



# THE CLINICAL PAGE

SPRING/SUMMER 2008

## INSIDE THIS ISSUE:

<b>ETHICS WORKSHOP</b>	<b>1</b>
<b>SCHOLARSHIP AWARD</b>	<b>1</b>
<b>PRESIDENT'S MESSAGE</b>	<b>2</b>
<b>GRIEF AND THE YOUNGER WIDOW</b>	<b>4</b>
<b>MOVIE REVIEW: DARJEELING LIMITED</b>	<b>5</b>
<b>THE THERAPIST'S CHAIR</b>	<b>6</b>
<b>COMMITTEE REPORTS</b>	<b>8</b>

## SPECIAL POINTS OF INTEREST:

- **Officers**
- **Updated Web Site**
- **Thanks to Volunteers**
- **Classifieds**
- **End of Year Party**

## ETHICS AND THE PROFESSIONAL RELATIONSHIP: PROTECTING OUR CLIENTS AND OURSELVES

*NASW and GSCSW joined in sponsoring the conference, "Ethics and the Professional Relationship: Protecting Our Clients and Ourselves", presented by Ellen T. Luepker, MSW, BCD. It was a very full day of information, which expanded our interest and knowledge in how ethical, clinical,*

*and legal issues are often intertwined, and how it will probably become even more so in the future. In this article, we want to review four of the major areas that Ellen spoke about during the day: ethical principles for decision making, confidentiality, thorough clinical records, and obtaining consul-*

*tation.*

We found the framework of principles of ethical decision making, presented by Ellen, to be a helpful guideline to be cognizant of in our work. The principles are: **Beneficence:** likelihood it will help; **Non-**

*(Continued on page 3)*

## THE SARA M. PAGE SCHOLARSHIP AWARDED TO NINA M. TUNSTALL

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

Nina M. Tunstall submitted her paper titled "Case of Hadassah."

Nina is a native Atlantan who from an early age was fortunate to travel. In elementary school, she spent a year in east Africa with her family. The desperation she saw there, as well as her upbringing as a Baha'i which emphasizes the importance of justice, inspired her toward international humanitarian work.

To this end, she spent a year in

middle school studying French in Canada, and then in France as a senior in high school. She has interned at the Carter Center's Conflict Resolution Program and as a junior in college, returned to France where she interned at both the European Court of Human Rights' Division of Equality Between Men and Women and the Strasbourg Refugee Insertion Center.

In 2004, she graduated cum laude from Spelman College with a B.A. in French and in political science. From 2002-2006, she increased her mastery of French by working in immigration at a French Consulate. Already committed to macro social work, she later

became passionate about micro work and sought clinical training to better understand and tend to the psychic, emotional, and spiritual needs of survivors of trauma and loss.

During two internships in Atlanta as a student at the Smith College School for Social Work, she has trained as a psychotherapist, produced and directed a mini-documentary on adolescent refugees in the area, and, with a classmate, conducted research on organizational racism in cooperation with our agency. In August, she will graduate from Smith with her MSW and will settle in Massachusetts with her partner



## PRESIDENT'S MESSAGE



Dear GSCSW Members,

I hope this finds everyone enjoying a productive spring and looking forward to fun summer plans.

WOW...What a year GSCSW has had. We have achieved so many things of which we can be proud. We have hit a new record with 200+ members. Our Membership Committee has been hard at work to expand our networking and food at our First Thursday CEU events. We have had exceptional Professional Education programming, and our next year's calendar is already set with a lineup that promises to be superb. The Mentorship Committee has continued to match new social workers with seasoned clinicians, provide a monthly Mentorship Group, and, in conjunction with the LMSW committee, organize a Private Practice Panel in fall 2008 (check our **new** website, [www.gscsw.org](http://www.gscsw.org), for details on upcoming events). The Ethics Committee has written thought-provoking articles for The Clinical Page and our Legislative Chair has been in regular communication with the membership, keeping us posted on current legislative events. The LMSW Committee has been busy offering social and networking time for new and prospective members, expanding contacts with schools of social work, and overseeing the Sara M. Page Scholarship. We are also very pleased to announce our new Low-Cost Supervision Chair, Barbara Nama, LCSW.

