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ETHICS COMMITTEE ARTICLE: RAISING CONSCIOUSNESS REGARDING REPORTING OF ABUSE AND NEGLECT

Recently, while working with one of my clients who was a single mother of two young children, I found myself wondering whether she was able to adequately take care of them. She had suffered from a depression following the birth of the younger child, and now was entrenched in bitterness and rage at her husband who had decided to leave the marriage. I wondered if she lashed out at the children, physically or verbally, when she could no longer control her barely contained emotions. And I wondered about her capability to fully tend to their needs, physically and emotionally, while she was so consumed with her pain.

Certainly, my concerns could be explored with her in the context of our therapeutic relationship. But it opened the door to many questions in the area of reporting child abuse and neglect. Had I missed earlier clues of problems, possibly out of my protectiveness of her and my own denial or "not wanting to know?" Would I learn of behaviors that would lead me to report her to DFCS. What then, would happen to our working relationship? How would I know if what I learned was reportable?

As clinicians, we probably all feel an inherent desire to protect our clients, but this has to be superseded by the need to protect the child. As clinical social workers we are mandated by the state to report suspected abuse or neglect of children under the age of 18, and this is clearly a situation in which the limits of confidentiality apply. As stated in the Clinical Social Work Association Code of Ethics, "clinical social workers discuss fully with clients both the nature of confidentiality, and potential limits to confidentiality which may arise during the course of their work." This is a reminder of the importance of having a clear document that clients read and sign at the beginning of treatment, which speaks directly to this issue. While the standard HIPAA form that many of us use addresses this, it may be advisable to have an addendum which is simple and clear in its communication.

(Continued on page 3)

SPECIAL POINTS OF INTEREST:

- Committee Reports
- Committee Articles
- Classifieds
- Upcoming Events

GEORGIA SOCIAL WORKER ACROSS THE LIFESPAN

This is the third 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. They speak of their professional development, what their goals are, how they view social work, looking forward, looking backward, etc.

10-15 YEARS

LUCIA ELLIS, LCSW

When I read the call for a social worker with 10-15 years of experience to write this, I started to count my years in the field. I was frankly surprised to realize I have been doing this work for 13 years. I think that pretty much sums up my love for this work – the time has absolutely flown by.

Now it's true, I have loved all of my careers: in the '70s, I owned a couple of metaphysical bookstores; in the '80s, I was a

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PRESIDENT'S MESSAGE

Dear Georgia Society for Clinical Social Work Members,

I am thrilled and honored to be writing my first *President's Message* to you. I remember being a graduate student many years ago and attending a GSCSW conference. I was so awed by the professional community that I was working to join. And what an incredible group this continues to be!

I want to first start by expressing thanks to our past president, Stephanie Swann, PhD, LCSW, and our past Board of Directors. Stephanie and the board worked creatively and tirelessly on a volunteer basis to take a solid foundation built by seasoned clinicians and help it evolve and grow. Our membership demographics began to change, creating a place for new, young social workers to find a professional clinical community. Stephanie and the board also updated our Constitution, dedicated the Sara Page Scholarship for a graduate social work student, participated in a board retreat to begin outline goals and strategies for the next several years. We balanced our budget and structured our finances, sponsored high-level clinical programming, and worked toward a degree of excellence of which we all can be proud. When the call came to seek the presidency, I knew I would be stepping into a solid and well-functioning position.

And that is exactly where I find myself. I see an organization thriving in new and exciting ways. We have 180+ members, including 28 new members since July, 2007. These numbers demonstrate that clinical social workers are *looking for a professional community.* Most graduate programs do not adequately prepare students for being a clinical social worker. Our society generously and expertly fills that gap. We offer a Mentorship Program, pairing young social workers with seasoned clinicians and monthly group support. Our outstanding, monthly clinical programs provide free core CEUs. Members can access low-cost supervision with one of our seasoned clinicians. And we offer career networking, an active list serve of shared resources/experience, and the opportunity to socialize at any of our casual and fun parties. I thank each and every one of you for the vital role you play in the work that GSCSW is doing.

"I see an organization thriving in new and exciting ways. We have 180+ members, including 28 new members since July, 2007."

At this point, my vision is to take this solid and vital organization to its highest level of functioning. This includes our committees, *The Clinical Page,* networking, job searching, socializing, and professional education. We will explore how we can use technology to benefit our website, listserv, marketing, and other operations. I am also strongly committed to continue "going green" whenever there is an opportunity.

If you have anything on which you would like our organization to focus, please know that you can contact me or any board member. We truly want to know what members' needs are and how we can meet them…that's why we are here!!

