



THE CLINICAL PAGE

SPRING/SUMMER 2007

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IN DEPTH INTERVIEW WITH CSWA PRESIDENT KEVIN HOST LCSW AND RICHARD P. YANES EXECUTIVE DIRECTOR

This past November 6th, your Newsletter Editor interviewed Kevin Host, LCSW, President of the Clinical Social Work Association (CSWA), and Richard Yanes, Executive Director, to discuss our new national organization. We are featuring this conversation in two parts in this and the spring issue of the Newsletter. Richard Yanes served as the CSWF's last Executive Director, and devoted many years of service to that organization; Kevin was it's last President. Both have been instrumental in guiding clinical social work through this critical transition.

We set up a conference call, and I taped the proceedings with an hand-held dictaphone perched next to my speaker-

phone; the interview lasted well over an hour. I felt the time fly, feeling privileged to share this groundbreaking moment in our profession's history.

Many thanks to Kevin and Richard for graciously sharing their time, and especially to our intrepid VSCSW Administrative Assistant, Cathy Reiner, for transcribing these many pages. F.L.

Richard: Thank you for setting this up and going over the interview questions. I thought they were excellent questions.

Fred: *Thank you, Richard, for sending the more basic information (ed. note - see page 15 for "A Change In the Wind") because that frees up the inter-*

view for getting into other things. Thank you both for agreeing to do this interview!

Gentlemen, what caused the undoing of the CSWF, and how will this new organization better serve clinical social work?

Kevin: Great question. We could spend the whole interview talking about that.

I look at structure as being, if not the single most contributing factor, certainly a top leading factor that interfered with the Federation accomplishing its mission. I think the Federation structure that we had, where we had member societies serving as the board of directors as the guiding force for the organization, worked very well in the

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GEORGIA SOCIAL WORKER ACROSS THE LIFESPAN

This is the second 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.

5-10 YEARS BARBARA EMMANUEL, LCSW

My path as a social worker began in a rather nondescript manner, with a BSW and the requisite DFACS and Headstart experiences. I set social work practice aside for a time while my children were young, teach-

ing preschool, and then entered UGA's MSW program in my early 40's. I was drawn to the addiction/recovery field through a practicum experience, and my graduate exit exam (similar to a thesis) was a study on the use of the labyrinth, a walking meditation, with those in treatment

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PRESIDENT'S MESSAGE

Dear GSCSW Members,

It is hard for me to believe that it was two years ago when I wrote my first President's Column and it is now that I write my last. Please allow me to start this final column by saying a tremendous thank you to all of you who have been so incredibly supportive and active in GSCSW over the past two years. What a wonderful opportunity I have had to work with such a group of intelligent, creative, and inspiring clinical social workers!

One of these creative, bright, and inspiring people that have worked tirelessly for GSCSW over the past two years is Alyce Wellons. How thrilled I am to be welcoming her into the role of President as this time! Over the past two years I have had numerous opportunities to listen to Alyce describe her vision for GSCSW and I now I look forward to her presenting her vision to you.

As our year winds down and we again head into summer, I always use this time to reflect on what kind of year GSCSW has had. We certainly have had another year of stimulating programming. We have had presentations on Dialectical Behavior Therapy, Art Therapy, and Working with resistant clients just to name a few. As I write this, we are two weeks away from hearing Dr. Bessel Van der Kolk, one of the World's leading trauma experts, lecture on the neuroscience of trauma! GSCSW really does continue to be a leader in offering high level clinical programming. In addition to these educational events we have also had a number of social networking opportunities. I hope some of you have had the ability to take advantage of coming early on Thursday evening to spend time getting to know other members. In addition, our hard working LMSW committee threw a great party for potential new student and LMSW members from Clarke Atlanta University. There is another similar party coming up soon! Last, I really hope all of you will come to our end of the year party. This year it will be held at Alyce Wellons and Sharon Burford's house on June 8th. Not only will this be a great opportunity to meet Alyce and Sharon as well as other members, it is also a guaranteed fun time!!

As we look toward next year, your board of directors will engage in a day-long working retreat in August. Judy Fitzgerald, MSW has been hired as a consultant to take us through the very important process of strategic planning. In preparation for this retreat, Judy will be developing a questionnaire that we will ask each of you to take the time and complete. As the primary stakeholders of GSCSW it is critical the board hear your voices as we move forward in organizational development. In addition, some of you will be contacted and asked to participate in an interview with Judy. Please stay tuned for more details.

Last, I am delighted to congratulate Michelle Estile as our winner of the Sara Page Award for Excellence in Preparation for Clinical Social Work Practice and Leadership. She wrote an outstanding analysis of her clinical work with a victim of intimate-partner violence utilizing cognitive-behavioral therapy. Let's send a big welcome to Michele and all of the other students who will be graduating this May! Who knows, maybe Michelle will be writing this column one day.

Again, thanks to all of you for a terrific past two years and I hope to see you at the end of the year party!

Warm regards,

Stephanie



"GSCSW really does continue to be a leader in offering high level clinical programming. In addition to these educational events we have also had a number of social networking opportunities."

IN DEPTH INTERVIEW

(Continued from page 1)

beginning, but in the last 5-7 years, even as far back as 10 years, it had outgrown its usefulness and was actually interfering in at least two key areas. One was communication with the individual members as to what the national organization was doing, and the second was our ability to attack the membership problem as we saw it. To expand on that a little bit more, the Federation would have to initially speak to the membership through the president of the respective society. That was changed by a by-laws amendment in 2004, but prior to that, the Federation couldn't speak directly to a member in a state society. The other structural impediment was that presidents would change over every two years. It takes a board member two or three meetings just to kind of figure out how the organization works, what it can do, and what's been done before. About the time that a board member or a state president would actually be up and ready to go, their term would expire, and what institutional knowledge they had developed, would often times be lost.

Fred: So you were losing continuity.

Kevin: Absolutely. And not just continuity between the president and the board, but

over time, it became difficult for an exiting state president to pass along critical information to the incoming president. So we would have state presidents who would come to Federation board meetings who wouldn't have the by-laws, and/or the procedures and protocols. Through nobody's fault, the new presidents weren't on board to come and start working, so we were almost always in the process of having to rediscover ourselves at every meeting.

We tried diligently to work around that issue, and we thought that the amendments that allowed the Federation leadership to speak directly to each member would expedite things some. I think at that point, a number of societies began to lose faith in the structure and the process, and I think that our changes came perhaps too little too late.

Richard: We really didn't gain effective communication with the membership and individual members, until we made the switch to an association. We still found that the Federation leadership, understandably, had great difficulty passing on our communications to the societies. The presidents were busy running their state organization; they had family lives, and the Federation was thrown in the mix of where and when issues

could be handled.

