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THE CLINICAL PAGE

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ETHICAL DILEMMAS: WHEN ETHICS INTERSECTS THE LAW

BY BARBARA EMMANUEL, LCSW, EMILY POTTS, LMSW BETH COLLINS HIMES, LCSW AND TARA ARNOLD, LCSW

One of the areas of social work that can cause a quick moment of panic or fear in us concerns our duty to warn, along with mandated reporting. The status of social workers as mandated reporters is one clear example of both an ethically and legally permitted breech of confidentiality (see "Ethics Committee Article: Raising Consciousness Regarding Reporting of Abuse and Neglect" *The Clinical Page,* Fall 2007/Winter 2008). The GSCSW Ethics Committee has recently been exploring *The Duty to Warn.* Our hope is that continuing to build our working knowledge of legal obligations specific to clinical social work will both assist us in better navigating the legal system as professionals and enhance our efforts to provide for the best interest of the client.

Duty to Warn

The NASW Code of Ethics instructs social workers that we are responsible for both protecting the privacy of our clients as well as meeting legal obligations specific to social work. Several of the Code's Ethical Standards (1.01, 1.02, 1.07) refer to the overlap that can occur between our client's best interest and the best interest of society. For example, the Code's definition of our ethical standard for "Commitment to Clients" is:

> "Social workers primary responsibility is to promote the well being of clients. In general, clients' interests are primary. However, social workers responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by laws to report that a client has abused a child or has threatened to harm self or others). (NASW, 1996, Ethical Standards, 1.01)"

The concept of Duty to Warn is probably best know as the California Supreme Court decision in Tarasoff v. Regents of the University of California, 551 P.2d 334 (1976). The California Supreme Court stated:

> "When a therapist determines, or pursuant to the standards of his profession should determine, that his patient presents a serious danger of violence to another, he incurs an obligation to use reasonable care to protect the intended victim against such danger. The discharge of this duty may require the therapist to take one or more of various steps, depending upon the nature of the case. Thus it may

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PRESIDENT'S MESSAGE

Dear Georgia Society for Clinical Social Work members,

I am honored to be writing you all at the beginning of my second term as your President. I have looked back over the last two years and am thrilled at all our accomplishments.

In our commitment to "going green," we have updated our website, online membership and renewal, online registration for conferences, online membership directory, access to past newsletters, GSCSW Constitution, Legislative Tracking with NASW, schedule of events for Professional Education, announcements for committee events, including monthly Mentorship group, LMSW New Social Work functions and much, much more.

As I look forward to the next two years, I think about what clinical social workers in Georgia need and want from GSCSW. In our Treasurer's report this month, you will see how our increased membership and renewal have positively affected our ability to provide top-notch programming and professional opportunities, including excellent speakers, panels relating to topics of interest to our members, and professional social events for everyone to catch up, market, see old colleagues, and meet new ones. During this time of economic hardship on so many, it is very inspiring to see our membership and renewal numbers so high. I truly believe that clinical social workers in Georgia continue to need a place to grow, learn and connect. Therefore, my vision and mission is to continue to honor our commitment to "go green," save the environment, lower costs, and allow easy access to so many resources. Also, I hope to continue to strengthen and support committee chairs and committees as they tirelessly work to provide services that clinical social workers need.

> "During this time of economic hardship on so many, it is very inspiring to see our membership and renewal numbers so high."

In addition, we have had a Board of Directors whose talent and dedication have been tremendous and inspiring. This year, we have several new committee chairs already busy making plans for GSCSW. Thanks to all of you--past and present--who have made invaluable contributions to GSCSW.

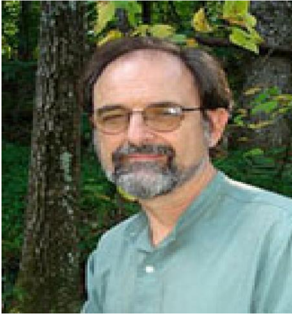
All committees have events planned, so please check out the Committee Report section of the newsletter to find out what is going on. Also, we are honored to have Dr. Karen Schwartz, PhD, of Atlanta, presenting this year at our annual Diane Davis conference. Please see the back of the newsletter or the website, www.gscsw.org for details and registration. I want to thank everyone who is working so hard to make GSCSW a thriving and vibrant organization. We have much to be proud of and look forward to this year. If you are interested in getting involved, please feel free to contact me or any of the Board members.

Looking forward to seeing you all at upcoming events!!

Alyce E. Wellons, LCSW

President

Georgia Society for Clinical Social Work



FROM THE EDITOR

What a wonderful time of year to be sitting on the front porch of my cabin on the north slope of Mount Oglethorpe in the Georgia Mountains. The remaining yellow leaves on the distant ridges are a vivid reminder of the progression of Mother Earth's cycle of life. The warmth from today's sunshine is welcomed and special because I know the necessary cold of winter will soon be upon us. The change of season is inevitable, expected and necessary to sustain life. We have come to understand this life and death cycle and find ways to cope with its realities. My winter canoe trip in Florida is my way of dealing with the cold. All of us find what we need to manage.

