GEORGIA SOCIETY FOR CLINICAL SOCIAL WORK

VOLUME 28, ISSUE 5

THE CLINICAL PAGE

FALL 2008/WINTER 2009

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GSCSW REMEMBERS PAST PRESIDENT MARGOT DAVIS

BY DEANNA REESE, LCSW

In May, the Clinical Society lost a beloved member and former president, Margot Davis. Margot had battled cancer for several years. She will be remembered by her friends as wise, spiritual, compassionate, and nonjudgmental.

Margot had gone back to college and graduate school after raising three children. She loved the profession and was so proud to be an LCSW.

I got to know Margot when I joined her beloved book club. We met on a monthly basis to drink wine, eat a meal, and discuss books and life. From there we began walking two or three days a week. She became a wonderful and supportive friend and never wavered in giving me encouragement and unconditional love. We saw a couple of clients together and she was a wonderful therapist from whom I learned a lot about being a good listener. She was the best listener I have ever known.

Carole Walton, a good friend of Margot's, remembers her being so much fun! They became friends after Margot asked Carole for some advice on being president. From there they began having dinners together centered around the Clinical Society and watching the Atlanta Braves. Carole said Margot was very involved in the national scene and was focused on increasing memberships. She also wanted members to have benefits and worked diligently on our behalf.

Amy Garnett, another book club member, remembers Margot as being a warm and gracious president who made everyone feel welcome and comfortable. Amy was forever sorry that she didn't hire Margot after she interviewed for a job at Peachford Hospital in 1980. Margot loved kidding Amy about the fact she didn't hire her for the job at Peachford!

Margot will be missed by all who knew her. Even at the end when I asked how she was feeling, she would make a brief statement and then say: "That's boring, have you seen any good movies lately?"

Margot loved books, movies and music. She loved being with her friends and loved organizing movies, dinners, or visits to Libby's Cabaret, She made her friends feel so loved and special. That's why at her funeral, the hillside was covered with people from all walks of life who loved Margot.

Sara Page, former president of GSCSW, recalled “Margo was a bright, very kind, thoughtful person who possessed a wonderful spirit. Margo had a wonderful way of being attentive...and I always felt she was present. Many of us really miss her.”

PRESIDENT'S MESSAGE

Hello Fellow GSCSW Members,

I am writing to you at an historic time in all of our lives. I know that most of you are in some way affected by what is happening both at home and around the world. Whether it is the stock market, politics, people losing jobs, or basic resources being cut, our presence on the front lines of people's lives requires us to bear witness. It is times like these that we are the most needed--and most vulnerable ourselves. It is my express hope that GSCSW can serve its members during this time by offering continued programming and opportunities for connection through socialization and networking. Whether it is catching up before our monthly CEU events, connecting at committee meetings, or using the listserv to give/receive resources, staying connected and supporting each other have never been more important. We hope that GSCSW can be an important part of your professional self-care. Please contact any of our board members (check www.gscsw.org for a complete list) if you have suggestions or want to get involved!!

I want to take a moment to thank some people who have been key to GSCSW, specifically the Clinical Page. Metta Sweet Johnson, LCSW will be stepping down as co-editor of the newsletter. Metta was instrumental in taking this publication to the next level by revamping the format and graphics, as well as painstakingly volunteering her time twice a year to hours of sitting in front of the computer and finding the perfect place and fit for all the wonderful article submissions. Thank you so much, Metta, for five beautiful editions of the Clinical Page!! We would like to welcome our new co-editor, Fred Crimi, LCSW. Fred has volunteered to take on this position and allow the newsletter to continue to evolve and find its voice. Welcome, Fred!!

All the best thinkers and philosophers have the basic same advice: life is difficult and often unexplainable, and we must maintain hope and keep going. So…we move forward. We have our annual Diane Davis conference coming up on December 5th (www.gscsw.org for details), the LMSW committee has hosted a new social worker party, mentorship continues to offer support to new social workers, legislative has been diligent in bringing us information and keeping us updated, and membership works hard to keep the renewal process going, as well as help new members join and get involved. Our ethics committee is steady in its presence, low-cost supervision offers quality and affordable supervision to social workers working towards licensure, and our treasurer continues to be a good steward of our resources. Thanks to all of our volunteer board members who make GSCSW such an outstanding community for clinical social workers.

As we all know, one person can make a difference, and one organization can make a difference. I thank you all for everything you are doing for your clients and this organization as we hopefully continue to make a positive difference in peoples' lives.

Warm regards,

Alyce E. Wellons, LCSW

"Whether it is the stock market, politics, people losing jobs, or basic resources being cut, our presence on the front lines of people's lives requires us to bear witness."