Fred: Richard, I remember you saying, some time back at one of our state board meetings, that you had made the comparison between the old Federation as being a little bit like the United States when we had the Articles of Confederation and that the Association is a little bit like the United States now with the Constitution. Do you still think that way?

Richard: I do with respect to the first part of the point. Even though the Board of the Federation could adopt a policy, the state societies weren't required to either implement or go along with that policy in any way, so we were very much like the first governmental structure of the United States when it first came into being. So it really began not to work for us over time - and it clearly did not work for the U.S. - which is why we made that change. I think a very vivid example of that was our membership initiative. State societies had been in somewhat of a decline in terms of recruiting members (and subsequently members for the Federation), and we generated an initiative, that the board agreed on in spirit, that we would all go back and do some very heavy recruiting in our respective states. We had our Membership Chair, Margie Howe, put together a very strong Power

Point presentation on how to increase membership. There were several hours of training with bullet points and tasks, and everyone was encouraged to go and follow the presentation or protocols, or to deviate some, but the idea was to increase membership in each state by 10%. There was no way that the Federation could go into a state and say "Do this, do that, write these letters, have these events." We were always somewhat hampered by the time, ability, and continuity of a particular governance of a state society to enact protocols and initiatives. We were hamstrung in terms of seeing that the initiatives got carried out in each and every state.

Fred: How do you both understand the relationship of the CSWA with each individual state society?

Kevin: This is going to be a nuanced response. The fundamental relationship is between the individual clinical social worker regardless of what state they reside in and the Association. We encourage clinical social workers to belong to both their state society to help promote the profession at a state level, and to the Clinical Social Work Association to help on the national level. So our primary relationship is with individuals. Having said that, for issues that are local to a

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IN DEPTH INTERVIEW

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state, having a strong state society is good for individual state members and for the profession. We can lend our expertise as an association to help out certain societies. We were able to provide Virginia with support in terms of your licensure law.

Fred: *Laura (Groshong) has done a terrific job and Mark (O'Shea, our Legislative Chair) sings her praises at every turn - and rightfully so.*

Kevin: We see the Association as being collaborative and supportive of societies; we hope as we move forward that societies will both affiliate and seek some support and expertise from us. We, in turn, will want to tap into state societies for national issues; however, our fundamental relationship will always reside with the individual social worker.

Fred: *How are NASW and CSWA different?*

Kevin: I think it builds a little bit on the origins of the Federation, in that the Federation came into being in response to NASW's maybe not being as focused and diligent in promoting the individual practitioner as I think was warranted. I certainly wouldn't say the NASW is hostile toward clinical issues, but in terms of being as proactive, keeping a finger on the pulse, both at a local and a national level, I am not sure given the breadth and the depth of NASW that they are going to be, if you will, "minding the store" as much as the Clinical Social Work Association is and will be.

Richard: I have to agree. I think it is our focus, which really makes this distinctive. Especially, when it comes down to specific issues, such as clinical education in the schools, we do have the expertise. We can begin to address that type of long-term outlook on a range of broad and specific issues.

Fred: *In addition to Laura Groshong serving as Director of Government Relations, what other experts and areas of expertise can individual members in state societies draw from as we deal with issues at a local, statewide, and national level?*

Kevin: We have our "Social Work and the Law" hotline, which Lane Veltcamp of the Kentucky State Society runs. It's available if you need some consultation, are being deposed, or have some questions about practice-related issues. We have a hotline that is free and published. We don't even necessarily require you to be a member of the organization, although it would help if you were getting help from our group that you would. That is very tangible.

Fred: *What is the 800 number for the hotline?*

Richard: The number is 800-270-9739. They will deal with the legal end of things, but we do address very practical practice business sorts of situations that people may find themselves in. If people have questions about ethics as well, we can address those questions.

Kevin: The great thing about the change of being able to communicate directly with our membership, is that we have really expert, knowledgeable people out there in the societies, and you know if we want to explore a new area, we've got the ability to reach out and see what they have to contribute. That is very helpful for people who have questions that may be a little arcane. We also represent the profession on a number of boards. Richard represents the Association on the Mental Health Liaison Group, which tracks what is happening in federal congress. Laura attends the ASWB, a board association for state boards of clinical social work. In fact, in our upcoming Access, we will have a very cautionary article from Donna DeAngeles from the ASWB about regulations and good moral character of clinical social workers, and how state boards can check in on that. We also have Ann Segals, who is involved with CSWE (Council on Social Work Education). We are having key people on key national boards which set policy or regulation, or in some cases, legislation. That is a partial list; the whole list is very much larger than that.

Fred: *Well, that is great, and I think it will give people an idea. I am hearing two things that I think are important: one is that we have experienced people who are already up and running, functioning in key areas; and second that there is a certain flexibility and expansibility, for lack of a better word, in a kind of pragmatic way in which resources can be allocated within the Association for particular needs as they come up. I think that is very important, that it is not fixed.*

Kevin: Correct. That was one of the guiding principles for the committees that looked into how we were going to develop this structure that we needed to make some pretty significant changes. That principle was a flexibility and nimbleness in order to respond to what was happening in the healthcare world as it changed; it has changed pretty remarkably.

Fred: *What is the function of the president, the executive director, how will you both work together, and how are you working together?*

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Kevin: The fact that Richard is in DC and I am in Washington State, we don't go out for beers too terribly often.

Fred: *It's amazing the way you two communicate.*

Kevin: Actually, we are developing a more corporate structure, if you will. I am the President of the Board: it's an elected position. There are officers of the board with a cadre of representatives. Richard is our Executive Director, and the Board sets a more global policy for outcomes. I work with Richard, who as Executive Director executes policy, reports back to me, and works strategically with me on how we can best accomplish the overarching goals of the organization. In terms of how Richard and I work together, we have known each other since Richard joined the Federation, and I the Executive Committee. He and I have a scheduled discussion every week; we probably talk 2 or 3 times a week on the fly and email back excessively, so whether he is in Washington, D.C. or Seattle, it is a very functional, well-working relationship. Richard, you might say the exact opposite. That's my take on it.

Richard: Kevin is a pleasure to work with. We have worked together a very long time.

Coming from an organization that he comes from, he is sort of that rare clinical social worker who has an organizational perspective as well, which I have found to be very helpful. I think is critical to any organization to look at the horizon, to look at the future and the issues that are coming, so that you begin the discussion and preliminary work before they arrive and not after. I think that this board is working very much on that.