Again, thank you all for your commitment and contributions to GSCSW. I look forward to seeing you all at future events.

Warm Regards,

Alyce E. Wellons, LCSW

CONSCIOUSNESS REGARDING REPORTING ABUSE AND NEGLECT (CONT.)

(Continued from page 1)

There are two clinical issues which we want to consider as we look at our own responses to dealing with known or suspected abuse and/or neglect. First, how conscious are we of selectively obtaining information? In surveys of health care professionals, the findings suggest that fears, anxiety and lack of knowledge act as barriers to recognizing and reporting abuse and neglect.(1) As the case above alludes, does our caring relationship with our client reinforce denial? Because we are so aware of the abuse our clients may have experienced, are we inhibited from dealing with it directly, and are we afraid they will experience the reporting as another betrayal? Would we rationalize that our treatment with the client could help them be a better parent before they would seriously hurt their child? When discussing what we wanted to focus on in this article, we certainly were headed toward this rationalization before realizing: We are MANDATED to report suspected abuse as well as known abuse.

Second, reporters of abuse and neglect can remain anonymous. However, if you have a therapeutic relationship with the person you are reporting, discussing with them the reasons you are reporting them, dealing with their reactions and supporting them through the process is important, both therapeutically and ethically. Confronting the reality is both difficult and necessary. We are reminded again of the importance of support for ourselves in the form of supervision and peer consultation.

Below we are including information and websites that we found helpful:

- Unfortunately, there are some cases in which the abuse is clear. When a child is in immediate danger or left alone for many hours or over night, call the police immediately. Otherwise, reports are to be made to DFCS in the county where the child lives. (2)
- When a child (under 18) has obviously been abused/neglected, DFCS will begin investigating immediately. If the child is not in imminent danger, the family is visited by a caseworker within 5 days.(3) Depending on the extent of abuse/neglect the child may or may not be removed from the home.
- Signs and symptoms of abuse/neglect in children.

They are:

Often left home alone

In the neighborhood for long periods of time without supervision

Frequently hungry

Dressed inadequately for the weather

Absent from school frequently

Bruised or have other marks of physical violence

Withdrawn or overly aggressive

Have not received need medical attention (4)

DFCS guidelines for determining lack of supervision are:

- Children aged 8 and younger should never be left alone.
- Based on their level of maturity, children between the ages of 9 and 12 may be left alone for brief (less than 2 hours) periods of time.
- Children 13 and older who are sufficiently mature may be left alone for short (less than 12 hours) periods and may perform the role of babysitter. This does not include children with disabilities. (5)

Included in the above website are types of abuse (physical, sexual, emotional, neglect) and physical and behavioral indicators within each type.

By Ann Roark, LCSW and Barbara Nama, LCSW

(1) Lazenbatt, Anne; Freeman, Ruth; "Recognizing and reporting child physical abuse: a survey of primary healthcare professionals"; Journal of Advanced Nursing; Nov 2006, Vol. 56, Issue 3, p227-236.

(2) www.dhr.state.ga.us

(3) Ibid

(4) Ibid

(5) http://www.cobbk12.org/~preventionintervention/childabusetraining.htm

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.

YOGA FOR DEPRESSION AND ANXIETY

Yoga, when practiced regularly, helps increase flexibility, strength, present moment awareness, self acceptance and more, including offering a path to healthy living. It can also specifically address depression and anxiety, enhancing the effects of psychotherapy and medication. The physical postures (asanas) of yoga stimulate the pituitary gland to release endorphins, as well as stimulating the relaxation response —a balance of energy and relaxation. Some practices create energy and others can sooth and calm you. In addition to the physical benefits of yoga, the yoga philosophy leads to improved mental health.

We first begin by bringing awareness into the present, noticing how we are on all levels without rejecting any part of ourselves. Can you tolerate an active practice or do you need to begin slowly and increase the activity? Or do you need to begin actively to dissipate the anxiety and then move to a more balanced and calming practice? One develops an ability to observe with the "witness consciousness," simply observing and witnessing without judgment or self-rejection. Then we can begin to practice the yoga postures in the myriad of ways that suit our needs. Backward bending poses will open our hearts and energize us. Forward bending poses will calm and center us. Inverted poses soothe and energize the glands around the head and throat, which helps balance the hormones. Standing poses help to strengthen us physically and emotionally, as we "stand on our own two feet." Restorative poses allow us to bring conscious rest to our bodies, and allows the brain to restore and rebalance the neurotransmitters. Breathing practices (pranayama) can increase energy or bring relaxation. All of the practices of yoga are meant to bring the physical, energetic, mental/emotional, and spiritual aspects into balance.