Please see the Committee Report section for a full report on all committees. A part of the Board that rarely gets mentioned is our Executive Committee. Our Secretary, Barbara Emmanuel, LCSW and our Treasurer, Sharon D. Burford, LCSW, MBA both serve, volunteering their time and skills to GSCSW. Barbara attends every Board meeting and most GSCSW functions, always offering a sound voice. Sharon has reorganized and updated our financial books. She has begun working with a new accountant, has moved GSCSW assets into higher interest-bearing accounts, and has offered a voice of reason to our Board. I cannot thank both Sharon and Barbara enough for their energy and commitment.

Last, Stephanie Swann, LCSW, Ph.D., will end her year as Past-President. She has volunteered many years to GSCSW, introduced many young social workers to our organization, been a mentor to many (including me), and has provided clear vision for GSCSW. Thank you, Stephanie, for all you have contributed to our field. We're delighted that Stephanie will continue as Co-Chair of Professional Education.

As you can see, all our committees have been volunteering their time and effort for GSCSW and the clinical social work community in Georgia. One of our most exciting announcements is the launching of our new website, [www.gscsw.org](http://www.gscsw.org) (same address, new look). New functions include online membership application and renewal and a future *Find a Therapist* feature. Please visit our new site. **We strongly encourage you to take full advantage of it, choose to receive all your correspondence with GSCSW electronically thru e-mail, and join GSCSW in our commitment to "Go Green".**

We are wrapping up our 2007-2008 year. The Board will have their final meeting in May and will begin setting goals for the 2008-2009 year. We hope to see everyone at the End of the Year Party and Silent Art Auction on Friday, June 6, 2008 (see back flap for details). Please remember that our doors, phones, and e-mails are always open if you have an interest in getting more involved!

Thank you, everyone, for an amazing year!!

Warm regards,

Alyce E. Wellons, LCSW



**"We have achieved so many things of which we can be proud. We have hit a new record with 200+ members."**

## ETHICS WORKSHOP: ETHICS AND THE PROFESSIONAL RELATIONSHIP

(Continued from page 1)

**malfeasance:** likelihood it will not harm; **Autonomy:** likelihood it will foster autonomy; **Fidelity:** consistency with what was promised; **Justice:** balancing welfare of others with client's welfare. <sup>(1)</sup> These are core to our code of ethics and the foundation for sound clinical social work practice.

Confidentiality and privileged communication have a clinical, ethical, and legal history. In the 1970's there was increasing consumer awareness and two of the major legal decisions were made. One was the Privacy Act of 1974 which "regulates the government's use of personal information by limiting the disclosures of personally identifiable information and allowing consumers access to information about themselves, and requiring federal agencies to specify the purpose for collecting personal information, and providing civil and criminal penalties for misuse of information." <sup>(2)</sup> The second major legal decision was the 1976 Tarasoff decision, which requires therapists to warn third party persons if the client has expressed intention to harm that person. In 1996, the Jaffee vs. Redmond case was a landmark decision in which "the U.S. Supreme Court upheld the principle of privileged communication for psychotherapy patients in

federal court." <sup>(3)</sup> HIPAA was passed in 1996; however, it was not put into compliance until April, 2003. This Act focuses on "the inherent conflict between the individual's inherent right to privacy and the need for access to patient's health information for reasons of public health, research, insurance coverage, and health care management." <sup>(4)</sup> While HIPAA has many difficulties, it is an important first step for public protection. Clinically, confidentiality is the cornerstone of therapy. Our professional codes of ethics have stated this from the early days of clinical social work. We found it interesting that confidentiality has been mandated into law so recently. The current trend of electronic record-keeping and communication is presenting new and growing challenges in this arena.

Good, thorough clinical records are important for numerous reasons. The record can serve as a useful clinical tool for both the therapist and the client. Documentation of pertinent information, i.e., psychological, medical, and social, along with ongoing client issues, behavior risks, the therapist's recommendations and the client's compliance are important to include. It is valuable to paint a clear picture in respectful terms to facilitate communication between the therapist and client, to dem-

onstrate the basis for sound diagnosis and treatment plans, to provide continuity of care, and to provide legal protection to both the therapist and client. The clinical record can be used as a therapeutic tool, as well. Clients have the right to see their record, and it is helpful to do this jointly as a vehicle for discussion of client issues. Ellen gave an example of a case in which the record was useful to a trauma victim as a supportive container of the narrative of her memories. Another case example illustrated the usefulness of the record as a mirror, helping the client to answer the question, "What do you really think of me?" <sup>(5)</sup> We strongly recommend [Record Keeping Psychotherapy and Counseling: Protecting Confidentiality and the Professional Relationship](#), by Ellen T. Luepker, MSW, for detailed suggestions regarding records.