Fred: *What has personally and professionally motivated you to devote the enormous time and energy for the significant ongoing commitment to our profession?*

Kevin: One point here, Richard is actually paid. He is a fulltime, salaried executive director. That is highly motivating! From my end of it, I can't say that I have thought long and hard on it. I guess even going back to my roots in graduate school, the curriculum was actually less clinical and more social justice oriented, focusing more on macro issues. The University of Iowa in the mid-'70s and was actually a very exciting place to be.

One of the values I took out of graduate school was to get involved, and look at the big picture - that your work is more than just an 8-5 experience. I think every clinical

social worker should find a way to give back to their profession - I think that is what makes us professional. I direct about a 3 ½ to 4 million dollar business within a social work organization, so I like tinkering with managerial challenges. That is actually fun on many days, some days not at all, but is on many days. For me it is kind of a nice when it all comes together.

Richard: I have rarely found that the pay that I receive in my professional life is the major motivating factor. I have been very fortunate that it has always been the work itself, and that the money can be moved in a good direction. I love Kevin's phrase "social justice," which represents the best of all the aspects of the work that I have taken on over the years. Of course clinical social work is about social justice both at a macro and a very individual level. Those are the kind of factors that have helped me in my work and the work that I do here.

Fred: *I am hearing from the both of you that very much of what you do, especially that which pertains to social justice, emanates from your value base, and I think that is something to which many, if not most, clinical social workers from around the country, could relate.*

Kevin: I agree. I don't think that uses of social justice are highlighted as much as they could be from a clinical perspective.

Fred: *What is the CSWA's vision for clinical social work, and in what specific ways will that vision manifest for clinical social workers? And in the same spirit, what are the organizations priorities for the coming year, in 5 years, and how does the organization plan to lead those priorities?*

Kevin: As an overarching goal our vision is to nurture, develop, and promote clinical social work as the eminent therapeutic profession: I am getting pretty lofty here!

Fred: *That is pretty interesting; I'd like to hear more.*

Kevin: Again, if you look at the cadre of providers from the various disciplines from psychiatrist, counselors, RN's, MFTs, etc., each discipline has its own value and its own strength. I think clinical social work blends in all of those plus the value of social justice within the context of the person and environment. You really cannot understand the person outside of their social context, and you also need to understand the person from a clinical point of view, and place them in the interface between their inner dynamics

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and social context. So I really think we are poised to be the preeminent treater of behavioral health, mental health concerns, and family concerns. So again, getting pretty grandiose and lofty here, that would be the vision for clinical social work.

Richard: I think clinical social work had held that position maybe 25 years ago, and I think it eroded somewhat over time; and I would like to see us reclaim that mantel.

Fred: *When do you think it eroded it?*

Kevin: Got another hour?

Fred: *No, but we could touch on it anyway.*

Kevin: I think for one, the problems of different masters degree clinical training programs. I think that it has muddied the water a little bit and it has added some competition, and I don't know if we as a profession have responded to the competition.

Fred: *That also speaks to the age old issue of social work identity. If we know who we are and where we have come from, then being able to grow as a profession comes a lot easier.*

Kevin: I agree. Again I think, Fred, you hit on the mark about professional identity. There are still some areas of the country, including major cities, where social workers are the folks who take children away from their parents. There is a mistaken perception of social workers, of who they are and what they do, and I think as an organization and a profession we need to embrace more our strengths and our commitments to correct this perception, more than we have in the past.

Fred: *Richard, is there anything you want to add to that?*

Richard: Back in the '80s and '90s, we had a change in culture with respect to how we approach healthcare in this country, and certainly mental healthcare, which in the last decade and a half has been driven by dollar amounts. I think that problem has had a really debilitating effect on clinical social workers, who have been generally placed at the bottom of rates schedules. We are just beginning to address that discrimination, because there is no difference between the services provided under, for example, psychiatric codes. The differences in the disciplines concern education and training, but since each are qualified to provide services which have the same codes, the reimbursement ought to be the same.

Fred: *Thank you. Is clinical social work endangered, and how can the CSWA help protect our profession from possible extinction? What will we need to do as a national organization, state society, and as individual clinicians to promote our professional viability?*

Kevin: Is clinical social work endangered? It depends where in the continuum you stand. For me, right now, at this point in my career, I am prospering. I am using all my clinical social work skills. I am motoring along. About a week ago, I had the opportunity to attend a dinner with the University of Washington School of Social Work faculty, which was put on by the Washington State Clinical Society. The focus of this lovely dinner was a 'fish bowl' exercise, with about 8 or 9 of the Society's new professionals. Many, but not all of them, graduated from UW, and it was a chance to reminisce on graduate school and their start in the profession, of what it was like. The discussion was frank, and it said a lot. The struggle for new professionals was to land a job that would pay their bills, to find a site where there was a clinical social worker position and a licensed clinical supervisor who could help them learn about the profession, and to be in a place where the profession holds some esteem and prestige.

Much of the education that they received in graduate schools didn't prepare them for the actual work of the clinical social worker. These young professionals were doing intensive family therapy in home, others were working with mentally ill offenders, some were working with families of premature infants. The preparation that they received in their graduate schools didn't quite prepare them for even entry level work.

I think the generation or so of new professionals behind us is most endangered. What are we doing to make the profession a better place for newer clinical social workers? We must not lose sight of what it was like 10, 15, 20, and in some cases, 30 years ago. I think that we are somewhat endangered in terms of no having clear pathways for new social workers coming up, and funding is getting very, very difficult for private practitioners. **Panels are closing, and Medicare is proposing cuts. Health Centers are minimizing therapy, and there is more case management and medication management. There seems to be less economic support and time for engaging clients where they are.**

There are serious doubters out there, but I don't think there is any question: we do have some problems.

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Finally, we have licensing regulations throughout the entire country. That's a real plus for the profession: the standards; competency - all those kinds of things. And we do organization, the Association being one and certainly our state societies as well, where people, even just by joining their voice to those organizations, will make those organizations stronger and help move things in the

right direction.

Fred: *As I listen to the both of you, one thing gets increasingly clear, which is that CSWA has birthed at a turning point in our profession. How we advocate for ourselves at all these levels, is really going to, to a large degree, dictate what profession we hand over to the next generation of clinicians. Clearly, the CSWA really has the potential to take a key role as a advocacy point to*

ensure viability for future generations, but it has got to be now. It can't be in 5 years or 10 years or next week. Clinical social workers will have to step up now for this to work.

Richard: I agree 110%. I think we as clinical social workers need to do it. We can't prevail upon external organizations to lead the way for us, to come in and bail us out. I think we need to embrace that part of the macro

side of social work education of getting involved, organizing, promoting, and working diligently as an organization. I think that we need to do that as social workers and not to put it off on someone else.