This year we are facing a very different type of change. The financial meltdown with the accompanying socio-economic turmoil was not anticipated and has provided many of us with challenges. As clinical social workers we work with clients who are caught in the midst of this difficult time and in many cases we help them find their path through the turmoil. In the midst of this difficult time I find myself reflecting on a quote from Victor Hugo's *Tale of Two Cities: "It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness…"* Reflecting on this helps me remember that we are all going through some turmoil which can be both the best and the worst of times and that while change is inevitable, necessary, difficult and sometimes painful we will prevail, get better soon, and wounds will heal.

This issue of the Clinical Page offers many interesting submissions relevant to this crisis of change and to our work. The book review *Developing Through Relationships* will point out how human development can be understood by examining the role of relationships, culture, and communication. The review of the movie *The Reader* will examine the power and potentially debilitating impact of secrets and shame on people's lives. Part II of The Therapists Chair will shed further light on the complexity of bringing new life into this world. In addition to another ethics article relevant to our practice, we also have brief updates on the workings of our many important committees which are the life blood of this organization.

Take the time to read this issue and give us feedback if you are moved to do so.

Fred Crimi, LCSW (Editor)

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A BOOK REVIEW

BY FRED CRIMI, LCSW

Developing Through Relationships

Origins of Communication, Self, and Culture

By Alan Fogel

Alan Fogel, Professor of Psychology at the University of Utah, proposes that human development takes place as a result of a "co-regulated activity" within relationships. It is this jointly created "dynamic discourse, the act of communication" that enables the self to "arise from one's physical and social relationships." This proposed relationship theory of human development also suggests that creativity within the dynamically changing nature of relationships is critical for development to take place.

Developing Through Relationships references empirical findings from the fields of linguistics, biology, literature, cognitive and neural science, anthropology, and psychology to guide the reader's understanding of how the human mind and a sense of self develop out of a "continuous process model of communication and relationship formation."

What struck me from the very beginning of the book is how congruent Fogel's theory was with the description of social work theory as adopted by the International Federation of Social Work meeting held in Montreal, Canada, July 2000:

> Social work bases its methodology on a systematic body of evidence-based knowledge derived from research and practice evaluation, including local and indigenous knowledge specific to its context. It recognizes the complexity of interactions between human beings and their environment, and the capacity of people both to be affected by and to alter the multiple influences upon them including bio-psychosocial factors. The social work profession draws on theories of human development, behavior and social systems to analyze complex situations and to facilitate individual, organizational, social and cultural changes.

"Human interaction within relationships establishes the neural connections from which our minds emerge."

Fogel discusses in great detail what social workers are trained to value: understanding human development in social context, recognizing that everyday communication within the relationships between self- and-others and self-with-society is foundational for our profession. No matter how we choose to practice, we know that a relational, bi-directional, attuned interaction with our clients is necessary to co-create the therapeutic relationship. As the author clearly articulates:

> *... an attempt to comprehend the human mind and self that is not grounded in a theory of personal relationships may sprout and grow but is unlikely to yield edible fruit and attractive flowers.*

I found it interesting to note that while Fogel wrote this book in 1993, many of his proposed constructs about understanding development of the human mind and sense of self compare favorably with recent social-neurobiological findings. For instance, he discusses how the mind is understood as an evolving historical process of personal relationship formation. This relationship-dependent process is similar to Daniel Siegel's thesis in *The Developing Mind* (2001) in that the brain's development and growth are an "activity dependent process," and it is relationships which foster the development of the mind throughout life.

In addition Daniel Siegel's book *The Mindful Brain* (2007) and Luo Cozolino's *The Neuroscience of Human Relationships* (2007) discuss the centrality of relationships in a person's life and their critical role in developing the brain. These two authors point to the brain as a social organ of the body; our survival is related to how we use our minds within social settings. Human interaction within relationships establishes the neural connections from which our minds emerge.

Fogel's references to the parent-child relationship and attachment theory compare well with David Wallen's book *Attachment in Psychotherapy* (2006). Not only does Wallen discuss the importance of understanding development through relationships but also takes the theory and applies it to the practice of psychotherapy.

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call for him to warn the intended victim or others likely to apprise the victim of the danger, to notify the police, or to take whatever other steps are reasonable and necessary under the circumstances."

What many social workers may not know about Duty to Warn, is that each State has its own regulations that determine a therapist's right (therapists have permission) and/or obligation (therapists have a legal mandate) to report a client that poses imminent danger to another person. Additionally, each State has its own regulations that define a reportable imminent danger (e.g., threat made in the presence of the therapist, threat heard of through a third party, threat towards an identifiable victim, etc.), as well as what a therapist must do to discharge his/her duty to warn (e.g., warn the victim, call the police, hospitalize the client that made the threat). Unlike most states, Georgia is "silent as to the social worker's duty to warn," having no statutory standard for social workers to abide by (NASW, Issue of the Month, February 2008).

