advancement of the profession for the benefit of clients and clinicians who serve them."

### HOW WILL THE ASSOCIATION OPERATE?

Initially there is a transitional Board of Directors, five of whom were appointed by the old Federation Board and an additional five appointed by the old Executive Committee. A transitional Executive Committee was also elected and serves with the transitional Board.

The charge of the transitional Board is to establish the representative's regions and develop an election process for both the regional representatives and the Association's president. Once completed, elections will begin for regional representatives who will be the new Board of Directors. The election process will occur over a three-year period.

### Addendum of Page 1 article "A Change in the Wind"

In addition, during that time a new president will be elected by a vote of the entire membership.

### WILL THERE BE A WEB SITE?

The new web site can be viewed at [www.clinicalsocialworkassociation.org](http://www.clinicalsocialworkassociation.org).

(June 06)

## COMMITTEE REPORTS

### LMSW COMMITTEE

The LMSW committee has been busy this fall. We have developed a new welcome letter for students and recent graduates who may be interested in all that GSCSW has to offer. Maureen O'Regan has worked diligently to promote the society on campuses, including The University of Geor-

gia, Clark Atlanta University, and Smith College. In addition, Maureen spent an afternoon dialoging with several students on the UGA campus during the Annual Fall Festival. She answered many questions and handed out lots of welcome letters. We continue to need your help, as well, to notify students, at all levels, and recent professionals about

the benefits of GSCSW. The committee is now constructing some exciting social opportunities for students and recent professionals to mingle and develop contacts within the area. Furthermore, the committee is dedicated to publicizing the details for the Sarah M. Page Scholarship, which is just around the corner. Please encourage

any students to take the time and apply for this fantastic opportunity! This committee is dedicated to serving your needs, so feel free to contact us and let us know how we can more suitably meet your needs. We are on a roll and look forward to enhancing the experience of students and recent graduates.

### ETHICS COMMITTEE

We are in the process of reviewing the function of the Ethics Committee and clarifying the boundaries of its role. To date, we have served as consultants for members of GSCSW when ethical questions have arisen.

Please remember that we do not have any authority to sanction members, and we do not have any formal role with the Licensing Board. We are currently researching other state society's ethics committees to explore how they define themselves, function within their states, and interface with other

organizations. With this information, we will consider whether we need to pursue changes in the role of the committee. However, in the meantime, we encourage all of you to utilize our services if and when you have an ethical dilemma arise.

Contact information:  
Ann Roark, LCSW  
404-325-0304 ext. 3  
[annroark@bellsouth.net](mailto:annroark@bellsouth.net)

Barbara Nama, LCSW  
404-231-2339  
[BNamaLCSW@aol.com](mailto:BNamaLCSW@aol.com)

When using e-mail, please be sure to put "GSCSW Ethics" in the subject line.

### MENTORSHIP COMMITTEE

We now have over 25 people actively involved in the program. Mentors and

Mantes report that they are enjoying their time together. The monthly group has been a source of support, encourage-

ment, and information under the leadership of Phyllis Glass and Ephrat Lipton. Please consider getting involved! Contact

Phyllis Glass for more details.

Meg Rotenberg, LMSW,  
LPC

### TREASURER'S REPORT

Hello everyone. I am looking forward to serving you as treasurer of

GSCSW. Thanks to Cindy Hind for making this transition as smooth as possible. It is the time of year for membership dues and

journal fees--both have been pouring in steadily, so it has been a busy season. Thank you for your confidence in me. Please

let me know if I can assist you in any way.

Sharon Burford, LCSW,  
MBA

## COMMITTEE REPORTS

### MEMBERSHIP COMMITTEE

Jennifer Reid, LCSW has taken over the chair posi-

tion of the membership committee. The committee is building relationships with social work

schools in metro Atlanta in order to reach new social workers. They are also streamlining the applica-

tion process and updating marketing materials.

~ Jennifer Reid, LCSW

### PROFESSIONAL EDUCATION COMMITTEE

Susan Reid, LCSW has

taken over the chair position of the professional education committee. Her initial tasks have in-

cluded assembling and meeting with the committee as well as putting together the professional

education monthly seminars.