THE SARA PAGE SCHOLARSHIP AWARDED TO MICHELLE ESTILE

The Sara Page Scholarship is a \$500 scholarship awarded to a social work student whose essay was chosen as best by the GSCSW Scholarship Committee.

Michelle Estile submitted her paper titled "Cognitive-Behavioral Therapy with a Victim of Intimate Partner Violence."

Michelle is a second year

MSW student at the University of Georgia. She serves as a graduate research assistant with the Foot Soldier Project for Civil Rights Studies. Her internships have been in a high school and a private nonprofit counseling center. Her clinical interests include working with victims of domestic violence, chronic illness and family dynamics, and mental health/addiction

in the creative arts community.



The 2007 Sara Page Scholarship presented to Michelle Estile.

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.

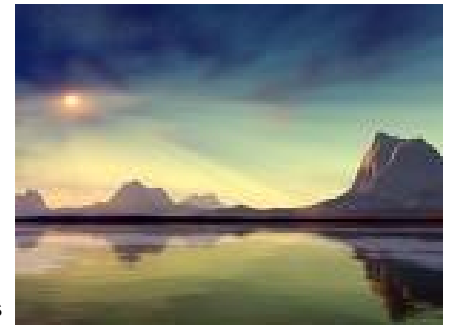
We thank members Kaye Coker, LCSW, Fred Crimi, LCSW and Cheri Augustine Flake, LCSW for submitting articles for us to consider.

SO, WHAT IS ALL THIS MINDFULNESS STUFF ANYWAY?

A steady proliferation of books, articles, reports of research, conferences and workshops pertaining to *Mindfulness* has reached its way into psychotherapy literature and clinical practice in recent years. Some of us have welcomed this with a knowing smile, some with a puzzled frown. So what does Mindfulness mean, and how can it help us as clinicians?

There are various definitions of Mindfulness, but I like to describe it as a time-tested, ancient practice of the *process of self-discovery*. This involves learning to *intentionally cultivate attention to and awareness of our own life experiences while participating in them*—being aware of experience as it is happening. This type of perception, this way of seeing life, is Mindfulness. We learn to see what is right here in front of us in each moment, instead of looking from behind a screen of thoughts, concepts and constructions.

How does learning and practicing Mindfulness affect us as clinicians? We begin with cultivating an awareness and observation of physical senses such as listening, hearing, seeing, tasting, touching, and smelling. We learn to focus attention on the experience of breathing. Continuing the process, we are able to expand the scope of attention to include observing thought and emotion as they occur in our consciousness. Practicing Mindfulness leads to a different relationship with our personal experience of stress, what Buddhists call *suffering*. As we investigate the causes of our suffering, we begin our pathway out of suffering. Mindfulness practice allows us to put an end to having to bury our fears, cease relentlessly striving to make ourselves feel better, and stop ineffectually seeking certainty. The more we practice Mindfulness, the greater is our ability to calmly observe our reactivity, our impulses and intentions, thoughts and emotions as they are occurring. We become increasingly able to accept and be with whatever difficulties life presents, without allowing them to define us, or fight with or against them. And isn't this what we are trying to teach our clients, also?



As I look back over what I have written, I sigh. It's difficult to verbally convey what Mindfulness is, how it feels inside us, how it helps us as therapists. Mindfulness is an *experiential* practice, and isn't easily conveyed in words and theory.

I have been practicing and teaching Mindfulness classes for some time now, and continue to be amazed at what can happen as we learn to stay with our experience as it is happening in the present moment. Let me know if you would like to be in a class for therapists, or refer your clients to learn Mindfulness to augment the work you are doing with them.

May all beings be free from suffering...

Kaye Coker, LCSW

MountainHeart Counseling www.mountainheartcounseling.com

MOVIE REVIEW: FIGHT CLUB

February 26, 2007

As therapists we accept self-examination as an ongoing responsibility. The willingness to accept this challenge may be difficult and sometimes painful. Whether self-motivated or client-stimulated, a decision to pursue therapy or seek supervision benefits our clients and ourselves.

Not long ago a 39-year-old male client brought *Fight Club*, a movie released in 1999, to my attention. We had been discussing the merits of his joining one of my men's psychotherapy groups. After a brief interaction, which included describing the key aspects of a men's therapy group, he decided not to join a group, and we continued his individual psychotherapy. Talking about the movie provided an opportunity for me to learn about my client. It also opened the door for me to learn a lot more about myself.

Make no mistake about it, this movie will upset you. Its graphic use of violence provides a look at the sado-masochistic shadow side. It is fast paced and clever, a visually stunning drama/dark comedy about the dark side of men in this society. The story line provides the viewer with a powerful social message.

Because we are assaulted

with images of violence and mayhem under the guise of religious, political and moral rationalization, *Fight Clubs* message becomes more urgent with each year that passes in this century. We see stories about school shootings and mall killings perpetrated by young men, boys who seem to have lost their moral compass. Then we do nothing except to convene a study or expert panel to assuage our guilt and pretend we want to know what causes these events. We are bombarded with statistics about the numbers of people killed and crippled as a result of war. These facts become expected background noise and we become numb, disconnected from the brutal reality of it all. This movie confronts us with the shallowness of our attempts at self-improvement with denial becoming a national justification.

Fight Club presents the viewer with an overload of thought-provoking material. It tells a story about men lost in a consumer driven society. It tells about helplessness and hopelessness, the ongoing struggle to find meaning

for human connection. We see the horrific pain that exists inside of some men and what can happen if they cannot find relief through their acknowledgement of pain and dark side feelings.

Jack the narrator of this story, played by Edward Norton, represents man in his most desperate self. We find him as a cynical but mild mannered employee of a major automobile manufacturer who is suffering from

severe insomnia.

A disinterested doctor tells him to stop whining and visit a testicular cancer survivors' group if he wants to see men with real problems.

He does just that and has a cathartic experience, crying in the arms of a man who has grown breasts as

a result of taking hormones. This experience miraculously heals Jack's insomnia, and now he can sleep like a baby.

Jack's pain is temporarily relieved as a result of his connection with other men and women in various support groups. He becomes a visitor, a tourist as he describes himself, without the reality of physical illness. Jack believes he has found the answer to his sleep prob-

lems, becomes a support group junkie, and goes to a group, covering multiple illnesses, seven nights a week.

He gains support by identifying with men who have lost their manhood, their testicles. This use of metaphor illuminates the consuming difficulty men find in defining their masculinity with sexuality. Is that really their pain? As the film progresses we learn how the use of violence becomes a way for men to alleviate this pain.