Privileged Communication and Documentation

As social workers, our relationship with clients is paramount. Clients must be able to share in detail their experiences, reactions, and emotions. In order to get the most helpful information, there must be an atmosphere of trust and safety. In order to provide a safe environment for clients to work therapeutically, we must be able to protect and uphold the right of privileged communication and provide a confidential environment. *Privileged communication* is the duty of the professional not to disclose confidential information without the client's consent. The distinction between confidential and privileged communication is that privilege refers to court and legal environments. The legal protection of privilege is upheld in several circumstances. Howard Gold, JD, MSW explained the principle of privileged communication to be in effect when the issue in question happened in the past and was dealt with through proper channels, there is no imminent risk, and no future risk.

In the NASW code of ethics, there are several standards that reflect our duty in regards to protecting clients' communications. "(j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection". (standard 1.07 [j])). It is important to note that subpoenas are simply a request for records and whenever possible, should be declined. In order to mandate provision of clinical records, a court order should be provided. If a court order is provided, the social worker can ask the client's lawyer to file a motion requesting that the court rule that the request is inappropriate. If the records are admitted, the social worker may request that the records be reviewed by the judge in their chamber to enhance privacy, and then the judge can rule on whether the records are relevant to the case and should be read in the open court and be made public record. (Social Work Today, Dec 2007, retrieved 9/17/09)

When documenting cases that could lead to legal concerns, it is especially important to consider what is written in the record. Because this is not always foreseeable, protective documenting is a great standard of care. Clinician process notes can have various details for the clinician to work from and are not admissible in court when stored separately from the clinical record. The clinical record is considered privileged communication, but can be retrieved in the most unfortunate cases. The NASW COE states "c) Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services" (standard 3.04 [c]). In addition, in order to have permission to disclose a record of a couple, both parties must consent. In working with children, please be aware of issues regarding informed consent. In the case of divorce and step parents, there is a need to be clear as to who has legal guardianship rights. These important clarifications may assist and inform social work practitioners in order to protect their clients.

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ETHICAL DILEMMAS: WHEN ETHICS INTERSECTS THE LAW (CONTINUED FROM PAGE 5)

Child Abuse

You have a client who is now an adult and sharing about abuse as a child. Do you need to report the abuse? Is your client able to prosecute? What if the abuser is still a risk for abusing other children, even though your client is not at risk? The clear and simple answer is that once someone is 23 years old you are not mandated to report the abuse and your client is not able to prosecute. However with ethical considerations and the evolving nature of the law these situations are often complicated.

The main Georgia Statute of Limitations Codes related to child abuse are as follows:

"**GA Code 17-3-1 (c)** For felonies committed against victims who are under 18 at the time the offense is committed, within seven years after commission of the crime."

"**GA Code 17-3-2.1** Limitation on prosecution of certain offenses involving a victim under 16 years of age. If the victim if under 16 on the date of the commission of the offense, the applicable period within which a prosecution must be commenced according to 17-3-1 shall not begin to run until the victim has reached the age of 16 or the violation is reported to a law enforcement agency or prosecuting attorney, whichever occurs first; applies to any of the following offenses occurring on or after July 1, 1992:…Child molestation and aggravated child molestation (16-6-4)."

Interestingly, the statute of limitations differs for victims of elder abuse. **GA Code 17-3-2.2** "When the victim of an offense if 65 or above, the applicable period of limitations will not begin to run until the offense is reported to or discovered by a law enforcement agency, prosecuting attorney, or other governmental agency." Historically, child abuse may have fallen under the same limitations, but that is no longer the case in Georgia.

Ethically, it is a struggle to know that children may still be at risk and an abuser is potentially still abusing. The parent who was abusive may now be a grandparent. In some states the period of limitation does not begin until memories are recalled; however, in Georgia there is not existing precedence at this time. The issue of the law at the time of the offense versus the law today may also be an issue. Clients may also be able to prosecute for "psychological harm" or Delayed PTSD which may begin after they are 23 years old. Clinical social workers and clients are always able to report suspected risk of abuse to law enforcement or the appropriate agency, which in Georgia is the Department of Family and Children Services.

Obviously the legal aspect can be a weighty topic for discussion in therapy, as all parties work through the course of action which feels appropriate. Sometimes the law gives us a solid starting point and course of action; however, cases of ambiguity also arise. Legal consultation may be helpful given the complex and ever-changing nature of the law. One must also be aware that each state differs in its statute of limitation around child abuse.

As these situations often cause an emotional reaction for us as clinical social workers, it is important to seek supervision and consultation responsibly.