Wanda DeVaughn, LCSW, RYT has been a psychotherapist for 27 years, a meditator for 20 years, and has practiced yoga for 11 years. She discovered that yoga practice and philosophy offer life enhancing ways to manage depression and anxiety, and to expand beyond those limits to a deeper meaning and purpose.

For further information about her therapy practice, yoga classes, and up-coming workshops, please visit the website, www.mariettayoga.com, or call 770-425-4488.

Around 200 B.C., Patanjali wrote the *Yoga Sutras*, the first instructions ever written about yoga. Within the *Yoga Sutras* is the Eight Limbs, parts of which interestingly address mental health. The first step of the Eight Limbs is the Yamas, or observances. How many depressed people berate themselves (or others), which adds to the depressive cycle? Ahimsa, the first of the observances is about non-harming the self as well as others. As in cognitive therapy, it encourages us to observe our thoughts and what we say to ourselves and to choose more positive thoughts and self talk. It covers non-harming in our thoughts, speech and our actions. How many people lack assertiveness, which adds to depression and anxiety? The second observance is about truthfulness (satya). Yoga philosophy encourages us to face up to the truth, whatever it is, as best we can. We then proceed with assertive honesty with ourselves and others, as long as it does not interfere with the first observance of non-harming. How many people swing from one extreme or the other with behavior or addictions? The third observance is brachmacharya or moderation, which encourages us to find a balance in our choices, and to take conscious responsibility for how we live. How many people add to their depression because of their attachments to their things, their relationships, etc.? Aparagraha or non-grasping, encourages letting go of attachments to things, people or outcomes. Yoga encourages us to perform our duties in relationships and in work lovingly to the best of our ability, without expectations of a certain outcome.

These are a few of the ways that practicing yoga can enhance physical and emotional well-being, and the path becomes more clear and rich with practice.

TOPIC FOR BOOKS REVIEWED THIS ISSUE: NEUROBIOLOGY, ATTACHMENT THEORY, AND THE PRACTICE OF PSYCHOTHERAPY

An exciting look at how we can become more focused and effective in helping clients change.

The Developing Mind: *Toward a Neurobiology of Interpersonal Experience,*

by Daniel J. Siegel, Guilford Press, 394 pages.

Attachment in Psychotherapy,

by David J. Wallin, Guilford Press, 366 pages.

My desire to know more about why we act and behave as we do seems to be never-ending. Neurobiology, while important especially in the treatment of certain disorders, has never been a practice priority. Referral to a psychiatrist for medication assistance supplanted my need to understand the brain and the bio-chemical aspect of treatment.

I have had significant exposure to attachment theory during my education and training. Unlike neurobiology, I have understood the practice implications of attachment theory and have benefited from this knowledge. Researchers like John Bowlby and Mary Ainsworth, sometimes referred to as the father and mother of attachment theory, are the acknowledged giants in this field. Their collaborative efforts identifying infant attachment classifications were simple but powerful ideas. This encouraged others to research and develop the reach of attachment theory. Eminent researchers like Mary Main moved the "focus of attachment research from infancy to adulthood and from nonverbal behavior to mental representation." Peter Fonagy helped to identify "intersubjective attachment relationships" important in the development for insight and empathy in humans.

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

Daniel Siegel's book, *The Developing Mind,* integrates attachment theory and neurobiology. He does so by synthesizing neurobiology, research psychology, and cognitive science, skillfully guiding the reader through a detailed overview of attachment theory. He presents a clear understanding of brain structure and function while demonstrating how the different forms of attachment impact brain development. The availability of new brain imagery technology makes it possible to examine the structure of the brain. This in turn has made it possible to understand how "communicated emotions influence the regulation of brain circuit growth and the consolidation of cognitive systems." The final importance of this work is Dr Siegel's ability to translate research findings and point to direct implications for psychotherapy.

It is this application to the practice of psychotherapy that has stimulated my interest.

My past attempts at learning about brain physiology have always ended in frustration because of the lack of perceived relevance to my practice. Not the case anymore.

Here is one example of many that the author presents about how individual personality is created. He points to the ongoing interaction of "genetically determined constitutional features and experiential exchanges with the environment, especially the social environment" as central to individual personality development. Notice the stress on interaction and the suggestion that dysfunction emerges "not from genes and experience in isolation from each other." Reading on, you see how human connections are necessary for the creation of neuronal connection. New neuronal connection, the "stuff" that memory and behavior are made of, in turn, can be created (neurogenesis).