THE THERAPIST'S CHAIR
THE INVISIBLE WOUND: THE COMPLEXITY OF THE ASSESSMENT AND TREATMENT OF PTSD FOR RETURNING VETERANS

BY FRED CRIMI, LCSW

A major study from the RAND Corporation, National Security Research Division, estimates that ***one in five Iraq and Afghanistan veterans suffer from PTSD or major depression.*** This study, *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery* (April 17, 2008) points out that, "Unlike the physical wounds of war, this condition is often invisible to the eye, remaining invisible to other service members, family members, and society in general."

Conducted jointly with RAND Health, the nation's largest independent health policy research program, this study also discusses health care system gaps and addresses related needs of our veterans. While not surprising, this study is disturbing, and I suggest taking the time to read the summary which can be found on the Internet at http://veterans.rand.org/. The following case illustrates the complexity of assessment for PTSD.

Case Presentation

Jack, a 32 year old single white male, appears to be experiencing significant stress as a result of a "life transition event." He had been living with a woman for about five years. She had an affair last year and they have been living separately for five months. He is still loves her and wants to re-establish their past intimacy; she is "hot and cold" about their relationship.

After a brief greeting I review his intake forms, which include a Beck Depression Inventory. His Beck score reveals a moderate level of depression with no reported suicidal ideation. This is a red flag. We begin.

"How can I help you?"

"I love my girlfriend and want to be with her. I am upset about how she is treating me and feel jerked around by her. One day she acts like she cares for me, the next day she is cold, distant and talks about wanting to see other men. This leaves me feeling uncertain and out of control."

"You feel uncertain and out of control. It's important that I understand you, please tell me more."

Leaning forward on the front edge of his chair, as if he is about to share a secret, he tells me how they meet and reports three to four years of shared happiness.

"Can you tell me more about the beginning of the relationship?"

"Sure, we met while I was stationed in Georgia."

"Stationed in Georgia, were you in the military?"

"Yes, I was an officer in the military Special Forces and met her nine months before I left the service."

Wanting to know more about his military service and trusting my gut instinct to pursue this further, I ask, *"Could you take a few minutes and tell me about your military career?"*

With obvious pride he talks about his military family and his military academy training. Then he says, *"I always chose the hardest possible program or assignment and always received high praise and recognition."*

"Hardest program?"

"I always picked the biggest challenge, the most difficult jobs, and chose the toughest program. I had to be and was the best at everything I tried." Continuing, he talked about going through increasingly difficult and technical training, which led to a position in an elite combat unit.

"So you achieved quite a bit, felt recognized and enjoyed feeling respected."

"Exactly, I felt respected, acknowledged and always knew what to expect from the military. I'm glad you understand me."

"Good. I'm glad you feel understood. Feeling understood is very important." As he speaks about his active duty, which included time in Afghanistan and Iraq, my gut tightens I and realize I am holding my breath. I note my response to his monologue.

At an appropriate stopping place I reflect my feelings. *"My goodness, your story has left me breathless! So much has happened in your military life before this relationship difficulty."*

"Yeah, you don't know the half of it. I was very good at what I did. I was respected by my men and controlled secretive and critical aspects of military operations."

I again found myself holding my breath. *"So you had a lot of control, you felt very capable and there was no ambiguity about either how you were responded to or about expectations of you within the military."*

"That is absolutely correct and"... He pauses, looks tense, with fists clinched, chokes up and he appears ready to cry.

"What can you tell me about

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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.

INTERVIEW WITH A MENTORING PAIR

BY PHYLLIS GLASS, LCSW

Mentorship Committee Co-chairs Phyllis Glass and Sarah Roe have interviewed a mentor/ mentee on their experience on the mentoring process that they want to share with us.

We closed off a long week by joining Ann Roark and Jessi Heneghan at Apres Diem, sharing a little wine and learning about their mentoring relationship. What a nice relationship it is!

Ann and Jessi have been matched for the last 2 years, beginning shortly after Jessi graduated from UGA. Jessi recalls being very intimidated as a recent MSW as she encountered long-time social workers at Clinical Society functions. Ann was able to ease those feelings for her by meeting her before the Thursday night meetings for a glass of wine or something to eat, then going with her to the meetings. As they got to know each other, they discovered other common interests besides clinical social work and expanded their conversations into the personal realm. Ann mentioned that they met at each other's homes or at restaurants rather than in a professional setting, allowing them to broaden and deepen their friendship.