Ethical dilemmas will arise. There is no way to avoid them in clinical practice. Often we have a tendency to pass over situations that feel messy, show our vulnerability, or reveal that we may have made a mistake. It is helpful to both our clinical work and our standard of care to take note of those situations that we need to address. As evidenced by the discussion in the workshop, we try as hard as we can to make situations black and white. We need to recognize that each situation

is unique, issues are complicated, and there are often multiple options within each dilemma. It is helpful to recognize "what an ordinary, reasonable, and prudent professional, with the same or similar training, would have done under the same or similar circumstances." <sup>(6)</sup> Getting consultation is critical. One can consult with peers, supervisors, or the Ethics Committees of GSCSW and NASW. Documentation of the consultation is important for the record.

Our hope, as the Ethics Committee, is to provide future opportunities for discussion around real-life clinical issues that have ethical dilemmas. We also want to remind you that we are available for informal consultations.

*This article was written by Ann Roark, LCSW, Barbara Nama, LCSW, and Beth Collins Himes, LCSW.*

- (1) Luepker, Ellen T., Conference Handout, 4/25/2008, Atlanta, Georgia
- (2) Luepker, Ellen T., [Recording Keeping in Psychotherapy and Counseling: Protecting Confidentiality and the Professional Relationship](#), Brunner-Routledge, New York, 2003, p. 54.
- (3) [Ibid](#), p. 53.
- (4) [Ibid](#), p. 55.
- (5) Luepker, Ellen T., Conference Handout, 4/25/2008, Atlanta, Georgia
- (6) [Ibid](#)

## MEMBER ARTICLES

Each *The Clinical Page* features articles written by GSCSW members, including book and movie reviews. Please feel free to email submissions to [alycewellons@yahoo.com](mailto:alycewellons@yahoo.com) at any time for future issues.

### GRIEF AND THE YOUNGER WIDOW

In 2006 my husband died after a long illness. I was thirty-eight-years old. Like a good social worker, I researched books, therapists and support groups. Slowly, I became my own expert on grief.

#### SUPPORT GROUPS

I was referred to a support group by the funeral home I used and found one on my own by contacting an area hospice. I attended a group close to my home however, I felt out of place because it was for people dealing with varying types of grief including loss of a parent or child. While we all experienced a loss, I discovered that each of these losses is specific, with their own kinds of stressors and heartache. In addition, I felt angry because at 38, I was always the youngest widow in the room. The older women had spent 30, 40, or 50 years with their spouses, I had only had 13 years. They never failed to say to me "don't worry you are young, you'll find someone else". I attended five different grief groups before I stopped going. The best one I attended was at **Roswell United Methodist Church (770.993.6218; [www.rumc.com](http://www.rumc.com)**, look under Support Groups). I called ahead of time and asked if there were other younger widows. They graciously contacted a 33-year-old woman who had attended sporadically and asked her to attend the next meeting. We meet and felt instantly connected. We never returned to the support group instead, meeting for coffee on the weekends to support each other in a way that particular group couldn't.

#### THERAPY

It was surprisingly difficult to find a therapist who specialized in grief work. After trying a few therapists, I forged my own path, created my own plan of action and decided how my therapy would proceed. I brought a photo album of my husband to my first session because I wanted my therapist to know Adam. I told my story over and over until it didn't hurt so badly. I surrounded myself with loving and supportive friends who were empathic and never questioned my grief process. I observed the cyclical stages of my grief. Year one, I was *underwater* and overwhelmed with shock and disbelief. Year two was actually worse than the first and now at year three, I finally feel like I am coming to the surface. I created ceremonies and rituals to remember Adam on the date of his birth, our anniversary and his death. I created my own network of widows, who were closer to my age. I follow behind them on the path, ask them for help and guidance and cry with them when I need to. I learned that I must say goodbye to the person, and the life, I thought I would have. To begin my life over, create a new identity and finally, work on my relationships with my grief and my husband.