~ Susan Reid, LCSW

### LOW-COST SUPERVISION COMMITTEE

Amy Garnett, LCSW is the chair. If you are interested

in receiving or providing low-cost supervision, con-

tact her at 770-395-0059.

## OFFICERS 2006-2007

### President

Stephanie Swann, Ph.D., LCSW  
[skswann@uga.edu](mailto:skswann@uga.edu)

### President Elect

Renee Dryfoos, LCSW  
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### Treasurer

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### Legislative

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### LMSW Representative

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[Maureenoreg@hotmail.com](mailto:Maureenoreg@hotmail.com)

### Professional Education

Susan Reid, LCSW  
[susanstanreid@yahoo.com](mailto:susanstanreid@yahoo.com)

### MSW Student Representative

Anna Galloway, LMSW  
[asgallo@uga.edu](mailto:asgallo@uga.edu)

### CEU

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Check out  
 "Information for  
 Practice" website  
 for a large  
 assortment of  
 links to various  
 journals and news  
 stories:  
[www.nyu.edu/  
 socialwork/ip/](http://www.nyu.edu/socialwork/ip/)

**SOCIAL WORKER IN THE FIELD:  
HOW HAVE THE EVENTS AND SUBSEQUENT YEARS OF SEPTEMBER  
11TH AFFECTED YOU AS A SOCIAL WORKER, AFFECTED YOUR  
CLIENTS, OR THE WAY YOU APPROACH WORKING WITH PEOPLE?**

**PHYLLIS GLASS,  
LCSW**

On 9/11/01 I began seeing clients at 9am. Every hour I heard an update on what accident, fantasy, terrorist attack had happened. By 12 noon, I knew some facts, and also knew that my daughter was several blocks from the world trade center with all phone lines down. Attempting to see clients, who of course were reeling from the events, while waiting for news of my daughter - and everyone else I might know - was incredibly difficult. I'm not sure I even

yet have words to adequately describe how I felt. By early afternoon I knew my daughter was physically safe, though clearly traumatized as she sat by her window watching debris falling from the towers. I continued to see clients (as best I could) for the next several days, aware constantly of the push/pull of being a clinical social worker. Who do I attempt to care for and help first? My daughter, my family, my clients, my friends, my colleagues, myself. After several days I did what all "good social workers" do, I organized a

process group, a GSCSW program (easily done as chair of the professional education committee, with wonderful, effective committee members) to provide a space for clinicians - and me - to process what the experience had been like, was like, and most probably would continue to be like, for my daughter, my family, my clients, my friends, my colleagues, myself. Five years later and I'm sure we are all continuing this process in some way.

**ANONYMOUS  
MSW**

I can't say it's (Sept. 11) changed much of any-

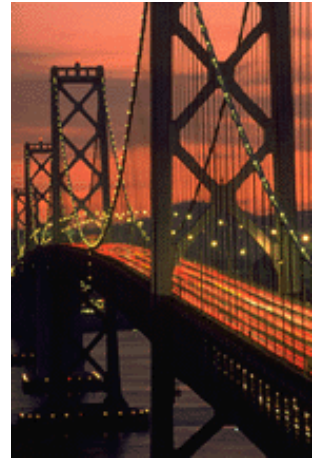
thing. I thought it would, but it hasn't.

**SHARON  
BURFORD,  
MSW, MBA**

I was working at an addictions residential treatment center on 9/11/2001. In the time following, I don't know how much it affected my clients directly, since many of them

had lived in the streets and were focused on the very basics. But I know that it changed me. I had carried an assumption of safety that was now gone forever. I had believed in some naive way that no one could really touch the United States so close to

the core. I had also never cared about politics, but in the years and events to follow, came to care very much.