On a professional level, Jessi talked about the value of having a disinterested party to discuss career choices with as well as to validate some of the experiences she was having in her first job out of social work school. She thought long and hard about leaving school social work to go to her current job at Ridgeview, working with children and adolescents. Being able to talk freely with Ann helped her to make that choice. She also mentioned how her connection to Ann helped her to feel more connected to the profession itself.

Ann talked about how refreshing Jessi's energy and curiosity were for her after being a clinician for many years. She also said their friendship gave her a connection to the professional community that is sometimes hard to maintain in private practice as well as a sense of continuity and generativity—the next generation of clinicians assuming their place in the community.

When asked for their advice to other mentoring pairs, both emphasized getting to know each other on a personal level in relaxed settings. They also trumpeted the value of attending the monthly meetings together. Ann and Jessi have a warm friendship, and it was a delight to be able to hear about it.

Phyllis Glass, LCSW and Sarah Roe, LCSW are the Mentorship chairs for GSCSW.

BOOK REVIEW: THE POLITICAL BRAIN: THE ROLE OF EMOTION IN DECIDING THE FATE OF A NATION

BY FRED CRIMI, LCSW

A timely consideration of how human emotions impact choice of leadership.

The Political Brain: The Role of Emotion in Deciding the Fate of a Nation,

by Drew Weston.

The political brain is an emotional brain. "A dispassionate mind, which makes decisions by weighing the evidence and reasoning to the most valid conclusion, bears no relation to how the mind and brain actually work." Drawing from the fields of psychology and cognitive neuroscience, Drew Weston, a clinical psychologist and political strategist from Emory University writes about his ongoing research on how we make decisions and choices when we vote.

In the introductory chapter the author discusses his research: "What we hoped to learn was how, in real time, the brain negotiates conflicts between data and desire." After a brief overview of his research design, the author reports to his surprise that four out of four of his stated hypotheses were confirmed. The data "showed when partisans face threatening information, not only are they likely to reason to emotionally biased conclusions, but we can trace their neural footprints as they do it."

Throughout his work Dr. Weston uses candidates' speeches and political ads woven with clinical and neurobiological concepts and enables the reader to remain fully engaged while learning how and why the brain reacts as it does. We are introduced to the term "political junkie" when he suggests viewing voting behavior as "the brain's rewards circuits which overlap substantially with those activated when drug addicts get their fix."

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

Part One "Mind, Brain, and Emotion in Politics" discusses the nature of political campaigns where "rational minds collide with irrational thinking" and we are challenged to dispense with the dispassionate mind and to consider a passionate vision of mind, brain, and emotion.

We are then introduced to what Weston refers to as the "three intellectual giants whose shoulders the passionate vision stands on: Charles Darwin, B.F. Skinner, and Sigmund Freud."

Darwin argued that emotion serves as an adaptive function involving communication. According to Weston, "the ability to send and receive emotional signals regulates social behavior and increases the individual's chances of survival." Survival depends on our ability to maximize reproduction and the care and welfare of others, family specifically. Messages crafted about the welfare of children and our extended family are themes that will resonate emotionally with the electorate.

B.F. Skinner's significant contribution to psychology focused our on understanding the way humans and other animals learn by consequences through reinforcement and punishment. Reinforcement behavior, which is associated with something rewarding, and punishment behavior, which is associated with something aversive or the removal of something rewarding, are reflected in much of what we do. Weston points out that "positive and negative emotions independently shape behavior, including voting behavior and failing to shape and elicit negative associations to the opposition can be as disastrous as failing to shape and elicit positive associations to your own candidate."

Freud's contribution started with two instincts, survival and sex. In time Freud came to see that sex and aggression were central to human behavior. Weston moves the reader through a developmental progression of ideas about Freud's theories and concludes that:

"Freud was devoted *emotionally* to his instinct theory, in his clinical theory and practice, he pointed the way toward a model of motivation that just happens to converge strongly with elements…from Darwin and Skinner. What tends to 'drive' people instead are their *wishes, fears, and values*. And emotion is central to all three."

According to Weston, Freud's role in understanding the passionate mind and relevance to the political brain centers around "the idea that

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BOOK REVIEW (CONTINUED)

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much of our behavior reflects the activation of emotion-laden networks of association," and activating one part of a network can spread activation to other parts of the network. All this activation instantaneously occurs outside of our awareness.

Political campaigns are emotionally laden with words and images designed to provoke strong feelings which activate networks in the brain and become the avenues down which true or false political messages travel. These messages connect to the unconscious emotions of the voter in a nano-second and involuntarily trigger us to react passionately. This translates to voting without the use of the dispassionate brain. In other words, we do not think when voting.