The implications for treatment grow large for the practitioner. Because of the brain's "plasticity," further development beyond early childhood is possible. The author includes a discussion about attachment relationships and points to research and effective treatment studies:

The most productive approach to creating lasting and meaningful results for treatment is via the medium of attachment relationships... Attachment research suggests how relationships can foster healthy brain function and growth.

Here is what is very important to our practice:

Growth happens through contingent, collaborative

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BOOK REVIEW

(Continued from page 5)

communication that involves sensitivity to signals, reflection on the importance of mental states and the nonverbal attunement of states of mind.

Is this not what is central to the development of the clinical setting? Nothing new here! What is new is Dr. Siegel's connecting the prescription of how to affect change and how we practice to the development of the brain. This appears to be the connection of a heretofore "soft science" (psychotherapy) to a hard science (neurobiology). This is exciting indeed.

Time and the need for brevity prohibit further exploration of this work. I encourage you to purchase this book and expect to spend many hours reading and digesting the information. This is not a fast read; I have had to go slow to enable the digestion of the knowledge presented.

The second book, *Attachment in Psychotherapy, by* David Wallin, provides a perfect complement to David Siegel's work. Dr. Wallin describes the structure of the brain (the brain stem, the limbic system, and the neocortex) and points out each structure's importance in clinical terms. I found his presentation of structure more easily understood because he addressed the clinical implications for treatment with each part of the brain.

He discusses the brainstem:

> *One clinical implication here is that treatment must take into account our patient's brainstem based pattern of over and under arousal…Therapy, especially with patients who have been traumatized, hinges on our ability to accurately read and effectively modulate their levels of physiological arousal as well as their needs for relational engagement. Focus on the body and nonverbal experience within the therapeutic setting to facilitate this.*

He discusses the limbic system, the emotional brain where feelings are processed:

> *The limbic system is where the internal and external worlds meet. It is here where, at an emotional level, we work out our relationship between ourselves and the exigent realities that exist outside our bodies… The limbic system is the neural substrate of the emotional self.*

The author spends time discussing the two key structures, the amygdala and the hippocampus. The amygdala is well-developed at birth and "is the sensory gateway to the limbic system." The hippocampus acts as a modulator of the amygdala's bias toward indiscriminate, uncontrolled, hair trigger reactions." We come to understand the balance of old and new information (memories) and how the secure relationships (parents or therapist) will allow the "child's developing hippocampus to balance the reactivity of the amygdala." Finally he says, "the patient in psychotherapy who revisits old trauma in the setting of a new attached relationship can forge fresh associations in the brain and the mind." Therapy, through the developed context of safety, can gradually transform recalled traumatic memories, fears and hurts (remembered past) . This can help "dampen long evoked automatic amygdala reactions."

The author's discussion of the neocortex is far too complex to synthesize here. His continued use of the clinical implication of understanding the various sub-structures made it easy for me to understand and integrate.

My focus on brain structure reflects the author's presentation priority. Understanding how and why the brain interacts with the body sets the stage to craft intervention strategies when working with our patients. Dr. Wallin addresses how

BOOK REVIEW (CONT.)

(Continued from page 6)

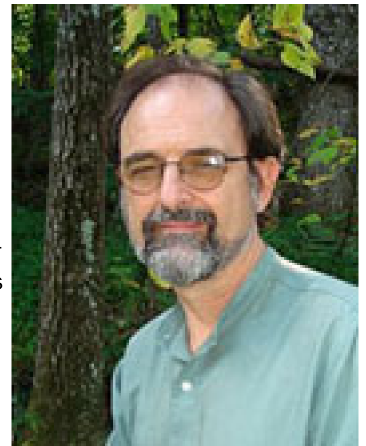
the "self develops, the multiple dimensions of the self and how the varieties of attachment experiences shape the self." As you progress though this work, the words *parent* and *therapist* become synonymous. This reflects the role therapy can play in changing behavior as well as changing the hardwired neurological structure.

The latter section of this book discusses attachment theory and clinical practice. I was particularly impressed by the need to understand "the language of the non-verbal."

The author states, " we risk allowing the words we exchange in therapy to monopolize our attention." By doing so we lose sight of the fact that beneath the words "is a flow of critically important experience that provides the underlying context for the words." This unarticulated experience with its "fundamental emotional and relational quality is often where we find the greatest leverage for therapeutic change."