**"I had believed in some naive way that no one could really touch the United States so close to the core."**



**FIRST THURSDAY CEU SERIES**

**INFLUENCING STATE POLICY: CREATING A LEGISLATIVE AGENDA FOR CLINICAL SOCIAL WORK**

**Date**  
December 7, 2006

**Schedule**  
6:30-7:00 Social/Networking  
7:00-9:00 Program

**Location**  
Hillside Adolescent Treat-

ment Center ([www.hside.org](http://www.hside.org))  
1301 Monroe Drive  
Atlanta, GA 30306

**Continuing Education**  
2 core hours

**Presenters**  
Wendy Clifton,  
GSCSW/NASW Lobbyist

Sue Fort,  
NASW Executive Director

**Fee**  
Members: Free  
Non-members: \$20

**Description**  
This workshop provides an opportunity to hear from the GSCSW/NASW lobbyist and the NASW executive director on the legislative agenda for clinical social work.

**USING RESISTANCE IN PSYCHOTHERAPY**

**Date**  
*FRIDAY* January 12, 2006

**Schedule**  
8:30 Registration  
9:00 am—noon Program

**Location**  
Peachford Hospital Conf. Ctr  
2151 Peachford Rd  
Dunwoody, Ga.  
770-455-3200

**Registration**  
[ddmcregistration@yahoo.com](mailto:ddmcregistration@yahoo.com)  
or 770-399-0003 x231

**Continuing Education**  
3 core hours

**Presenters**  
Dr. Linda Buchanan  
Director of Atlanta Center for Eating Disorders

**Fee**  
Members: \$35  
Non-members: \$45

Continental Breakfast included.

**Description**  
The GSCSW presents The Annual Diane Davis Memorial Conference with this workshop on working with resistance in psychotherapy.

**PSYCHOPHARMACY UPDATES ESPECIALLY FOR CHILDREN**

**Date**  
February 8, 2006

**Schedule**  
6:30-7:00 Social/Networking  
7:00-9:00 Program

**Location**  
Hillside Adolescent Treat-

ment Center ([www.hside.org](http://www.hside.org))  
1301 Monroe Drive  
Atlanta, GA 30306

**Continuing Education**  
2 core hours

**Presenters**  
Dr. Sharon Curtis

**Fee**  
Members: Free  
Non-members: \$20

**Description**  
This workshop provides information about psychopharmacology, focusing on working with children.

The GSCSW has a continuing education program the first Thursday of each month September through May. Each program offers 2 CEUs FREE for members (\$20 non-members). Topics range from local and national legislative issues, clinical practice topics, to licensing and ethical questions.

**SPRING CONFERENCE**

**SAVE THE DATE!** We're excited to announce that Bessel Vanderkolk, a leader in the trauma field, will be speaking at our annual spring conference on March 30th. More details to follow. Check out the web site ([www.gscsw.org](http://www.gscsw.org)) as more details become available.

Next year's  
Spring  
Conference  
Speaker:  
Bessel  
Vanderkolk

**OTHER WORKSHOPS**

**AMERICAN RED CROSS: DISASTER RESPONSE MENTAL HEALTH TRAINING**

*Co-Sponsored by NASW Georgia Chapter and the Georgia Society for Clinical Social Workers (GSCSW).*

**Date**  
Friday, December 8, 2006

**Schedule**  
8:00 am to 4:30 pm  
(Lunch will be provided)

**Location**  
3070 Presidential Drive  
Suite 226  
Atlanta, GA 30340

**Presenter**  
Donna J. Anderson, American Red Cross, Atlanta, Georgia

**Continuing Education**  
6 core hours

**Prerequisite**  
You must be currently licensed to attend.

**Fee**  
Members (NASW and/or GSCSW): \$35  
Non-members: \$60

**Description**  
This course prepares participants to use their professional skills to provide the specific activities and interventions necessary to meet the immediate disaster-related mental health needs of Red Cross workers, their families, and people affected by disaster. Introduction to Disaster Services will be included in the training.