In Part Two of this work, "A Blueprint for Emotionally Compelling Campaigns," Dr. Weston applies the concept of the passionate brain to the political arena. He does this by critically examining actual texts of speeches and ad campaigns from past presidential elections which focused on highly charged emotional issues like gun control, abortion, gay rights, and family values. He does a good job of pointing out how and why the electorate responded as they did. Using the same texts, he then provides alternative wording to demonstrate a design which uses the passionate brain to illicit a very different set of responses.

Consider reading this book. Understanding how the brain processes information is useful to how we practice. At the very least you will know that when you cast your ballot in the next election, Darwin, Skinner and Freud will be in the booth with you influencing your choices.

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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FEDERAL MENTAL HEALTH PARITY—AT LAST THE DETAILS

LAURA GROSHONG, LICSW,
CSWA DIRECTOR, GOVERNMENT RELATIONS

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October, 2008

I hope you are all aware of the historic bill which creates a Federal mental health parity law that passed Congress and was signed by the President on October 3, 2008. The passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, part of the Emergency Economic Stabilization Act, is good news for the country on a whole. While CSWA would have preferred a 'free-standing' bill, the passage of mental health parity in any form is something to celebrate.

However, this law should not be confused with true mental health parity. Many states have parity laws which are stronger than this Federal law (which will not be affected by this law.) Furthermore, political value of this law is probably far more important than the actual benefits the bill contains. In short, mental health disorders and treatment of these disorders have been given more Federal legislative recognition than ever before.

This law must be implemented by the Departments of Labor, Health and Human Services, and the Treasury by October 3, 2009.

Here is what the law contains:

The law requires parity between mental health/substance abuse services and medical/surgical services, i.e., if a mental health/substance abuse benefit is offered, it must be at parity with medical surgical benefits in the following areas: 1) co-pays; 2) coinsurance; 3) deductibles; 4) out-of-pocket expenses; and 5) out-of-network coverage.

Here is what the law does not contain:

First, the law does not contain a mental health mandate; it contains a mental health offering, meaning that any insurance plan covering large businesses, whether it is a self-insured plan (with Federal oversight) or a state regulated plan, must *offer* mental health benefits AT PARITY with medical/surgical benefits IF mental health benefits are offered. There is no requirement that a mental health benefit or substance abuse benefit be offered. This mainly covers about 82 million enrollees in ERISA plans (about 1.6 million in Washington). Enrollees have had no parity protection in these plans, as they are exempt from state parity laws.

Second, there are several major groups that are not included in this law. They are Medicare (which has a recently mandated mental health co-pay at parity with medical/surgical co-pays which will be phased in over the next 6 years, passed in separate legislation); Medicaid; small business plans; and individual health plans.

Nonetheless, having recognition of some form of mental health parity should incrementally improve the acceptance of the need to acknowledge and treat mental health disorders as well as physical disorders.

Many thanks to all of you who responded to the legislative alerts CSWA and other groups sent requesting your help in contacting members of Congress. Your actions contributed to this fine achievement.

THE THERAPIST'S CHAIR (CONTINUED)
THE INVISIBLE WOUND: THE COMPLEXITY OF THE ASSESSMENT AND TREATMENT OF PTSD FOR RETURNING VETERANS

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how your body feels right now?"

"I can't explain it. I feel choked up, and my hands are tight. Why would I be upset talking about my military service? I loved my work, loved the people I served with and those who served under me."

I sit quietly for a minute then say, *"I don't know why."* My instinct tells me there is deep water here and this is not the time to explore it.

I re-focus. *"I am sorry; I seemed to have strayed away from the story about your relationship. Please continue."*

Sitting back in his chair looking more relaxed, he continues until the hour comes to a close. We agree to meet again and we will pick up were we left off.

After he leaves, I sit quietly. My breathing slows, my belly softens and I feel sad. I am aware of how numb and disconnected he appeared while telling his story. I believe my body's experience reflects swimming in his deep water.

I recall his one integrated moment, which appeared after my use of the words *control*, *expectations*, and *ambiguity*. I make a note of my uneasy feeling and trust my gut response to the implicit communication, words not spoken within our session. I know there is more here, and allow myself to stay with uncertainty and an inquiring mind, which leaves me at ease.

We see each other once a week and spend time exploring his relationship with his girlfriend. They are seeing each other as "friends," and he hopes to reconcile. The fifth session he appears depressed and agitated. He is angry at her lack of caring and suspects she is seeing another man. The next session is spent discussing the difficulty of his letting her go.