The last two sections of this book develop, in more detail with specific clinical interventions discussed, how the body is the access point for much of the material needed to help clients heal. The concept of intersubjectivity is explored and we become aware of the third system in the room with the patient. The third focus is the subjective experience we each share as a result of our attached relationship with the client. The access of the non-verbal material that exists between the therapist and the client, our created subjective experience, has the potential to help the unconscious material to emerge. What I find challenging and very exciting is the active role we play though our own awareness of body/feeling sensations evoked within the therapy hour. What we have come to know as transference and countertransference takes on a new meaning when viewed through the lenses of the intersubjective experience.

My attempt has been to share an important development in the field of neurobiology. The overlaying of the science of the brain with attachment theory and the concept of intersubjectivity provides us with more to think about. It may affirm some of what we know and how we practice. Hopefully the material contained within these two impressive works will challenge us to know more about ourselves, the other very important person (our subjective self) in the room with our clients.



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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POEM: TRY ANOTHER WAY

TRY ANOTHER WAY

face your

inner monkey

you are often

confounded

and when

you are

you repeat

yourself

monkey see

in the mirror

monkey

repeating

try another way

why not

who is

going to

scold you

your hands

will tell

you how

as they

practice

to unscrew

your

dilemma

Franklin Abbott

21 July 2007

Stone Mountain

I began my career in human services right out of college. I was hired to open and direct a training center/school for mentally challenged adults and children in rural south Georgia, something I had no experience in and no business doing with a B. A. in Sociology. Many of the people I served had spent years of their lives in large state institutions. As a society that both feared them and did not know what to do with them, we warehoused them. De-institutionalization brought them back to their communities where we still did not know what to do with them. Marc Gold, a pony tailed professor from Illinois, was a pioneer in operationalizing concepts from the theory of Normalization.

Normalization intended to assist mentally challenged people live as normally as possible. One of Dr. Gold's innovations was the Deviance-Competence Hypothesis which postulated that personal competence could off set perceived deviance. Another of his contributions was the Try Another Way Method. This allowed individuals to problem solve in unique ways around learning tasks. It respected individual abilities and demonstrated faith that most of us can, when encouraged, figure out how to solve problems and make things work.

Poetry comes to me often as a lucid dream. When I begin hearing the lines I don't know where they will take me. When I wrote this poem a few months ago I had not thought of the Try Another Way Method in years. In my thoughts about it since then I have become aware of my unconscious incorporation of this in my work as a psychotherapist. I believe that each of us has vast capacity for self healing. As a therapist, it is my job to help someone find that capacity. I cannot teach it or even know it, for what heals one soul may not heal another. My current way of conceptualizing this is that each of us has a Healing Muse, a wise and knowing part of us that if we can find it and tune into it will guide us through our quandaries and help us grow and prosper.

When a client is stuck the best I can do is to offer patience on the one hand and stir things up on the other. Being patient allows the client to try another way and another way until they find what works for them. Stirring things up seems like the opposite of patience when it is really its complement, the yang to its yin. I may flood the client with suggestions and possibilities, knowing all the while it is up to them to sort out what is helpful. One of the most empowering things my clients learn to do is to ignore my advice without courting my rejection. Ultimately they try another way until they find their own way.

Marc Gold died in 1982 but his work is carried on by associates. For more information, visit www.marcgold.com . The training center I began in 1976 morphed into much more appropriate community programs that still operate more than thirty years later. I count as some of my early mentors the mentally challenged individuals who taught me so much about self-determination and who helped me learn to laugh out loud while I tried another way.

~ Franklin Abbott, LCSW

www.theninthmuse.com
www.windhorserisingworkshops.com

ACROSS THE LIFESPAN: 10-15 YRS (CONT.)

news writer for CNN. Even so, I counted the days 'til the weekend; I dreaded Monday mornings.

But this career… this one…

I started out in the world of "woo-woo". I became a Rohun Therapist in the late '80s, working exclusively with energy and intuition, teaching classes in meditation and intuitive development. I made a conscious decision at that time—I didn't want to be "airy-fairy"; I wanted to get my MSW and license and immediately go into private practice.

Of course, the best laid plans…. I took a seven-year detour into the world of alcohol and drug treatment for the homeless – and loved it. I realized I worked well with addicts and alcoholics, and loved working with individuals, groups, and with a team. What I also learned, as I climbed out of the clinical world and into an administrative one, was that my primary love was, and is, the client.

Five and a half years ago, unlike most of my *sane* colleagues, I left my good day job - the one with the benefits and paid vacations - and jumped, without a net (not even a part-time job), into private practice. I took out a line of credit as a financial safety net, found the perfect suitemate, got my business license and business cards, and hung out my shingle.