Ethical Duties and the Therapeutic Relationship

What are the ethical duties when we have reported a client? We often, as clinical social workers, discuss the notion that the *relationship* between therapist and client is part of what assists in the client's journey towards healing. What happens to that relationship when we have followed our duty to report, whether the situation is regarding harm to a child or elder, or concern for the safety of the client or another individual? When the client has developed trust in the relationship and we report, then what happens? Reamer (2003) provides guidelines to

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assist us in balancing our obligation of confidentiality with the duties to warn. "The disclosure of confidential information against a client's wishes should not occur unless the social worker has specific information about the client's apparent intent." When a trusting relationship has been established, is it possible to utilize the relationship to honestly discuss our ethical duties, and to allow a place for the client to then process and discuss their feelings and the fallout of having been reported? Could the trust previously built in the therapeutic relationship be accessed to help the client have some sense of healing here as well? These are questions that do not have easy answers, and which also speak to the safety that is created in a therapeutic relationship.

One goal of the GSCSW Ethics Committee is to continue to present ethical issues and dilemmas, in order to open the door for questions, shed some light on difficult topics, and offer food for thought. As always, we suggest having an ongoing place to seek case consultation and supervision. Please keep the Low Cost Supervision and Ethics committees in mind if you are in need of case consultation. Also, on April 1, 2010 the GSCSW Professional Education Series will welcome Howard Gold, JD, MSW, as he presents on *Minimizing Legal Risks and Board Complaints for Psychotherapists.*

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Georgia Child Abuse Reporting Legislation found at: http://www.godr.org/child_abuse.html

THE THERAPISTS CHAIR

A CLINICIAN'S GUIDE TO UNTANGLING THE COMPLEXITIES OF INFERTILITY – PART 2

IRÉNÉ CELCER MA, LCSW

The Therapist's Role

Clearly, therapists need to be knowledgeable and aware of a patient's attachment styles and personality. What are the unconscious assumptions that make a patient agreeable to accept a certain situation? What insights and imagination does a donor have in understanding the complexities of gamete donation?

A therapist needs to be clear about which characteristics of their patients become activated as coping mechanisms when in crisis. It is our unresolved patients who tend to wreck havoc in reproductive clinics by being demanding and "unreasonable" with staff. It is with these patients that we need to work harder to help them establish and maintain realistic expectations.

More often than not, patients need to be reminded that their quest is not *only* about achieving a pregnancy. A sustainable pregnancy may be the medical goal, but this goal is not the final chapter. It is the first chapter of a new life that includes a live human child who will grow into a toddler and beyond, all the while creating and enhancing a new family structure. No matter which personality traits or coping mechanisms, or attachment style and diagnostic category we have given patients, it is useful to have this conversation within treatment.

From a pragmatic perspective, a therapist dealing with infertility must certainly know the soup acronyms of treatments, such as IVF, GIFT, ZIFT. There are few things more annoying to patients than a lingo-ignorant therapist. Patients do not like to spend time explaining again and again what the letters mean, and therapists will quickly lose important respect if they have to keep asking. It is also important to remember that once a diagnosis of infertility is made, the therapeutic dyad is no longer only a dyad. Infertility treatment involves a myriad of professionals who assess and treat the patient in a myriad of ways. Although you as a clinician are the primary provider of psychosocial treatment, it is important to have a competent understanding of all the adjunctive treatments a patient is likely to encounter. Doctors, nurses, embryologists and many other professionals will enter and exit the patient's life during this journey — all with the power to grant what is most desired.

Emotional Aspects of Infertility

To further help patients with the daunting tasks of handling losses and disappointments, therapists must understand how patients may react differently, depending on *where* in their infertility journey they find themselves.

Margot Weinshel, et al., from the Ackerman Institute Infertility Project delineated the process of infertility as a five-phase journey. Each phase demands different work, accommodation and skills. Oftentimes, partners are not within the same phase, so one partner needs to "wait" for the other to catch up. This may create incredible tension within a couple. For a single person, there may be an incredible sense of responsibility to act — or just the reverse.

Phases of Infertility

Dawning: This is the beginning phase, when it is generally the woman who realizes that conception is not as easy as she imagined it would be. In fact, she realizes that something is off and not okay.

Mobilization: During this phase, individuals and couples begin to look to the medical field and to their options. They are entering a world they did not know existed before the word infertility became a part of their lexicon.

Immersion: Here, individuals and couples are in the midst of their treatments. They may be consumed by them. They may have physical reactions to medications as well as the incredible heartbreaking experience of failed cycles.

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A CLINICIAN'S GUIDE TO UNTANGLING THE COMPLEXITIES OF INFERTILITY – PART 2 (CONTINUED FROM PAGE 8)

Resolution: At this point, patients decide to go a certain route in their quest for a child. They may decide to live a life that is child-free, consider adoption, or try third party reproductive assistance. A sense of peace may unfold, at least for a while. Another set of feelings emerge, those related to an actual baby, as they move forward in this phase.

Legacy: This phase pertains to what happens after treatment. It speaks to the legacy that the individual or the couple will give their offspring, in part related to how the crisis of infertility was navigated and solved.