The following session he reports ending the relationship. The theme of "needing to be needed" begins to emerge. *"My life is meaningless if I have no one to take care of. I feel empty, uneasy, betrayed, angry and lost."*

I begin to explore a possible connection to his feelings about his girlfriend and his past military service. *"You know, I am struck by the words betrayed, angry and lost."*

He sits forward in his chair, puts his head in his hands and sobs. I sit with him and bear witness to his pain. *"What can you tell me? I want to understand."*

"I don't know, I just want relief from this pain. Why am I hurting so badly about a woman who doesn't care about me?"

"It's normal to feel loss and sadness when a relationship ends. I wonder if there are other losses that may be triggered by this loss."

"What do you mean?"

Here is where I am very cautious:

"Your life in the military brought you a great deal of joy, recognition and success. We haven't talked much about what you did, what you saw, what happened to you. Perhaps the end of this relationship has made room for you to feel…"

He interrupts, "You know I met her just before I decided to leave the military. The service gave my life meaning and now I have nothing, it's all gone. What I did and what I saw I just accepted. I was trained to accept, and not feel."

"Not to feel?" We sit in silence for a minute.

"Yes."

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"This is a good place to stop. Let's pick up from here next session."

Learning about Jack's relationship led to the discovery of his past military and combat experiences. This important information provides a developmental context which will help Jack make sense of his depression and obsessive behavior. The initial goal of treatment will be to work through the loss of his relationship which will strengthen our therapeutic alliance, enhance attachment and provide a self-object. This treatment plan is more complex but better focused because of the discovery of his invisible wound.

I continue to see Jack. He has become very depressed and is now on medication, but is not suicidal. His psychiatrist agrees with my diagnosis of PTSD and suggests we proceed slowly. We are finding a way to "talk about talking about" his military experience. He remains obsessed about the loss of his relationship. I believe the obsessive behavior acts as a container for more disturbing feelings and may help him maintain some illusion of control. We have lot of work to do.

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.

PIONEERING A COMMUNITY SUPPORT PROGRAM FOR INDIVIDUALS OVERCOMING DISSOCIATIVE DISORDERS

BY SHERI MILLER, LCSW

As many clinical social workers may know, isolation is a primary barrier to recovery for individuals with a trauma-based Dissociative Disorder. Shame and fear keep many individuals from accessing the social supports they need for healthy living and a healthy recovery. The lack of a support system often positions a client to become more dependent on their therapist than both the client or the therapist would like.

The Valor Institute, Inc. began as a vision for building local resources in community for DID/DDNOS peers healing from a traumatic past. Valor embodies core social work values including appreciation for each individual's resources and strengths and empowerment through peer support and education.

Our vision is designed to be uniquely collaborative, supporting both peer and therapist along the path we mutually share. As an organization, we foster meaningful DID/DDNOS peer-led community forums for education, sharing and mentoring in a safe, compassionate environment. Our Peer and Support Peer meetings are completely peer-led with therapist-approved agendas and tools for sharing, learning, empowering and inspiring the journey to recovery.

For those Peers (Clients) and their Support Peers who may not wish to engage in meetings and social sponsored functions, we will be introducing a technology-only option within our 167 Hours secure site in January 2009. We believe a resource should exist for everyone regardless of stage in the healing process or desired level of interaction. Valor offers Peers and Support Peers the opportunity to support one another in a spirit of mentorship, care and compassion.

Valor also provides valuable support to therapists. We felt it was important to build an entire secure, on-line collaborative area for our therapists to work together and share the benefits of their own experience. The TAPS (Therapists As Partners) secure area tools are designed by and for therapists. Therapist members will be able to read articles about various topics relevant to treating Dissociative Disorders, as well as post questions and respond to topics on the online forum. Therapist members also have an opportunity to meet quarterly in Valor-sponsored Best Practices Forums where we present topics with contributions from peers and therapists alike. Best Practices Forums will include both basic and advanced topics pertinent to treating Dissociative Disorders.

Membership is free for Client/ Peers, Support Peers, and Therapist Members. For more information about Valor, contact Sheri Miller, LMSW at 404-762-9190 x228 or visit http://www.valorinstitute.org/ .

THANK YOU TO CLINICAL PAGE TECHNICAL DESIGNER

We are very grateful to have had the help of Metta Sweet Johnson, LCSW, MAT to help take the Clinical Page into this new and extended layout and presentation for these past five issues (Fall/Winter 2006 through this issue).

Before entering social work, Metta took her Master in Teaching English degree from teaching high school students to teaching adults how to interact with computers through writing, training, and designing computers to be intuitive and empowering to customers. She now integrates these skills in her work with clients at Karuna Counseling, helping clients access "the right information at the right time" with understanding, empowerment, and personal choice—this time about themselves instead of about a computer task.

Leaving the computer industry for social work was a curious choice to many of her peers at the time. It's clear now, though, that she has found her "calling" in social work and finds working with people on their personal life experience even more deeply meaningful than she imagined.