#### RESOURCES

I read books that comforted me including: **The Year of Pleasures** by Elizabeth Berg, **Good Grief** by Lolly Winston, **PS I Love You** by Cecelia Ahearn, **Grieving: A Love Story** by Ruth Coughlin and **The Year of Magical Thinking** by Joan Didion. These books became part of my support system and I read them many times, particularly Joan Didion's book. Practical books that were of some help include: **Widow to Widow: Thoughtful, Practical Ideas for Rebuilding Your Life** by Genevieve Davis Ginsburg and **The Grief Recovery Handbook** by John W. James and Russell Friedman.

Based on my personal experience, it appears that there is a definite need for more grief support resources in the community, particularly for younger people who have lost a spouse. Social workers would benefit from specialized grief training. Surviving spouses would be better served not only by individual therapy with a social worker who is trained in grief work, but also by therapy groups and support groups that address their specific needs.



Theresa M. Schaffer, LCSW is currently Clinical Program Manager at St. Jude's Recovery Center in Atlanta. Theresa obtained her MSW from the University of Georgia in 1997.

## MOVIE REVIEW: THE DARJEELING LIMITED

A look at one of our members' responses to a recent movie, *The Darjeeling Limited*.

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

I love the films of Wes Anderson and his portrayals of the poignant inner longings and simple, simple truths of our humanity. I saw *The Darjeeling Limited* last night, and although the reviews had not been spectacular, I came away with lots of food for thought. The movie tells the story of three brothers, played by Owen Wilson, Adrien Brody, and Jason Schwartzman, who meet on a train in India one year after the death of their father, a year during which they have not spoken to one another. The trip has been (over) planned by one brother, complete with laminated daily

schedules and promises of many spiritual experiences. The conversations between the brothers remind me of many alcoholic families we've worked with: secrets told with promises not to share with the others, which are then promptly related to the other family members. The Owen Wilson character asks for trust amongst the brothers, "to be brothers the way we used to be" but continues to keep secrets from his brothers about the true destination of the journey, a visit with their mother, who now resides in a convent at the foot of the Himalayas.

The film is filled with metaphors for life's journey and the expectations we daily bring to the table. The brothers carry 13 pieces of numbered luggage belonging to their deceased father; the luggage hinders and slows them in their travels and they are frantic in their efforts to hold on to it. When the broth-

ers finally meet up with their mother, they realize she is no longer available to meet their needs. Indeed, she again abandons them after ordering their favorite childhood breakfast foods, and the true journey begins.

In letting go of their laminated itineraries, and being cast out into a strange location, they are free to begin to explore their relationships without artifice. I heard this morning in a sermon that the Greek word for trust relates to someone or something you can count on. As

the brothers begin to show their fears, hurts, and frailties to one another, the possibility for a true spiritual experience presents itself. In a touching scene, Owen Wilson, who has spent the movie in bandages on his face and head (a car crash? a suicide attempt?) cuts off the bandages and shows his brothers the reality of his woundedness, and they all stand together in

acceptance. As they literally cast off their baggage (all 13 pieces plus the laminating machine) in order to continue the journey, the brothers find the honesty and the trust they were seeking and the journey is complete. I hope you will find time to rent the DVD of *The Darjeeling Limited*. I found it touching and somewhat haunting, and a reminder of the baggage we sometimes forget that our clients carry in to our rooms as we meet them.

... [He] cuts off the bandages and shows his brothers the reality of his woundedness, and they all stand together in acceptance.



Barbara Emmanuel is a therapist in private practice in downtown Decatur. She can be reached at 404-538-1264, or by email: [emmanueb@bellsouth.net](mailto:emmanueb@bellsouth.net). Website: [theopeningpath.com](http://theopeningpath.com)

## THE THERAPIST'S CHAIR

### INTENTION AND ATTENTION: ENHANCING EMOTIONAL AVAILABILITY THROUGH RECIPROCAL INTERACTION

"So why do my girlfriend and a co-worker say I am passive aggressive?" This is how John starts our session. "Better yet, what does it mean to be passive aggressive?" I resist the temptation to offer a clinical definition. Instead I ask him to tell me what is important about the question.