Understanding Oneself as a Therapist

It is impossible to do this work without asking the tough questions about our own belief systems about family-building. What are those beliefs? What are our normative standards? What are our comfort zones?

Therapists working with infertility and third party reproductive assistance need to understand which treatment procedures they feel comfortable with, as well as which procedures create a personal sense of objection. How do they feel about a patient that wants to have selective termination of a triplet pregnancy? Would they feel differently if it were a twin pregnancy? Or an octoplet pregnancy? Therapists need to be aware of which kind of families they would feel "okay" helping, and which would make them "cringe."

Therapists need to reflect on their feelings about same sex families? Do they feel differently about gay, lesbian and heterosexual families? Why? What are their feelings toward third party reproductive assistance? Do they feel differently toward egg donation, sperm donation, surrogacy or embryo donation? Why?

Therapists must also understand how their own basic personality traits, attachment style and coping mechanisms respond when loss comes their way, again and again. How are they the *same as* or *different from* their patients, with regard to needs, desires, strengths, weaknesses, and resilience? Are they colluding with patients in any unhealthy way? These are all important questions for the therapist to ask about his or her relationship with the patient.

After Treatment

When our patients feel that they were reasonably helped during their ordeal of infertility, they may come back to us, many years later. And the most pressing concern for the future of our patients typically revolves around issues of disclosure regarding the unique beginnings of their offspring.

In the case of adoption, or third party reproductive assistance, disclosure and lack of genetic connection may be part of the legacy of infertility. Once again, we need to take into account our patient's personality style, coping mechanisms, and attachment style to fully understand the anxieties surrounding disclosure. Sensitivity to the patient's lifestyle and to her fantasies of interpersonal connection and disconnection are paramount to our understanding of what and how a parent wishes to disclose.

Beyond all else, uncovering the meaning of family is at the core of working with patients after infertility treatment. The ongoing quest brings patient and therapist together once again to explore what family is all about. Is it genes? Is it a pregnancy? Is it the love and connection that foster the growth of a child? The role that genes, nature, pregnancy and nurture play in the family equation will be different for each patient. Helping them understand these roles is central to establishing their own identities as "mother," as "father," and as "child" … and ultimately of their cherished newfound identity as "family.

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Iréné Celcer MA, LCSW specializes in several areas of parenting including life after infertility, and third party reproductive assistance. She is the author of a children's book collection on third party reproductive assistance *Hope and Will Have a Baby* (Graphite Press, 2007). For more information: www.icelcer.com or www.graphitepress.com

THE READER
A MOVIE REVIEW BY ALYCE WELLONS, LCSW

After a couple's session where my clients were discussing The Reader and their impressions of it, I became curious and wanted to see it for myself. The couple, very involved in 12-step recovery, were processing the film's message of the power of a secret; they compared it to the 12-step philosophy of how "your secrets keep you sick," and how secrets and shame perpetuate addiction and ongoing disconnection from oneself, others, and spirituality. So, I knew that I would enjoy this movie…and was already contemplating the idea of a review for the upcoming Clinical Page.

The movie starts out pretty straightforward. A young boy, Michael, on his way home from school in Germany right before the Nazi invasion, becomes ill and falls into an alley. Kate Winslett's character, Hanna Schmitz, assists him. After his recovery, they begin a three-month affair. She is significantly older than his 16 years and is in control of the relationship. The affair quickly moves to her insistence that he read to her before they have sex. It is apparent that she loves the readings, craves them and is fed by them. After only three months, she disappears from his life, leaving him distraught, bewildered, and very wounded.

He enters law school and, as part of a course, attends some of the war criminal trials. In one of these, Hanna and other women guards are being tried for their roles in the deaths of prisoners at Auschwitz and a church fire. During the trial, it becomes clear to Michael that Hanna cannot read. Rather than admit this shameful secret, she allows herself to plead guilty for parts of the crime she did not commit, and is sentenced to life in prison. Michael, beginning to understand how their affair has emotionally paralyzed him, struggles with whether he should tell the court she cannot read (thereby reducing her sentence) or go and see her. In the end, he does nothing, but eventually begins sending books read by him on tape to her in prison for the next 20 years. He is never able to commit to a healthy relationship during this time. Meanwhile, Hanna teaches herself to read in prison by matching his words on tape to the words in books checked out at the prison library. They finally reunite at the end of her 20 year sentence, and, although neither has ever truly moved on, they also realize they cannot go back.

The theme of the power of the secret in this movie is strong. Hanna allows herself to be sentenced for war crimes she did not commit in order to protect her secret that she cannot read. Michael holds on to the secret of their relationship and never allows himself to move on. His secret was exciting and thrilling initially, but turned and he was unable to connect with family, peers and (eventually) his own child. The power of the secret to keep people disconnected from intimacy is evident in Michael's inability to move on emotionally and Hanna's inability to ever get close to someone, lest they find out her shameful secret of illiteracy.