The first day, I saw two clients. I spent the first year getting onto insurance panels. By year two-and-a-half I had a full practice and was "on hold" forever trying to get insurance companies to pay me. In my third year, I decided to bite another bullet and jumped again – this time OFF the insurance panels and into the world of self-pay. It was scary. I had to *market* myself – the most dreaded word in our biz, I think. I had to step out of my comfort zone to let people and institutions know who I am and what I do. It was scary.

A lot about private practice is scary. You have to have intestinal fortitude not to throw in the towel and get a "real job."

Today, after five-and-a-half years, I no longer need a line of credit for a safety net. My practice is as full as I want it to be. I love my boss and my employee (hee). And I adore my clients.

And social work? I am home. My heart is here. No longer do I count the days 'til the weekend. I do not dread Monday mornings. I am a healer. I am grateful beyond measure. And I savor every session, every day, every year of this wonderful work we do.

~ Lucia Ellis, LCSW

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Lucia Ellis, LCSW is a psychotherapist in private practice in the Perimeter Mall area. While she loves to work with all types of clients, her special niche is helping the particularly "reluctant" addict and alcoholic and the people who love them. She works exclusively with adult individuals. Lucia can be reached at 770-392-7989 or at lellislcsw@yahoo.com.

COMMITTEE REPORTS

LMSW COMMITTEE

The LMSW Committee has started to host monthly "New Social Worker Socials" at Apres Diem Café in Atlanta. They take place every second Sunday of the month from 3:30-5pm. We also plan to continue to host two "New Social Worker Parties" per year – one in the Winter and another in the Spring (dates TBD).

These events provide an opportunity for MSW students and new social workers to network, get peer support, and have fun in a relaxed atmosphere. No membership is required for the parties or to attend the first social; we would like to extend an opportunity for non-members to learn more about GSCSW.

The committee continues to market the benefits of GSCSW to MSW students. We recently sent a mailing to local graduate programs to welcome students to the social work field, highlight GSCSW benefits, and invite them to try out GSCSW events and activities.

The committee has also advertised the Sara M. Page Scholarship to final-year MSW students. The student who submits the best clinical paper will be honored at our Annual Spring Conference. The winner will receive a $500 cash prize, free membership to GSCSW, and free admission to all GSCSW conferences for a year.

In order to build relationships and streamline communication with local MSW programs, each committee member has been designated to serve as a "liaison" for a different school: Rebecca Anne (Clark Atlanta), Anna Galloway (University of Georgia), Maureen O'Regan (Kennesaw State), and Emily Potts (Smith College and Georgia State).

Having personally benefited from GSCSW events and programs that support our professional development (such as mentorship, professional education, and networking), we are enthusiastic about encouraging others to come experience what GSCSW has to offer. We look forward to meeting fellow new social workers at our upcoming social activities.

~ Maureen O'Regan, LMSW

CEU COMMITEE

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 CEUs 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 CEUs for a workshop that you will be presenting click on **Events** then **CEUs** 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 questions 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 organization 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/

COMMITTEE REPORTS

LEGISLATIVE COMMITEE

GSCSW collaborates with NASW-GA to advocate for state legislation pertinent to the social work profession as well as to our clients. Together, we meet with our Legislative Liaison, Wendi Clifton, Esq., to set the legislative advocacy agenda for the following legislative session, which begins on the second Monday in January. In addition, GSCSW members have access to NASW-GA's legislative tracking system which allows us not only to track pertinent legislation as is passes through the Georgia Senate and House of Representatives, but also allows us to give direct feedback to our Legislative Liaison regarding our personal opinions on the matter. Through our Legislative Liaison, GSCSW members have the opportunity to get involved personally in the development of policy by volunteering to testify in front of various committees of the General Assembly on matters important to them. We encourage all of our members to get involved, as decisions made at our state's capitol affect each of us both personally and professionally in many ways.

~ Stephanie L .Barnhart, LCSW

LEGISLATIVE COMMITTEE SUGGESTIONS

The only way a government *of* the people, *by* the people, and *for* the people can work is if *the people* actually get involved! Here are some suggestions for doing just that:

VOTE!

Did you know that only 50% of Georgians are registered to vote? Of that 50%, only 40% actually exercise their right to vote. That means that 20% of Georgians influence the decisions made for the remaining 80% of us! As citizens, our right to vote is the single most important way we have to influence the people who make the decisions for our local, state, and federal governments, and most of us don't even do it. Get educated about the candidates. Vote early, and vote often.

GET TO KNOW YOUR LEGISLATORS!