The introduction of Marla Singer, played by Helena Bonham Carter, brings the metaphor of love-hate conflict and relationships with women. Marla, another faker, attends support groups for their sheer voyeuristic entertainment value. This destroys, or makes conscious, Jack's illusion of relief. Now he can't sleep again. He works up the courage, confronts her, and they create a shared alliance through an agreed-upon time schedule, which allows both to attend meetings without running into each other. Can we see this as a metaphor for how men manage intimacy within marriages and relationships? We share space and time but really cannot be with one another.

Jack, still suffering from major sleep deprivation, meets Tyler Durden (Brad Pitt).

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Movie reviews are another way for you to contribute your ideas and responses for others members to consider.

MOVIE REVIEW: FIGHT CLUB

(Continued from page 9)

Tyler suddenly appears in the seat next to him on a plane. Their initial encounter provides a transition into the next part of the film. Jack describes this meeting as the worst day of his life. This event represents his becoming conscious and facing Tyler, his dark side. As we will learn, facing the dark side can be terrifying and overwhelming.

Jack and Tyler depart separately from the airport, only to be reunited when Jack loses his apartment in a fiery explosion. Out of desperation, he calls Tyler to meet him for a drink, not knowing what else to do. Here the film's violence begins to emerge as Tyler introduces Jack to fighting. This mayhem becomes therapy when they feel a release from their aloneness and pain as a result of inflicting and sharing pain.

Does not weekend football represent a milder version of this conflict, reflected in our culture when men celebrate camaraderie during football season? Millions of men and women watch and cheer the combatants as they celebrate their masculinity. There is a catharsis that takes place through their bashing and inflicting pain upon each other. Can we allow ourselves to see this analogy of the fight club as no more odious than the collaboration of all the weekend sports warriors? Can we be honest and acknowledge how sports glorify men through physical and often violent encounter? Is *Fight Club* really different from our current state of managing our pain?

Fight Club, a secret society, represents the essence of men's yearning and desperation. The first and second rule of fight club is that you don't talk about fight club. This illustrates how and why men suffer as they do, by staying stuck in their shame through silence. This code of silence insures isolation and is detrimental to men's emotional and physical health.

The violence of the film is balanced by the ongoing conflict around intimacy and sexuality as Tyler and Marla develop a sexual relationship. We are never shown the actual sex, but enough clues are given to understand the depth of the dark side eroticism. We are challenged to acknowledge sexuality and intimacy with all the possibilities.

Can we bear to look at our own dark side? Can we entertain the possibility that watching the movie is no more difficult than clients entering into psychotherapy? Viewing *Fight Club* represents the difficulty of men dancing with their dark side.

The end of the film will surprise you. The last few minutes provide an interesting juxtaposition as we see Jack and Marla holding hands watching the symbols of commercialism fall to the ground. My hope in seeing this ending comes from this simple holding of hands, the acknowledgement that in spite of our dark side, we can create relationships through connection which provide the basis to heal.

Rent *Fight Club* if you dare to learn something about yourself. Watching *Fight Club* and acknowledging our dark side are not easy tasks, but they just may be worth the effort.

~Fred Crimi L.C.S.W.

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Post Script

The article *If Birds Were Doing It, It Would Be Banned*, found in section D of the March 1, 2007 edition of *The Wall Street Journal*, discusses the emergence of fight club sports programs. The author describes the emergence of the "this extreme sport" as "the fastest-growing spectator sport in America." Please take the time to read the article. Does this speak to my point?



Fred Crimi is a licensed clinical social worker, providing psychotherapy for men, women and couples. With 36 years of diverse professional experience working in the mental health field, he is able to assist individuals and couples to understand and change behavior.

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ACROSS THE LIFESPAN: 5-10 YRS

(Continued from page 1)

for addiction. My ongoing, five year use of the labyrinth in group settings at a non-profit addiction treatment center has circled back around to a current interest in offering labyrinth experiences to groups and agencies. I'll say more about this later...

One consistent professional goal has been to continually add to my expertise and skills, sometimes confronting my fears as I have done so. While remaining in the realm of substance abuse, I moved through case management positions to supervising others and coordinating an outpatient treatment program, and on to family/couples therapy. The settings changed as well, beginning in the non-profit world serving a predominantly indigent population, and moving to the opposite end of the treatment spectrum, working in a setting serving impaired professionals. I came to realize that the disease of addic-

tion is exceptionally non-discriminatory. As I have grown in my skills, I have continued to recognize the importance of individual and group supervision and consultation; they have remained a mainstay in my career.

One of my recent leaps of faith has been step-



ping into the role of private practitioner, and I have been amazed at and grateful for the support and guidance offered by social work colleagues. When I began in the field, I never thought I would want a private practice, and it has been interesting to watch that desire unfold. I have continued to face my fears as I work on my practice, but this has been a year of intentions,

affirmations, and coming to trust in the principle of attraction.

This leads me back to the labyrinth. As I have continued to make efforts to move forward in faith, I have also been working on trusting intuition. I have circled back to my love of using the labyrinth as a means

of self reflection, quieting the mind, and offering reflections on the issues we currently face. My present goal-in-progress is to create and offer labyrinth experiences suited to groups, with themes such as self-care and renewal, creative problem solving, community and team building, and walks of healing and compassion. It has been curious and interesting to continue along the path of social work practice in its many, varied forms; I look forward to seeing what the next 5-10 years hold.

~ Barbara Emmanuel, LCSW
 emmanueb@bellsouth.net



Barbara Emmanuel is a therapist in private practice in downtown Decatur. She can be reached at 404-538-1264 or by email: emmanueb@bellsouth.net

TAKE YOUR OWN ADVICE EVERY ONCE IN A WHILE: IT WORKS

When was the last time you took your own clinical advice? Exclude the work you did a long time ago to get over a certain issue in your life, or experimenting with a new skill that you wanted to acquire in order to teach it to your clients, or your “old faithful” that always gets you through whatever is troubling you. When did you last *really* use your own ideas, homework advice or little cognitive trick to deal with procrastination, daily hassles, anxiety or just a rotten mood?

I recently went to watch a PGA golf tournament, parked, walked ½ mile into the event and then realized that I had left my purse wide open and on the front seat. After checking my cell phone with the volunteers, and meeting our friends, I had already decided that I wasn't going back to retrieve it. Although we hadn't parked in a particularly high traffic or dangerous spot, I began to worry steadily about it. I noticed a rubber band around my wrist tucked under my watch that had been there as an illustration the previous day in explaining Aversion Therapy and Thought Stopping. In an effort to encourage my skeptical client to at

consider it, I mentioned that I would try it along with him. Here was my opportunity...

Wow. Despite numerous worries, irrational thoughts and catastrophizing moments in my life, it had been quite some time since I'd snapped a rubber band on my wrist. Why hadn't I taken the opportunity to alleviate a bit of anxiety in the manner that I so often prescribe to my clients?