John, a successful middle age professional, came to me because he felt frustrated and unsuccessful in his personal life. His girlfriend told him that he does not talk about his feelings and she feels alone. She loves him, as he does her, so he accepts the need to seek help with "getting in touch with his feelings."

He shakes his head slowly as he recalls a recent dinner out with his girlfriend. "As we were eating, she reached over and took a French fry from my plate. This prompted me to ask if she wanted her own plate of fries."

"Interesting," I say. "Were there any other thoughts or feelings you didn't express when she took the fry?"

He expresses his discomfort with the whole scenario, "This happens a lot with her. Why is this so damn important? It seems like such a simple exchange." In a raised voice, his irritation showing, he says, "Of course I was angry! She didn't care about my feelings, only her own needs. She took the fry without even asking me, and if I had told her the truth, World War Three would have started."

At this point I ask him how he feels about my asking so many questions and not answering his initial question. He regards me with a cautious expression and says, "You're just doing your job?"

"Yes," I reply, "and what feelings might you not be talking about right now?"

He pauses, glances down at his hands, and then looks up reluctantly with a tentative expression, "Now that you mention it, I am annoyed that you haven't answered my first question."

"I can understand why you would feel annoyed and perhaps angry; maybe you would feel ignored and even dismissed by me because I haven't responded to your request.

"Do you think your response to the French fry incident and your response to my not answering your question have something in common?"

He pauses and then asks, "I didn't reveal my feelings of being annoyed, frustrated or angry?"

"Isn't it interesting that you make this statement as a question? I am wondering if you have some other feelings you are not talking about by doing this."

Looking off into the distance, he says, "Well, I guess I may be afraid that by not answering correctly, I would disappoint you or make you angry."

"Sounds like not disappointing me, not hurting my feelings or your girlfriend's and answering correctly are important. It also appears you may not want to be the object of disappointment, disapproval and anger in spite of how you really feel.

"There appears to be a lot going on here, right now between us. I would like for you to pay attention to how your body feels. Are you aware that you are sitting on the edge of the chair? Perhaps you are not feeling safe or accepted by me." He is quiet.

"Let's back away for a minute and see if we can help you feel more comfortable just now." Sitting back in his chair, he relaxes a bit. After a moment I ask how his body is feeling and he acknowledges feeling less tense.

*The therapist's questions represent more than good technique. They embody the **intention** of the therapist to pay **attention** to the client's needs. Emotional availability and attunement of the therapist happen when we are able to attend to more than our client's words. Clearly the words and sounds uttered are important, but also important is the awareness of the deeper level of information that may not be verbally communicated. The information disclosed by the client when I did not answer the opening inquiry proved helpful. It provided the opportunity to discover a deeper meaning, which was not being verbalized within the client's interaction with his girlfriend and me.*

*David Wallen, in his book Attachment in Psychotherapy points out: "We risk allowing the words we exchange in therapy to monopolize our intention. By doing so we lose sight of the fact that beneath the words is a flow of critically important experience that provides the underlying context for the works. This unarticulated experience with its fundamental emotional and relational quality is often where we find the greatest leverage for therapeutic change."*

*The data available as a result of the attachment studies of Bowlby, Ainsworth, Fonagy, and Main document the developmental importance of secure attachment in the early years of life. Secure attachment involves the caretaker's ability, and his inten-*

(Continued on page 7)

(Continued from page 6)

tion, to pay close attention to information communicated by the child. Responding to the needs of the child is the end result. Clues can be given through the spoken word, laughter, crying and cooing. Our ability to monitor messages like facial expression, body tension, and eye movement are examples of the body providing information. Finally our "gut feeling," our subjective experience, also provides information that enables attunement.

As therapists, we become the partner/caregiver. We strive to be attuned to all the available data that surfaces within the clinical relationship. The therapeutic relationship affords us the opportunity to access information, which comes from our subjective experience, as well as the client's feelings. The client's question allowed me to stop and look into his eyes, be aware of the tension in his body and see how on edge he seemed, sitting on the front of his chair. It also allowed me to be aware of the tension in my own body. This reciprocal interaction or intersubjectivity is where we discover the richness of the therapeutic relationship. This is where the action is. Not answering the question made it possible for both of us to be more present and to engage in a deeper conversation. Providing a shame-free environment helped the client to discover his fear of the fear, his anger, fears of rejection, and his vulnerability.