Metta Sweet Johnson is a licensed clinical social worker, providing psychotherapy for adult individuals and couples. She has practiced at Karuna Counseling in Decatur for three years .

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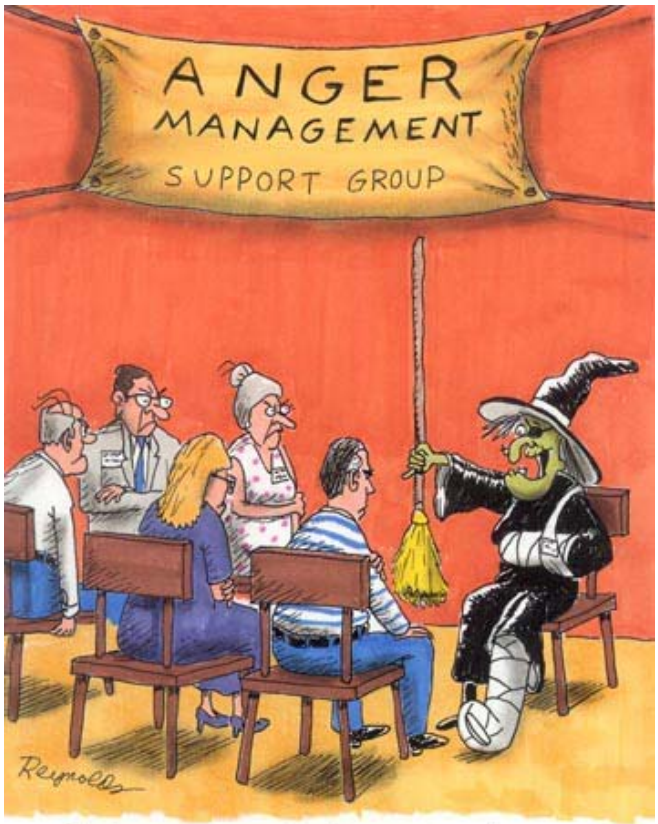
CARTOON



"My name is Helda, and I have a a tendency to fly off the handle."

We welcome cartoon submissions to add another aspect to the Clinical Page.

COMMITTEE REPORTS

LMSW COMMITTEE

The LMSW committee has had a great start this fall thanks to the former committee members and the support of the GSCSW board. We are excited and enthusiastic to implement new programs in order to recruit new social workers and to continue the efforts put forth by previous committee members. In addition, we have already discussed new and innovative ways to market GSCSW to new clinicians in the Atlanta area. We have already assigned committee members to act as liaisons with the MSW programs in the metro area. Danielle Simpson (Kennesaw State University), Katie Holtzinger (University of Georgia), Heather Kotler (Georgia State University), Nicole Orlando (Clarke Atlanta and Smith College). We are looking forward to hosting monthly events geared towards each individual school. We hope that by hosting events that cater to the individual programs in the area that we will act as a valuable resource for students entering the field.

We will be hosting a Meet and Greet event on November 16th at the home of Heather Kotler (97 Druid Circle Atlanta, GA). This event will be an excellent opportunity for newer social workers to talk with new therapists and seasoned clinicians in GSCSW and to facilitate discussion about the benefits of membership. The LMSW committee looks forward to meeting with some of the new social workers in the community at this event.

We appreciate the warm welcome that we have received from GSCSW members and board members and are looking forward to be able to provide the same type of support to new members. Please accept our gratitude for the guidance and support that we have received through this organization.

~ Katie Holtzinger & Danielle Simpson and the LMSW committee

MEMBERSHIP COMMITTEE

Shhh…. What's that? Can you hear it? That's the sound of the engine purring. The Membership Committee is delighted to report that we now have a core, stable group of committee members and we are cruising along. Committee members are already heavily engaged in our ongoing service to the GSCSW by preparing the meeting space at Hillside for networking opportunities, offering a light dinner before meetings (with more vegetarian options this year, per your request), and then cleaning and straightening the space once the meetings conclude.

Now it's time to rev the engine. We have a short term and long term objectives to meet. First, in the short term, committee members will soon begin personally contacting former members who have not yet renewed to remind them to renew if they've forgotten or to find out why they may have chosen to not renew. This information will be collected and presented to the board for consideration. Second, in the longer term, committee members will create and recommend a set of guidelines for the membership renewal process for a more standardized process. Feel free to share your thoughts on this with any Membership Committee members.

Last but far from least, we would love to have more members participate on the Membership Committee. This committee is active, fun, and exciting! If you think you might be interested, then contact the committee chair to discuss it.