A good friend and colleague who saw the movie initially said she did not care for it. As we processed the film, however, she realized that she felt she could not "connect" with Hanna. Quite possibly, Kate Winslet truly translated from the silver screen the walled off, disconnected, Hanna Schmitz, that keeps others at a distance and her in control. Not only could my friend not connect to Hanna, no one in Hanna's life could connect with her, either, especially Michael, whom she crushed when she abruptly disappeared from his life. At the time of her parole, prison officials told Michael there was no one in her life that they could contact to help her transition. Her secret kept her alone, disconnected, isolated, and ashamed…as secrets often do. She remarked to Michael early in their affair, "You do not have the power to upset me, you do not matter enough to upset me." The damage from keeping the secret far outweighs the content of the secret itself.

When our clients come to us, they are often harboring shameful secrets of their own. The space created in the practice of psychotherapy and the relationship between client and therapist should create a place of care and trust to allow people to unburden them and find a way to move on in their lives. Anyone who has worked with people struggling with painful secrets knows the progressive devastation. Whether the secret be illiteracy, sexual abuse, addiction, or simply the fear that something is "wrong" with them, secrets and the guarding of them keep out people, intimacy, joy, pain, and the rich and juicy experiences of life.

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A BOOK REVIEW (CONTINUED FROM PAGE 4)

It is this application that truly brings home for me the practical relevance of Fogel's work.

The book is presented in two sections which enable the reader to follow the development of his thesis. Part I, *Communication Process*, traces the roots of communication, self, and culture from their earliest origins. Examples of mother-child behavior, which reflect concepts closely related to attachment theory, help illustrate how our "original sense of self" comes from social and physical relationships. Phrases like "mutually alter each other" and "jointly constructed by both" were thought-provoking for me as well as relevant to many of my clinical cases, and frequently I wrote the initials of clients in the margin for future reference.

In Part II, *The Relationship Process;* the author looks at theories of human development in relationships and the development of these relationships. Of particular interest is the section addressing the process of self organization within relationships where the author discusses how "information is created when the degrees of freedom are reduced." Familiar examples he uses focus on the interaction within parent-child, therapist-client and marital-couple relationships. Fogle further engages the reader when he references wolf behavior within the animal kingdom to explain how "repeating patterns in a relationship are symptoms of information creation."

Having often re-read this book, I continue to find important ideas which I apply in my practice. I strongly recommend this book; it is an excellent reference which will not gather dust on your bookshelf.

THE READER

A MOVIE REVIEW BY ALYCE WELLONS, LCSW (CONTINUED FROM PAGE 10)

The film also subtly addresses the power of the bigger secrets with which society still struggles. The backdrop of the story is the Holocaust in Nazi Germany. The court directly asks the female guards what they have thought and felt. Hanna is very concrete and has shut out any feeling about her part in the Holocaust. She answers questions bluntly during the trial, "We guarded the prisoners, this was our job", etc. There is no affect and no hint that it has been any more than that for her. One wonders what sort of compartmentalization, repression and denial anyone involved in the Nazi regime must have maintained in order to have participated. And even today, there are those who deny the very existence of the Holocaust itself. What kind of person can live with such denial and buried truth? What sort of secrets can they not tell themselves, if they must also deny other horrifying tragedies?

At the end, truth finally sets Hanna free. She learns to read, reaches out to Michael through letters, and awkwardly attempts to connect with him when he finally visits. But her truth also tells her that there is no place for her in the life she had known. Michael, finally set free in some way of his own, returns to his life and relationships. He reconnects with his grown daughter, Julia, and begins to tell her the story of his life, thereby allowing her (and eventually others) to get close to him.

This reminds us that even after twenty years of being controlled by secrets and shame, change can still happen. The chains can loosen, and we can be set free and move on.

Alyce E. Wellons, LCSW is a psychotherapist in private practice in Virginia Highlands. This is her first movie review. She may be reached at 404.664.3110 or www.alycewellons.com

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THE POWER OF POPPING THE BUBBLES

In the comic strip Blondie, I see the bubbles above their heads and I want to read them first. I can relate to not saying everything! It's normal and natural to avoid discomfort and pain. In our relationships and society, we do this all the time. It takes courage to stay committed to saying what's hard to say. So why do we continue to make bubbles? What would happen if we stopped? How would our relationships and life be different? What's the best and worst thing that could happen? How can we know something isn't good for us and even know what to do, and still we don't change our behavior? Change is hard and we need to remember "baby steps" and "progress counts". Unfortunately, our brains are hard wired and the unwiring process is a life long venture!

During the holidays, and as we move into 2010, I wish for all of us that we will remember the power of popping the bubbles and speaking the truth.

Peace to all and Namaste!

MarGO!

Margo Geller is a counselor for entrepreneurs. She has lived and worked in Atlanta for over 30 years. Her career has included being a counselor and entrepreneur. In 2002, she started her own consulting and counseling business working with entrepreneurs and self employed professionals. Margo holds a master's degree in clinical social work from the University of Georgia and earned her bachelor's degree in psychology from Emory University.