Did you know that if a legislator hears from a constituent at least three times, she/he knows who that person is and why they're calling? When they're not in session, legislators are in their hometowns, where they are prime targets for getting to know their constituents and their concerns. Find out who they are. Check their websites regularly to find out what they are doing. Meet them in their office. Invite them to your organization to meet clients who are willing to talk to them. Put a face on the decisions they make!

WATCH ADVOCACY WEBSITES!

Did you know that up-to-the minute information regarding the General Assembly is available via the internet? Bookmark and regularly visit websites which track legislative sessions and decisions. GSCSW members can log onto NASW's website to view all pending legislation both by level of concern as well as area of concern. www.ciclt.net/naswga/main.asp?PT=l_main&Client=naswga

VOICE YOUR CONCERNS AND PRIORITIES!

Did you know that the best time to contact your legislators is when they're NOT in session? 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, when they are extremely busy and have many people competing for their attention all at once. They are more likely to take time to meet with you and give your concerns their full attention when they are back home among their constituents. 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!

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COMMITTEE REPORTS

(Continued from page 12)

JOIN GSCSW'S LEGISLATIVE COMMITTEE!

Help get the word out to your Social Work peers by becoming involved in GSCSW's Legislative Committee. Contact our chairperson, Stephanie Barnhart, directly at barnhartsteph@yahoo.com.

HELPFUL INTERNET SITES

Here are some links that you might find helpful:

- www.sos.state.ga.us Registered voters can type their name and birthdate to find their polling place as well as federal and state legislative districts.
- www.legis.state.ga.us/legis/2005_06/senate/index.htm Find your state senator.
- www.legis.state.ga.us/legis/2005_06/house/index.htm Find your state representative.
- www.votesmart.org Find your US senator and representative based on your address.
- www.ciclt.net/naswga/main.asp?PT=1_main&Client=naswga Track pending legislation and provide feedback to GSCSW's Legislative Liaison through NASW-GA's website. Click on Legislative and Social Action, then click on Legislative Tracking System.
- www.lexis-nexis.com/hottopics/gacode/default.asp Look up existing GA laws. ~ Stephanie L Barnhart, LCSW

LOW-COST SUPERVISION COMMITTEE

The Low Cost Supervision committee continues to work on getting application materials onto the website. There will also be links to geographical areas and specialties of supervisors. Also look for upcoming advertisements in the NASW Georgia newsletters.

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.

COMMITTEE REPORTS

MENTORSHIP COMMITTEE

Differentiating Between Mentorship and Supervision by Sarah Roe, with much input from Phyllis Glass, Ephrat Lipton, and Jessi Heneghan.

The Mentorship Committee recently sent out surveys to mentors and mentees about their mentoring experience. One request that came up repeatedly was to differentiate between mentoring and supervision, so the committee decided to tackle the question in the *Clinical View*. At the last committee meeting, we had an interesting discussion and discovered a greater understanding of everyone's confusion.

In some materials collected from the Federation, we found the following information:

"Mentorship is a voluntary collegial process that enhances professional development. Clinical supervision is a process that serves two functions: (1) direction of and accountability for the work of supervisees and (2) assuring that supervisees develop further skills in applying theory to practice. Psychotherapy is a clinical process that helps a client solve personal and/or interpersonal problems through the disciplined application of behavioral science theories and practice methods."

Further, the guidelines said that mentors may offer assistance with:

- Short and long-term goals
- strategies for career development
- practice standards
- continued learning needs
- ethical and legal dilemmas
- practice skill development
- practice forms beyond the scope of current practice
- professional adaptability
- collegial networking

Well, that is as clear as mud. All of the committee members considered the listed items to be part of supervision.

So how is mentorship different? Phyllis Glass suggested that supervision is an ongoing discussion about the supervisee's clinical work rather than a discrete conversation about a particular dilemma. Both Ephrat Lipton and Jessi Heneghan noted, however, that there is continuity in the mentorship group since a core group attends regularly, and group members tend to follow up with each other about discussions from the previous month. Sarah Roe noted that when there is a relationship between clinicians, no matter the age or seasoning, conversation frequently turns to cases. The committee members all thought that was a result of the limited number of places we can discuss the work we do.

That led Jessi to talk more about what she seeks out of the mentorship group and how the groups that had included more clinical material were the ones that had been most interesting to her. Ephrat acknowledged that as therapists, we tended to try to move deeper in our conversations and gravitated to that as being more engaging.

Still a muddle, no? How about if we combine the aforementioned guidelines with what Phyllis said?