The first thing I noticed was that the rubber band quickly became associated with worries regarding my purse being stolen and, if I saw it by accident, the worry returned. This was solved pretty quickly by securing it out of sight under my watch. Secondly, I was surprised to find that I may have needed to snap it two or three times to really get the thought to stop. Lastly, and most importantly, if I didn't have a rational thought to replace my worry thought, the rubber band was useless. That is, I began to change my thought to something like, “I'm not thinking about my purse;” thus, essentially continuing the worry thoughts about my purse. Thought replacement was the key to the technique's success. The nicest thing of

all...my confidence in a simple, cognitive behavioral trick was thoroughly renewed!

When my client returned the following week, the rapport was fantastic as we explained our experiences with the elementary, good, old-fashioned idea of the rubber band snap. The willingness to try new ideas was enhanced, the therapeutic relationship was stronger and the therapy was validated.

Research has shown that the type of therapy that one uses is largely irrelevant. Rather, the client's success in therapy has a significant positive correlation with the therapist's belief that the therapy will work. Why not give your confidence a little boost? Only in the interest of the *client*, of course (smile).

Cheri Augustine Flake, LCSW

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SOCIAL WORKERS INTERESTED IN WRITING

NATIONAL MEMBERSHIP COMMITTEE ON PSYCHOANALYSIS AND CLINICAL SOCIAL WORK LAUNCHES A NEW ON-LINE JOURNAL

Hi: I'm pleased to announce that the Board of the NMCOP has approved the launching of a new quarterly online journal: *Beyond the Couch: The Online Journal of the NMCOP*. The purpose of this journal will be to facilitate the communication of psychoanalytic ideas with the wider social work community. Unconstrained by the commercial and editorial parameters of academic publishing, *Beyond the Couch* will empha-

A NEW WEBSITE LOOKING FOR SUBMISSIONS FROM SOCIAL WORKERS

We are currently looking for writers who can contribute short articles giving advice on subjects like Conflict Resolution, Relationships, Parenting, Money Matters and Self Help, with a fun attitude. GoToTheDoghouse.com is a community website that will be going live mid-second quarter of 2007. This unique site will consist mostly of user-generated content focusing on all aspects of Conflict Resolution within an anonymous and fun atmosphere. Members (the general

size literate, experience-near and jargon-free contributions that will be of interest both to experienced analytically-trained social workers and new CLINICAL social workers largely unfamiliar with psychoanalytic theory and practice. The journal will include case reports, personal reflections, historical discussions, interviews, fiction and poetry, and responses to current events. Access to the journal will be free to all with web access and all NMCOP members will receive emails with a Table of Contents each time a new issue is online.

I will be serving as Editor-in-Chief and am assisted by an Editorial Board that includes

public) will tell stories about the disputes going on in their lives, and other members will vote on who belongs "in the doghouse." Because this site will be free to members, we expect volume to be in the millions. A national marketing campaign is already in the works for the site launch and ongoing exposure. Among other things, the site will offer a Guidance section and a weekly newsletter. These two items will offer helpful resources to our members. Our member demographics include both genders with three age brackets: Teens (14-19), Young Adults (20-30), and Adults

George Hagman, Christine MacDonald, Susan Sawyer, Carol Tosone and Kim Sarason. If other NMCOP members are interested in participating in this Editorial Board, please contact the journal at beyondthecouch@gmail.com. We are planning to unveil our first issue in March 2007. As our editorial focus in a work-in-progress, we are open to all ideas for future publication. One type of article that may be of interest would involve evocative oral presentations that lack the theoretical discussions required in academic journals.

Please send any potential manuscripts or ideas for pub-

(31+).

Participating authors will receive free advertising exposure for themselves and any books, products, and/or services they offer. This includes a free contact listing in our Guidance section. That exposure will be seen by hundreds of thousands of people, and the information contained in the articles will affect the lives of many more. If this sounds like fun and you would like further details, please contact Mike Kelly at mike@gotthedoghouse.com.

On the other hand, if the site sounds like something you would love to be involved in,

lications to beyondthecouch@gmail.com

Sincerely,
Joel Kanter, MSW, LCSW-C

"The purpose of this journal will be to facilitate the communication of psychoanalytic ideas with the wider social work community."

but do not have the desire or time to write articles, we will have "yellow-pages"-style listings in the Guidance section available for our Members to find assistance in all the major metro areas, i.e. mediators, psychologists, marriage counselors, financial advisors, etc. If you would like your contact information to be listed in the Guidance section, but would prefer not to write articles, contact Mike Kelly at the above e-mail address for details.

Do YOU belong in the Doghouse?

COMMITTEE REPORTS

LMSW COMMITTEE

On January 27th, The LMSW Committee hosted its first event, "An Evening with New Social Workers". The event was an informal party to expose a new generation of social workers to the organization, increase new membership, and provide an opportunity to socialize, network, and have fun. Both members and non-members

(up to 3 years post-grad) were invited to attend.

Also in attendance were some seasoned and supportive LCSW members: Stephanie Swann, Alyce Wellons, Gail Phillips, Stephanie Barnhart, Phyllis Glass, Ephrat Lipton, and Linda Weiskoff. Thank you all for your support of new social workers. A special thanks to Gail Phillips for opening her home for this

event!

We were pleased to have a large turnout of Clark Atlanta University students as well as some students from Smith College. The LMSW Committee hopes to strengthen relationships with area universities and this was an exciting first step in that direction.

We gave away about 30

membership applications at the party. About five people signed up for membership right on the spot.

Based on the success of this first event, the LMSW Committee plans to host more parties in the future. In the works are parties to welcome students from the University of Georgia and Kennesaw State University.

~ Maureen O'Regan,
LMSW

CEU COMMITTEE

The CEU committee is responsible for approving continuing education credits for members of GSCSW. To apply, simply visit the GSCSW web site at: www.gscsw.org and click on **Events** and then **CEUs**. To apply for CEU's for a workshop you have attended/will be attending, click on **CEU Approval**, print out the application

and mail it to the address listed at the bottom of the form. The CEU Committee Chairperson will then review the application and supporting documents and will contact you regarding the outcome of the review. To apply for CEU's for a workshop that you will be presenting click on **Events** then **CEU's** and then **Provider Information**. Read the instructions and

print out the provider application form and mail it with supporting information to the address listed at the bottom of the application form. You will be contacted by the CEU Committee Chairperson regarding CEU approval. Please note that this process can not be done retroactively. We look forward to serving your CEU needs and if you have any ques-

tions you may e-mail the CEU Committee Chair at: gscsw@yahoo.com.