The concepts of intention and attention as seen within the clinical vignette provide a perspective on one way to approach treatment. Advances in the science of social neurobiology tell us that brain development, neurogenesis, is a result of social interaction. Reciprocal interaction allows the therapist to become an active and clinically responsible part of the relationship.

"If it is OK with you, let's continue." He nods yes. "I am aware of still not answering your initial question. Can you wait a little longer?" He nods. "Are you curious as to why you may fear anger and being a disappointment?"

"Yes, I am."

"Great! Let's see if we can make some sense out of your apparent reluctance to express your anger. Let's start by reviewing your family history. Remember what it was like, the middle child of four, growing up in a rigid Irish Catholic family system where feelings were not expressed. You reported being a very responsible child, always doing what was expected of you and much more. You were so proud that you never complained or made waves like your older sister did. You observed how overwhelmed your parents were, just making ends meet, and didn't feel as though you had the right to complain. In fact, you felt selfish expressing discontent, given how difficult life was.

"Could it be possible you may have felt a little discounted, perhaps unimportant and dismissed, as a result of your family's inability to acknowledge your feelings?" He sits forward in his seat and puts his head in his hands. "Take a minute and check in with your body. I'm wondering if I said something which may have made you feel uncomfortable. You're sitting on the edge of your chair again."

"I am feeling uncomfortable. I feel so guilty when I consider thinking about my parents in this way."

"What way?" I ask.

"You know, as if they did something wrong."

"Yes, I can understand how bad that might make you feel. After all, you do love them and yet they may have been human and made a few mistakes in trying to do the right thing. What a conflict this must be for you!" Now he sits back in his chair, and I point out that he appears less tense. He nods and indicates how hard this is to talk about.

"Yes, I can see that it is hard for you. Do you think our interaction within today's session might be similar to some other past experience?" He sits silent, thinking. "Perhaps you and I may have had a similar experience as you did growing up in your family."

"How so?"

"When I didn't answer your question about passive aggressive behavior, you discovered that you were annoyed. You may not have felt acknowledged or may have felt dismissed by me." He nods yes. "Perhaps that was the same experience you sometimes had with your parents when you didn't have the opportunity to be heard?"

"I don't know. I loved and respected my parents, but they really didn't have time. How could I be mad with them?" We sit quietly for a few minutes.

"We've done a lot today, but we're going to have to stop here. I'm aware that I still haven't answered you. I want you to know that you and your question are very important to me, and next time we'll pick up with your question."



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.

404-459-0470

fredcrimi@fredcrimi.com

## COMMITTEE REPORTS

### LMSW COMMITTEE

The LMSW Committee continues to host monthly “New Social Worker Socials” at Après Diem Café in Atlanta. They take place over steaming beverages every second Sunday of the month from 3:30-5pm. The mixture of MSW students and new LMSWs has led to lively conversations on the state of mental health care in Georgia, navigating the nearly incomprehensible licensing application process, and opportunities for new social workers to step into leadership roles in academic and clinical communities. We meet in the back room with the cushy sofas – make sure to look for us there!

Our winter “New Social Worker Party” took place this January at Maureen O’Regan’s house. Thank you Maureen for playing hostess! This year our party had an intimate atmosphere, providing an opportunity for MSW students and new social workers to speak closely with some of our board members and experienced clinicians in a fun and relaxed atmosphere.

The committee received 4 entries (clinical papers) for the Sara M. Page Scholarship. Scoring of the entries was recently completed and the student who submitted the best clinical paper will be honored at our Annual Spring Conference. The judges had a difficult time choosing a winner this year because some excellent examples of

clinical scholarship were submitted. The winner will receive a \$500 cash prize, free membership to GSCSW, and free admission to all GSCSW conferences for a year. We look forward to hosting this scholarship opportunity again next year.