**AMERICAN RED CROSS: LEADERSHIP IN DISASTER MENTAL HEALTH**

*Co-Sponsored by NASW-Georgia Chapter and the Georgia Society for Clinical Social Workers (GSCSW).*

**Date**  
Friday, February 23, 2007

**Schedule**  
9:00 am to 12:30 pm

**Location**  
3070 Presidential Drive  
Suite 226  
Atlanta, GA 30340

**Presenter**  
Donna J. Anderson, American Red Cross, Atlanta, Georgia

**Continuing Education**  
3 core hours

**Prerequisite**  
You must be currently licensed to attend.

**Fee**  
Members (NASW and/or GSCSW): \$25  
Non-Members: \$50

**Description**  
This new American Red Cross workshop is designed to provide leadership and decision

making skills training for the mental health practitioner to use during a disaster. After completing this course, participants will be better prepared to take on a leadership role during a disaster. Topics include working with staff/volunteers in Health Services and Client Casework Services; the chain of command and the Incident Command System; the role of the mental health staff and staffing an area to meet the needs of clients.



American Red Cross Workshops

## PRACTICE INFORMATION

### NEW REQUIREMENT: NATIONAL PROVIDER IDENTIFICATION NUMBER

Social workers who file any claims with insurance companies as part of their practice are now required to obtain a

national provider identification number.

For the NPI Enumerator call 1-800-465-3203, they will mail the application or you can e-mail: [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)

At the telephone number,

there is an option for frequently asked questions as well as several options for obtaining this number.

You can also go to the NPPE Website to apply for your NPI: <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>

### GSCSW WEBSITE

For more information regarding events, membership,

programs, volunteer opportunities, and more, visit our website: [www.gscsw.org](http://www.gscsw.org).

### ANNOUNCING YOUR OWN PRACTICE NEWS

We'd like to hear what other

social workers are doing in their practice. Please send us any submissions you would like to appear in the

Spring 2007 Clinical Page to [alycewellons@yahoo.com](mailto:alycewellons@yahoo.com).

National Provider Information (NPI) numbers are now required if you file insurance.

## MEMBER PRACTICE NEWS

### THERE'S STILL SO MUCH TO LEARN

is a series of four 2 1/2 hour workshops for newer therapists. Its purpose is to help fill some of the gaps between what we were taught in graduate school and what we

need to know to sit with clients and be effective as therapists.

In the workshops, we will be exploring the meaning of psychotherapy, the person of the therapist, initial contacts & intake sessions, the thera-

peutic interview, transference and countertransference.

For further information, please call Linda Weiskoff at 404-658-1222x2 or [Linda@htwcc.org](mailto:Linda@htwcc.org)

Workshop for beginning therapists



We are on the web!

[www.gscsw.org](http://www.gscsw.org)

## GEORGIA SOCIETY FOR CLINICAL SOCIAL WORK

GSCSW

PO Box 13838  
Atlanta, GA 30324

Phone: 404-237-9225  
E-mail: [gscsw@yahoo.com](mailto:gscsw@yahoo.com)

**A D V A N C I N G   C L I N I C A L   S O C I A L   W O R K   P R A C T I C E .**

### THE NEW FACE OF THE CLINICAL PAGE

This newsletter for our state society, The Clinical Page, has been edited for the last several years by Elizabeth Mauldin, LCSW. She has done a wonderful job and we thank her for her volunteer contribution to our field and state society. At this point, we, Alyce E. Wellons, LCSW, and Metta Sweet Johnson, LCSW, MAT are excited to announce that we are now co-editors of The Clinical Page.

We are going to use much the same content as far as the Presidents Report, Com-

mittee Reports, classifieds and updates regarding our field at home and nationally. We also plan to add some features about who we are as social workers, how world events impact our practice, essays, musings, and other special interest pieces. We hope to hear feedback from you as we take the helm of The Clinical Page.

We encourage you to send us any of the following for future issues:

1. Classifieds you would like published in the

newsletter (e.g., office space for rent, workshops, etc.)

2. Articles or special interest pieces you would like addressed (e.g., what the new social workers are facing entering the field, how to market your practice, or social workers working in specializations such as trauma, addictions, or couples therapy)
3. Any other comments or suggestions you have as we go forward.



Thanks so much,  
Your Clinical Page Editors

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