COMMITTEE REPORTS

LMSW COMMITTEE

We are excited to start a new year! Our first LMSW event of the year was in October at Heather Kotler's house. It was a successful meet-and-greet with students representing The University of Georgia, Clark Atlanta University, and Smith College. Many of the students were excited about GSCSW and will be becoming members. Last year our committee held an event in Athens for students attending UGA. We had a high turn-out for this event and we'll be hosting another event in Athens this November. We hope to be as successful this year as we were last year! The LMSW Committee will be partnering with the Mentorship committee again this year to host panel discussions on Private Practice and Tips on Searching for Social Work Jobs. In addition, this year the LMSW Committee plans to partner with the Supervision Committee to offer a panel discussion on Supervision. Last year's panel discussions on Private Practice and Tips on Searching for Social Work Jobs were a new way to reach MSW students and practicing social workers in the Atlanta area. Both of the panel discussions had a great turn- out and both students and clinicians enjoyed the event. We are hoping to have another successful year!

MENTORSHIP COMMITTEE

The mentorship committee is a part of the clinical society that helps to match social work mentors with newer social workers in need of a mentor. The committee also facilitates a group that meets regularly to discuss issues in the field for new social workers. The group explores issues related to licensure, job search process, professional identity, what to expect in the first 2 years in the field, networking, and peer support. The next meeting is Nov 16th. We welcome new social workers to attend. The mentorship committee also helps the LMSW committee with the starting a private practice panel by identifying speakers as well as the social work panel presentation. Along with the panel for private practice is the panel for new MSW's looking for employment. The MSW committee also requested at the board meeting, with great support, that we in conjunction with the low cost supervision group may help them organize a panel discussion on "supervision for new social workers" and also "through the age span". The committee also identifies new members from membership that may be good candidates for the mentorship services. Be on the lookout for an email to the membership about current mentorship issues, such as the day of the mentorship group for next year as well as how to get the most out of your mentorship relationship.

Currently, the co-chairs of the committee are Phyllis Glass, LCSW and Sharon Sharp, LCSW. The other committee members are Tara Arnold, Danna Lipton, Ephrat Lipton, and Sonny Magill. We would like to extend a warm welcome to Danna Lipton who is our newest member to the committee. If you would like to contact the mentorship committee or give feedback, please e-mail Phyllis Glass palglass@mindspring.com or Sharon Sharp sharp@emory.edu

COMMITTEE REPORTS

TREASURER'S REPORT

Hello, GSCSW members. I'm happy to report that, in spite of the sometimes gloomy recession surrounding us, we continue with strong membership--which translates to stronger funding--which contributes to higher quality programming and education, as well as increased networking and outreach opportunities for current and potential members. Congratulations to all of those who make this happen, directly or indirectly. And a special thanks, as always, to Trisha Clymore, whose help is invaluable. Please don't hesitate to contact me if I can be helpful in any way.

Sharon Burford, LCSW, MBA

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COMMITTEE REPORTS

LEGISLATIVE COMMITTEE

I would like to thank Barbara Lewison for agreeing to co-chair this Committee with me. Together, we hope to bring a great deal of enthusiasm and innovation to you with regard to legislative issues that are most important to you! Please feel free to contact us at any time to discuss what is on your mind. We held our annual town hall meeting on September 3rd, with Wendi Clifton presenting a frank outlook on Georgia's proposed budget cuts for FY2010 and FY2011. As most of you are aware, we will continue to experience deep cuts to services for children, the elderly, mental health, and substance abuse prevention and treatment. You can check out the proposed budget cuts www.dhr.georgia.gov. Also, please check out our website as it contains a great deal of information about legislative issues. Simply click on the "Legislative Action" tab at the top of the home page and you will find information on how to get involved in the legislative process, the areas that GSCSW focuses on for advocacy, links to finding your legislator as well as voting/elections information. In the near future, there will also be a link to state and congressional legislative tracking sites. The Legislative Committee will continue to focus on getting our membership more involved in the legislative process.

It is more important than ever that we unite in our efforts so please take the time to communicate with your legislators throughout the year. Finally, we are always seeking volunteers so if you are interested in learning more about the legislative process, please join us. We can be reached as follows: Cheryl @ cbravo11@yahoo.com or Barbara @ blewison@gmail.com

Cheryl A. Bravo, LMSW and Barbara Lewison, MSW

Co-chairs, GSCSW Legislative Committee

PROFESSIONAL EDUCATION COMMITTEE

The Professional Education Committee has started the 2009-10 year off with a bang. With several new committee members and a new co-chair we are full of energy, enthusiasm, and new ideas. We've started the year off with our annual Town Hall meeting and a fantastically informational and personal discussion by our own Sharman Colosetti, LCSW, Ph.D. Thanks to your requests and comments, we have a full line-up of great speakers for the rest of the year, including presentations on Eating Disorders, Adolescent Addiction, Legal Risks, and many more. We are thrilled to announce that Karen Schwartz, PhD. will be presenting at our annual Diane Davis lecture on "Current Psychoanalytic Perspectives" on December 11th, and that Clifton Mitchell will be presenting to us on "Effective Techniques for Dealing with Highly Resistant Clients" for Spring Conference. Look for more detailed information to be coming soon!