~ Theresa Schaffer, LCSW

Theresa obtained her MSW from the University of Georgia in 1997. During her career as a social worker she has worked predominantly in the mental health and chemical dependency fields.

COMMITTEE REPORTS

MEMBERSHIP COMMITTEE

The Membership Committee is very pleased to report that we have more members than we have had in years! We have 166 members and 18 recently approved applicants who have not yet sent in their paperwork and dues. Once they send these in, we'll have 184 members! Our organiza-

tion is growing and thriving!

The Membership Committee would like acknowledge and thank those individuals who have helped us increase our numbers. First, we'd like to applaud Stephanie Swann, our President for the past two years. She has put lots of new energy into the Society and has encouraged many people to join! Next,

we'd like to acknowledge the great job that the LMSW committee has done in promoting the Society to MSW students and recent graduates. Also, we'd like to express our appreciation to the entire GSCSW Board for their generous *volunteer* work for the Society. They have all had a positive impact on the membership numbers.

Finally, the Membership Committee would like to ask you, the members, to consider joining us. We need some help with both bringing in and welcoming new members and with building relationship among members. Please consider volunteering with the GSCSW Membership Committee.

~ Gail Phillips

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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/)

COMMITTEE REPORTS

LEGISLATIVE COMMITTEE

I have approached Jeanne regarding placing info regarding legislative info on our website. Static info would include general tips regarding how to approach legislators and how to locate their legislators. Updatable informa-

tion may not be as feasible, but it would include legislative updates when the Legislature is in session.

Info for the clinical page will include advocacy tips as well as information for the agenda for the past legislative session.

I'm still having trouble getting in the loop for NASW. I've emailed Sue Fort and asked for the contact info for the chair, Markie Thomas-Cohen so that I can be contacted directly by her regarding upcoming conference calls. I've also requested to be on the Legislative Alert email list so

they can be forwarded to our membership.

I've begun sending the Legislative Updates written by our Lobbyist, Wendi Clifton, to our membership and have sent out Tips for helping them contact their legislators.

LEGISLATIVE COMMITTEE ARTICLE GET INVOLVED!

Legislators don't just don't work during the 40 days they're in session. Not only are they there to work for you year-round, they are actually more available to you when they're not in session. Make a point of getting to know your legislators in the off-season so that they are more likely to seek out your opinion or take your calls when they're in session. Don't forget that you can advocate not only for yourself and your issues, but you can also advocate for your clients as well. Don't know who your legislators are? Here are some important links to help:

www.vote-smart.org This site lists all of the elected officials for any given zip code, but you need to know full the 9-digit zip code to take advantage of it.

www.sos.state.ga.us This site will allow you to type in your name and birthdate (if you're a registered voter) and will identify your polling place as well as your federal and state legislative districts.

WHAT HAVE YOU DONE FOR ME LATELY?

During the most recent legislative session which began on January 8, GSCSW has been in collaboration with NASW to advocate for legislation pertinent to the social work profession as well as our clients. Items on this year's advocacy agenda included:

Aging and Disability: Items addressed included increased funding of home and community-based services; allowing individuals with disabilities to reenter the work force while maintaining Medicaid coverage; supporting minimum standards for nursing facilities and for the Georgia Senior Legal Hotline; and monitoring bills about predatory lending practices will be closely monitored and supported as appropriate.

Children: Advocacy focused on supporting legislation that improves protective services, foster care, and adoption systems throughout the State. It also focused on measures that protect and strengthen the social/environmental conditions of all families.

Civil Rights: Advocacy focused on ameliorating or preventing discrimination based on any preference or personal characteristic, condition or status. Measures that positively addressed the inequities in the adult and juvenile justice systems are tracked and monitored, and appropriation of funds that promote social justice for all Georgia citizens was supported.

Consumer Affairs: The prevention of predatory lending practices and legislation regarding accessibility and funding of consumer health/mental services and products were addressed.

(Continued on page 17)

COMMITTEE REPORTS

(Continued from page 16)

Environment: Advocacy supported legislation that promotes environmental safety and health in rural and urban areas.

Family/Domestic Violence: Items addressed included legislative initiatives that promote safe and secure families and neighborhoods through violence prevention, early intervention, conflict negotiation and mediation as well as the provision of effective education, treatment and rehabilitation services for victims and perpetrators of abuse.

Physical and Mental Health: Advocacy focused on supporting legislation related to healthcare quality, delivery and accessibility, as well as provision of prescription drugs and other continuing care services. Particular attention was given to mental health care access, delivery and funding.

Professional: Advocacy focused on the inclusion of the professional social worker in the delivery of services affecting the health and well being of the citizens of Georgia. In addition, monitoring legislation to assure appropriate use of the title "social worker" was a priority.

Reproductive Choice: Advocacy focused on supporting legislation protecting a woman's right to reproductive health and choices as well as measures to provide comprehensive sex education in the schools.

Welfare Reform Advocacy and monitoring efforts are directed toward measures that modify current legislation regarding existing benefits and options available to current and former public assistance recipients.

TIPS FOR LEGISLATIVE ADVOCACY

Know your legislator. Learn about your legislators and where they stand on the issues. Introduce yourself and offer yourself as a resource on issues related to social work and/or your specific area of practice. Find out what committees they are assigned to. Don't wait until you're lobbying for an important issue before making contact with your legislator!

Know your issue. A thorough understanding of the issue is critical. Get facts, do research, read articles, consult the experts. Be sure to identify the issue properly -otherwise you cannot identify the appropriate remedy.

Know your message. Design an effective message that is simple and understandable. Do not assume that your legislators are familiar with the issue – it is your job to educate them! Be concise and brief in your communication, highlight the most important points and supply additional background information/stats separately if necessary.

Personalize the message. Explain why the issue is important to you and why it should be important to your legislator also. Use personal examples of how the issue affects you, your family, and/or your clients.

Know the decision maker. Identify who has the power to resolve your issue. It could be a school board member, a county commissioner, a state legislator, or another government official. Once the appropriate individual or body is identified, learn all you can about that individual or body.

Know your opposition. Identify potential opposition and understand opposing arguments.

Know your obstacles. There are frequently obstacles to overcome before reaching your desired objective. Funding is one of the largest obstacles to success – is there money available to implement the desired change? Become familiar with and monitor the appropriations process. Sometimes the obstacle may be an existing law or policy that needs to be changed. You can search the [Georgia Code](#) by keyword to identify existing statutes/laws.