~ Thom Anderson, LCSW

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COMMITTEE REPORTS

TREASURER'S REPORT

Midway through fiscal year 2008-09, we continue to be financially solid. And, as a result, we continue to offer high quality, affordable conferences for our members and the larger community. In fact, we are offering the Diane Davis workshop this year at a reduced rate for GSCSW members!

My goal is to be a good financial steward for our organization--particularly during these tough economic times--and support our growth, innovation, and excellence. Please contact me if I can be of any assistance to you.

~ Sharon Burford, LCSW, MBA
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COMMITTEE REPORTS

MENTORSHIP COMMITTEE

The Mentorship Committee continues to try find ways to help new social workers develop their connections to the field of clinical social work and the Georgia Society for Clinical Social Work.

We have many mentees and mentors who are in mutually satisfying relationships. Please read the article elsewhere in the Clinical Page describing a match/ relationship that is working incredibly well for both people. Hopefully, this will be useful to people in existing relationships and also an inspiration to seasoned clinicians and new social workers who would like to participate in the program. We'd like to remind people who have not returned their mentor/ mentee contracts to please do so; send to Phyllis Glass, 1904 Monroe Dr. Suite 120, Atlanta, Ga 30324.

The Mentorship Group has been meeting with much success. There have been both returning and new people at the last several meetings. The group provides a good opportunity to share information about the field of clinical social work, what it means to be a social worker, to network, and to hear about employment possibilities. We also ask that new social workers who would like to be matched with a mentor attend one or two group meetings. This helps us in our effort to make effective matches.

The committee was involved jointly with the Professional Education and the MSW committees in planning and implementing the September panel discussion for Private Practice, a program that was exciting, well attended, with requests for a follow-up. We would like to again thank both the Professional Education and the MSW committee for all the work they did for this program.

This spring the same committees will work together to sponsor a panel discussion focused on MSW students and new graduates who may be looking for their first social work employment. We will have some agency representatives, some experienced clinicians, and some recent graduates who survived the process of finding a job discussing the issues/ questions that new graduates may have. We will also provide a light dinner. We know from the experience in mentorship group that this is a time of high anxiety for students, and are planning this program in an attempt to help with some suggestions, ideas and opportunities. This will be an evening for both emotional and physical nourishment. Watch for more information about this program in the next few months.

~ Phyllis Glass and Sarah Roe

Co-Chairs

PROFESSIONAL EDUCATION COMMITTEE

Our committee has been working hard to bring you another great year of programming and we are excited to bring some new and diverse presentations to the members. By mid fall, we are already well underway and have brought you the annual Town Hall meeting with Sue Fort and Wendi Crafton, as well as a new presentation on brain spotting. After listening to the feedback and requests made by members, we have secured a great line-up of presentations, with topics ranging from couples work, to play therapy, and specific issues for older adults. We've been fortunate enough to have Susanne Bennett, PhD, LCSW present on Attachment informed clinical supervision for the annual Diane Davis lecture in December **and** to be able to offer the lecture at such reduced cost to members. We'll end the year with a fantastic spring conference presentation on "Complex Trauma and Dissociation across the Lifespan" by Dorothy Lewis, MD. For the first time Professional Education partnered with the Mentorship and LMSW committees to bring a panel discussion on "How to Start a Private Practice" in September. Because of the success of that panel, we are also discussing the possibility of renewing our partnership to give another panel discussion on tips for new MSWs. Our hope is to continue to meet the evolving needs of our members, so please feel free to let Stephanie or me know any requests you may have for future programming.

Hope to see you some presentations!

~ Jessi Heneghan, LMSW

Co-chair

Professional Education Committee:

Stephanie Swann, PhD, LCSW co-chair skswann@uga.edu

Jessi Heneghan, LMSW co-chair jesh-eneghan@hotmail.com

Theresa Schaffer, LCSW

Marla Moore, LCSW

Tricia Anbinder, LCSW

COMMITTEE REPORTS

ETHICS COMMITTEE

The Ethics Committee is very happy to welcome two new members: Barbara Emmanuel, LCSW, and Emily Potts, LMSW.

For the spring *Clinical Page* we would like to address *ethical use of communication technology in psychotherapy.* We invite you to submit questions, ideas, issues you may have encountered in your work as a clinical social worker. Your input will be helpful as we prepare the spring article.

To encourage you to think more about this, some examples of questions are:

- When is it appropriate to engage in use of telephone, internet, video-internet (such as Skype) for therapy? What are the considerations?
- What if a client wanted consultations and use of email between sessions?
- What is the difference in expectation with email vs voicemail? ... vs writtennotes?
- What are the issues regarding us as therapists finding out information about our clients 'on line' without their knowledge and consent?