Please keep your requests and comments coming- it is the best way to ensure that you get the trainings you want!

Much thanks,

Jessi Heneghan, LCSW, and Tricia Anbinder, LCSW

Professional Education Co-Chairs

jesheneghan@hotmail.com

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Professional Education Committee:

Stephanie Swann, PhD., LCSW

Dominique Harmon, LCSW

Thandi Chase, LCSW

Mary Giattina, LMSW

Kenyada Duncan, LCSW

COMMITTEE REPORTS

ETHICS COMMITTEE

Goals for year

- To obtain liability insurance for the board of GSCSW
- To recruit at least one new member, preferably a seasoned therapist
- To write two ethics related articles for the *Clinical Page* each year
- To create an index of all past Ethics-related articles in past CP issues, that can be accessed by topic on the GSCSW website

There were two ethical situations since the May board meeting, one a call for consultation from a member, and also a situation regarding use of the GSCSW listserv.

The committee wrote the article in this issue of the *Clinical Page* titled *Ethical Dilemmas and the Duty to Warn.*

Committee members: Tara Arnold, Barbara Emmanuel, Ann Roark, Beth Collins Himes, Emily Potts

LOW-COST SUPERVISION COMMITTEE

The Georgia Society for Clinical Social Work recognizes the importance of supervision for all clinicians over the lifetime of their careers. We are especially committed to assisting in providing affordable, quality supervision to new clinical social workers. To that end, for many years, we have sponsored the low cost supervision program as a service to the community, with many of our seasoned members offering to provide supervision at a reduced fee to LMSW's who are on the LCSW track. We also recognize that for new LCSW's, supervision offered at a reduced rate is needed as well. So we are in the process of expanding our program to include supervision groups for new LCSW's. The details of the parameters and the list of supervisors who are willing to offer these groups will be available soon. A notice will posted on the listserv as soon as that information is available, and the supervision section of our website, www.gscsw.org, will provide information as well.

If you are interested in supervision or have questions, please feel free to contact me at bnamalcsw@aol.com or 404-231-2339.

Barbara L. Nama, LCSW

GUIDELINES FOR USING THE LISTSERV WITH RESPECT TO CLINICAL ISSUES

While the listserv provides a means of communication within the professional community, we need to be aware of the lack of confidentiality of this resource. Although technically it is for members-only use, it can easily be forwarded to or accessed by others who are not bound by our Code of Ethics. Since it is not a secure site, the listserv should not be used for case consultation. The primary purposes of the listserv are:

1. Announcements such as: job opportunities, workshops, office space (for rent or need);

2. Questions about referrals;

3. Other aspects of clinical practice such as: looking for resources, organizing a peer consultation group, professional dialogue (excluding case information)

Please remember that we can never be sure that emails will remain private and confidential; therefore, when using the listserv, GSCSW reminds you to use the listserv for general questions only such as services, linkage to other information, requests for referrals, office space, workshops, etc. Avoid all use of identifiable protected health information, as we cannot ensure that emails sent on the listserv will remain private and confidential.

If you have questions please feel free to email admin@gscsw.org for assistance.

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 admin@gscsw.org

PROFESSIONAL EDUCATION UPCOMING CEU EVENTS

Thursday Night Events at Hillside Hospital from 7-9 pm (2 CEUs) and Special Conferences

Diane Davis Lecture - December 11, 2009 at Ridgeview Institute (3 CEUs) Karen Schwartz, PhD. presents *"A Relational State of Mind: A look at the clinical exchange when the psychotherapist holds a contemporary psychoanalytic perspective".*

January 7, 2010 - Gail Phillips, LCSW—*Eating Disorders*

February 4, 2010 - Ashley Baker, CAC—*Adolescent Substance Abuse and Addiction*

March 4, 2010 - Vanessa McAdams-Mahmoud, LCSW—*Internalized oppression and How to Manage in Therapeutic Alliance*

April 1, 2010 - Howard Gold, PC - *Minimizing Legal Risks and Board Complaints for Therapists*

Spring Conference - May 1, 2010 at Peachford Hospital (5 CEUs) TBA

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 / Summer 2010 Clinical Page to

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GSCSW

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DIANE DAVIS LECTURE DECEMBER 11, 2009

"A Relational State of Mind: A look at the clinical exchange when the psychotherapist holds a contemporary psychoanalytic perspective"

Presenter: Karen Schwartz, PhD

Friday, December 11, 2009 9:00 am—12 noon at Ridgeview Institute

Email admin@gscsw.org for a registration form or go to www.gscsw.org to download a register form or contact admin@gscsw.org and have one emailed to you.

It is not to late to register!!