Select a message that will be noticed. Form letters and postcards are often ignored. While visiting your legislator in person is the most effective means of communication, personal letters and telephone calls are also very effective. Faxes and email can be useful when timing is critical but a telephone call will garner much more attention. ~ Stephanie L Barnhart, LCSW

COMMITTEE REPORTS

PROFESSIONAL EDUCATION COMMITTEE

The Professional Education Committee has had a very busy spring with lots of exciting programming. We have our regularly Thursday Night events at Hillside (name the presenters and topics for the recent Thursday Night events). At these events we are continuing to have the

"meet, greet and network" time from 6:30-7:00, where we have refreshments and a chance to meet, catch up with each other and network. The attendance at these events and presentations continues to grow and we are excited about the enthusiasm.

We had our Spring Conference on March 30th. We

were fortunate to pair up with NASW and LPCA to bring Bessel van der Kolk, MD to Atlanta to present to our clinicians. His presentation was excellent and there were many members there to learn and enjoy his information. What a wonderful opportunity!

And the committee is preparing to finalize the lineup for

next year's Thursday Night series, as well as plans for the January 2008 Diane Davis workshop. Keep a watch on the website and e-mails from the Programming Committee for details!!

If anyone has any questions, suggestions or information, please feel free to contact us at anytime.

~ Susan Reid, LCSW

LOW-COST SUPERVISION COMMITTEE

The Low Cost Supervision

committee continues to work on getting their materials onto the website. If you are interested in becoming a

volunteer for this program or are in need of low cost supervision, feel free to contact Amy Garnett at

amygarnettlcsw@aol.com.

MENTORSHIP COMMITTEE

The mentorship committee has been busy matching mentors and mentees - about 12 active individual relationships currently. We continue to try to recruit more mentees and mentors. Students currently enrolled in a graduate social work program are eligible to request a mentor as are any social workers who are working toward their LCSW. Mentors must be LCSW's with three years post licensing experience. This is

a wonderful opportunity for new social workers to have a caring, supportive, informative relationship with a seasoned social worker. It is an avenue for experienced social workers to share their experience, expertise, knowledge and interest with people new to the field. Also it can help seasoned people keep abreast of what is currently happening in the areas of front line services.

The mentorship group continues to meet, generally the

second Monday of the month. It is facilitated by Phyllis Glass and Ephrat Lipton, LCSW's. We typically focus on whatever issues are present for the attendees, recently ranging from looking for work, how to keep up with paper work, how to handle acting out adolescents, the importance of (and ideas about) self care, and the ever-important opportunity to network. We encourage all new social workers to attend. Beginning this summer, we

will have some changes within the committee. We would like to talk with anyone who is interested in joining the committee to work with us on evaluating our work so far, to enlarge and expand the scope of what we do, and to continue to provide mentorship services for social workers new to the profession. Please feel free to contact Phyllis Glass at 404-874-8294 x4 if you would like to join us in our conversations.

TREASURER'S REPORT

We are in the process of developing a budget for fiscal year 2007-08. We are also

working with a new accountant, A.B. Dick, (770) 448-2525, who has been highly recommended for his experience with mental health and

not-for-profit organizations.

We continue to strive to be financially responsible while offering quality services to our members. Please do not

hesitate to contact me for questions or assistance.

~Sharon Burford, LCSW, MBA
sharonburford@yahoo.com.

COMMITTEE REPORTS

ETHICS COMMITTEE

One of the functions of the Ethics Committee is to raise issues which are important to consider when we provide services to our clients. Since we are dealing with clients

who are struggling with their vulnerabilities, it is important to consider and to be clear about how to respond to them if we are not able to be available to them in the usual manner of providing services. This month, we want to raise

the issues and provide some thoughts of how to manage transitioning care for our clients in case of a practitioner's incapacitation or death.

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

ETHICS COMMITTEE ARTICLE

Plan for Sudden Termination of Clinical Social Work Practice

The following are suggestions for handling these practice related issues:

- Prepare a written statement regarding your wishes for transitioning the care of your clients. Within this, designate a colleague(s) to call clients to cancel appointments, inform clients of the situation, and possibly see clients to facilitate transitions for continued care.
- Designate a colleague(s) to retain your client records and specify where your records are stored, including both active and inactive. The designated colleague will retain the records for a period of at least 7 years, as currently mandated by Georgia law. All records are to be stored in a secure facility. Arrangements are to be made for appropriate disposal of the clinical records after they have been retained for the legal length of time.
- Keep an up-to-date list of clients with their contact information and specify where and how the designated colleague can access this. If the client is being seen by a psychiatrist (or other physician) for medication, include this contact information as well.
- Leave instructions for handling your voice mail or answering service. After all current clients have been notified, have your designated colleague change your outgoing message and/or the message with the answering service. Give an example of what you want your message to be and what information you want conveyed to the callers, including whom they should contact for further information and follow-up. Also, be sure to leave instructions for your colleague about how to enter your voice mail and change your message.
- Specify where to find your keys to your office, your filing cabinet, and any other facility where records may be stored. Give instructions regarding what to do with your mail.
- Consider whether or not you want professional organizations and licensing boards notified.
- State how you want expenses paid for; consider possible remuneration to your designated colleague for time spent taking care of your wishes.

The North Carolina Society of Clinical Social Work has written a pamphlet, "A Suggested Model for the Sudden Termination of a Clinical Social Work Practice." These are available for \$10 payable to North Carolina Society for Clinical Social Work, P.O. Box 30006, Raleigh, N.C. 27622-0006. Phone: (919) 783-0487. Email: ncscsw@bellsouth.net

Ann and Barbara are obtaining this pamphlet and will be glad to share more specific details with members of our society. If you have questions regarding this information or regarding an ethical dilemma, please contact one of us.

FIRST THURSDAY CEU SERIES

WORKING WITH COUPLES FACING CHALLENGES OF INFERTILITY

Date

May 3, 2007

Schedule

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

Location

Hillside Adolescent Treatment Center (www.hside.org)
1301 Monroe Drive
Atlanta, GA 30306

Continuing Education

2 core hours

Presenter

Irene Celcer, M.A., LCSW

Fee

Members: Free
Non-members: \$20

Description

Irene will be talking about the challenges of couples facing fertility issues.

May brings this the last of the Thursday series for the season. Programs will return in September with a wide range of topics.

PRACTICE INFORMATION

GSCSW WEBSITE

For more information regarding events, membership,

programs, volunteer opportunities, and more, visit our website: 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.

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.

Sample email:

"I am a member of GSCSW and would like to join the listserv. My email is: youre-mailaddress@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

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www.gscsw.org

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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 .

END OF THE YEAR PARTY!

Bring a dish and an item for the live auction following dinner. This is always a fun time to catch up with colleagues, friends and network. Come ready to have a fun time!!!



Friday, June 8th, 2007

8:30pm

Home of Alyce Wellons and Sharon Burford

805 Ponce de Leon Terrace, NE

Atlanta, GA 30306