Please send your questions and comments to any member of the Ethics Committee.

Ann Roark, LCSW
annroark@bellsouth.net

Barbara Nama, LCSW bnamalcsw@aol.com

Beth Collins Himes, LCSW
bcollinshimes@alumni.duke.edu

Barbara Emmanuel, LCSW
emmanueb@bellsouth.net

Emily Potts, LMSW
EPotts@hside.org

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

LEGISLATIVE COMMITEE

We held our annual town hall meeting this year on September 4, with Wendi Clifton presenting information about the state's proposed budget cuts for the next two fiscal years. Unfortunately, the news is not good for most departments, with services for children, the elderly, mental health, and substance abuse prevention and treatment receiving broad cuts in all areas, in some instances wiping out entire programs. You can check out the proposed budget cuts for yourself at www.dhr.georgia.gov.

Also, in case you haven't been there yet, our new website if full of information about legislative issues. Click on the Legislative Action tab at the top of the home page to find information on how to get involved in the legislative process as well as areas that GSCSW focuses on for advocacy. You will also find links to State and Congressional legislative tracking sites and legislator contact information as well as links to voting/elections information.

This year, the Legislative Committee's focus will be on getting members more involved in the legislative process as well as finding a new committee chairperson. If you are interested in being on the committee or serving as the chair, please contact me at barnhartsteph@yahoo.com

~ Stephanie L Barnhart, LCSW

GSCSW Legislative Committee Chair

LOW-COST SUPERVISION COMMITTEE

The Low Cost Supervision committee Stephanie Barnhart, LCSW has joined this committee, and together we are busy brainstorming ideas for continuing to expand the visibility and use of this service. Since June, we have had six inquiries regarding supervision; referrals were made for all of them; however, only two have followed through. So part of our current challenge is not only to stimulate more interest but also to improve communication so that we have more information about what works, what doesn't, and decisions to not follow through. To this end, we need your help. Please contact me with your observations, questions, and concerns as a supervisor or a supervisee, so that we can improve this process and generate more successful matches.

~ Barbara Nama, LCSW

bnamalcsw@aol.com.

FIRST THURSDAY CEU SERIES

*The first Thursday of each month, GSCSW provides a 2 Core CEU presentation **free** to members of GSCSW. These events take place at Hillside Adolescent Treatment Center (www.hside.org) located at 1301 Monroe Drive, Atlanta, GA 30306. Please join us for dinner, networking, and learning more about our field.*

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

Fee to Non-members: $20

AGING CHALLENGES: DEPRESSION, DEMENTIA, AND DELERIUM

Jan 8, 2009

Presenter

Susan Peterson-Hazan, LCSW

SEXUAL COMPULSIVITY AND SEXUAL ADDICTION

Feb 5, 2009

Presenter

Steve Harris, LCSW

NEURODEVELOPMENT

March 5, 2009

Presenter

David Schwartz, PhD,

Please remember that the Diane Davis Lecture on Attachment-Informed Clinical Supervision will take place on December 5, 2008 at Ridgeview Institute in place of the First Thursday event for that month.

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 2009 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

Satilla Community Services, a comprehensive behavioral health agency serving rural Southeast Georgia, seeks a full-time, Licensed, Social Service Provider to provide diagnostic assessment and therapy. Applicant must have **LCSW**.

Excellent employment benefits
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$50,000/annual salary
Annual performance-based salary increases
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12 State holidays per year plus Birthday
Group Health, Dental, Life, Vision, Legal, Long Term Care & Disability Insurance
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More information on the agency is available at http://www.satilla.csb.state.ga.us . Resume should be emailed to ksmith@satilla.csb.state.ga.us , mailed to K. Smith, P.O. Box 1397, Waycross, GA 31502 or faxed to 912-449-7058. Position open until filled. EOE.

ADVERTISEMENT RATES

QUARTER PAGE	HALF PAGE	FULL PAGE
$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: admin@gscsw.org

ADVANCING CLINICAL SOCIAL WORK PRACTICE.

DIANE DAVIS LECTURE

Susanne Bennett, PhD, LCSW-C will present attachment processes and the supervisory relationship.

Friday, December 5th, 2008

9am-12pm

Ridgeview Institute

Email admin@gscsw.org for information on registering.

RENEW NOW!

If you have not renewed your GSCSW membership, please renew now. You can do this one of two ways:

1. Online at www.gscsw.org using PayPal or credit card.
2. Email admin@gscsw.org for renewal packet.

LISTSERV

To join the GSCSW listserv, please email admin@gscsw.org to be sent an email invitation to join.