Supervision is an ongoing discussion of the supervisee's work that provides direction and accountability and oversees the continued development of clinical skills. Mentorship may cover topics discussed in supervision but does not involve direction, accountability, or oversight. Should the mentor find themselves moving into that territory, they should refer the mentee back to their supervisor.

All of that being said, one of the best functions a mentor can provide is to help their mentee get adequate supervision. That will probably mean a discussion of the mentee's supervision and clinical work but should stop short of direction, accountability, or oversight.

I realize that this may still seem unclear, but mentors and mentees can call or email any of the Mentorship Committee members if they have questions.

Note: The Mentorship Group meets every month on the third Monday of the month from 7:30 -9:15 P.M. at Phyllis Glass' office (404-874-8294 x4). Group discussions cover professional development topics such as transitioning from graduate school to working world, job search as a new social worker, coping with the new job, and obtaining your LCSW. Look for an article in the next Clinical View about the Mentorship Group.

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. One issue that comes up for many clinicians is reporting abuse and neglect. We hope this article will provide helpful information as you face these clinical issues.

Ann Roark, LCSW
404-325-0304 ext. 3
annroark@bellsouth.net

Barbara Nama, LCSW
404-231-2339

BNamaLCSW@aol.com

When using e-mail, please be sure to put "GSCSW Ethics"

PROFESSIONAL EDUCATION COMMITTEE

Members: Jessi Hennigan, Lori Ayling, Marla Moore, Theresa Schaffer, and Stephanie Swann

The Professional Education Committee is having an exciting year. During our first three Thursday evening programs we have had the opportunity to hear our articulate and passionate lobbyist discuss issues facing clinical social workers. We have learned more about vicarious traumatization, and been introduced to Positive Psychology. As a committee we have been thrilled to see the largest attendance in many years. The average number of members in attendance has been 40!

We are hard at work at creating programming for 2008-2009. We'd love to hear any thoughts that our members have about programming that you are interested in. If you have ideas, please feel free to email the committee at skswann@uga.edu. We welcome suggestions.

Currently, we are looking for one or two people to join our committee. If you are interested in networking and being a part of choosing and implementing GSCSW programming please email Stephanie Swann at skswann@uga.edu.

Please join us at our annual Diane Davis lecture. On December 7 we will have the opportunity to hear Dr. Joan Berzoff discuss "Transformative Aspects of Grief and bereavement: Working Psychodynamically at the End of Life." See the web site for further details.

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.

FIRST THURSDAY CEU SERIES

THE PSYCHO-SPIRITUAL HEALING PROJECT: CREATING CROSS-CULTURAL PARTNERSHIP IN SRILANKA'S RECOVERY FROM THE 2004 TSUNAMI

Date
Jan 10, 2008

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
Jesse Harris-Bathrick, LCSW, LMFT

Fee
Members: Free
Non-members: $20

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 2008 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: 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

ADVERTISEMENTS

FULL AND PART TIME OFFICE SPACE AVAILABLE

at The Center for Therapeutic Arts in Gwinnett County. Serene, easily accessible and in a rapidly growing area. Psychotherapist, professionals doing energy work, massage and other holistic practices welcomed.

Call Barbara Locascio, LCSW, CHT at (770) 962-2202—office.

REIKI—A RAY OF LIGHT AND THE KEY TO HEALING—REIKI CLASSES

Reiki (ray-key) is an ancient healing art that brings healing and relaxation. All you need is Reiki Level I in order to do Reiki on yourself and others. It is as simple as that! The healing art of Reiki is Heart-Centered and brings with it inner peace and relaxation. Treat yourself to this amazing source of total well being and healing.

Next Reiki I training - Dec. 1, Fee: $100 Classes also scheduled individually.

Maryanne Horne, Ph.D., LPC, Reiki Master, 770-932-9327

OFFICE SPACE IN EAST COBB

Bright, furnished office in well established practice is available full / part-time. Call Karen Greene at 770-973-8208 x 2 for more information.

ADVERTISEMENT RATES

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$15 Members	$40 Members	$90 Members
$25 Non-Members	$50 Non-Members	$100 Non-Members

LISTSERV: $25 Members $35 Non-Members

Members and Non-members are welcome to advertise in the Clinical Page and on the listserv. Members receive $10 off.

We are on the web!

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

ADVANCING CLINICAL SOCIAL WORK PRACTICE.

SAVE THE DATE!

Psychopharacology Workshop with GSCSW, NASW-GA and LPCA

Merrill Norton, speaker, author, professor and nationally recognized expert in the field of psychopharmacology.

Friday, Feb 1st, 2008

Decatur Holiday Inn

5 Core CEUs