Last fall each committee member was designated to serve as a “liaison” for a different school: Rebecca Anne (Clark Atlanta), Anna Gallo-way (University of Georgia), Maureen O’Regan (Kennesaw State), and Emily Potts (Smith College and Georgia State). Through communication with these schools, we have had increasing numbers of students joining GSCSW as well as attending GSCSW events. We continue to encourage

student involvement in our committee and we are currently discussing ways to transition this committee’s leadership towards new LMSWs.

Our efforts to infuse GSCSW with opportunities for LMSWs have been met with genuine enthusiasm and support from Board Members and GSCSW Clinicians. Please accept our sincere gratitude for encouraging us and our new social worker colleagues as we venture into this exciting community of Clinical Social Work.

~ Emily Potts, LMSW and the LMSW Committee



## COMMITTEE REPORTS

### CEU COMMITTEE

2008 is a license renewal year!

Just a reminder that you must renew your license by September 2008. Per the Georgia Composite Board:

You may complete the renewal application mailed to

your address or renew your license online at the time of renewal. All licenses will expire on September 30th of even numbered years.

Renewal post cards are only sent as an accommodation. The responsibility of license renewal remains with the

license holder.

You must attain the required number of Continuing Education hours (see **Georgia Board Rule 135-9-.01** for specific continuing education requirements).

The renew your license online go to: <https://>

[secure.sos.state.ga.us/mylicense/](https://secure.sos.state.ga.us/mylicense/)

~ Theresa Schaffer, LCSW

## OFFICERS 2008

### President

Alyce E. Wellons, LCSW  
[alycewellons@yahoo.com](mailto:alycewellons@yahoo.com)

### Past President

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

### Treasurer

Sharon Burford, LCSW, MBA  
[sharonburford@yahoo.com](mailto:sharonburford@yahoo.com)

### Secretary

Barbara Emmanuel, LCSW  
[emmanueb@bellsouth.net](mailto:emmanueb@bellsouth.net)

### Membership

Thom Anderson, LCSW  
[thomuga@yahoo.com](mailto:thomuga@yahoo.com)

### Mentorship

Phyllis Glass, LCSW  
[palglass@mindspring.com](mailto:palglass@mindspring.com)

Sarah Roe, LCSW  
[sarahroe@mindspring.com](mailto:sarahroe@mindspring.com)

### Ethics

Ann Roark, LCSW  
[annroark@bellsouth.net](mailto:annroark@bellsouth.net)

Barbara Nama, LCSW  
[bnamalcsw@aol.com](mailto:bnamalcsw@aol.com)

### Legislative

Stephanie Barnhart  
[barnhartsteph@yahoo.com](mailto:barnhartsteph@yahoo.com)

### Low Cost Supervision

Barbara Nama, LCSW  
[bnamalcsw@aol.com](mailto:bnamalcsw@aol.com)

### LMSW Representative

Maureen O'Regan, LMSW  
[maureenoreg@hotmail.com](mailto:maureenoreg@hotmail.com)

Emily Potts, LMSW  
[epotts@hside.org](mailto:epotts@hside.org)

### Professional Education

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

Jessica Heneghan, LMSW  
[jesheneghan@hotmail.com](mailto:jesheneghan@hotmail.com)

### CEU

Theresa Schaeffer, LCSW  
[tmshilbert@yahoo.com](mailto:tmshilbert@yahoo.com)

### Clinical Page

Alyce E. Wellons, LCSW  
[alycewellons@yahoo.com](mailto:alycewellons@yahoo.com)

Metta Sweet Johnson, LCSW, MAT  
[mettasweet@comcast.net](mailto:mettasweet@comcast.net)

## COMMITTEE REPORTS

### LOW-COST SUPERVISION COMMITTEE

As the incoming chair of the Low Cost Supervision Committee, I would like to acknowledge the **many** years of service of Amy Garnett, Carole Walton, and Jeanne Bedell and to express great appreciation, on behalf of GSCSW, for their development of this valuable service to the social work commu-

nity. It has grown from a few supervisees a year being hand-matched with supervisors to the development of the web page and the ability of supervisees to make their own selections of supervisors.

With the development of the new GSCSW web site, we hope to be able to streamline this service further and provide more information about requirements for both licen-

sure and supervision. We also hope to be able to track the number of matches. To this end, it would be most helpful if all supervisors who are on the list and currently providing low cost supervision, would contact me to provide that information. Our goal is to expand the utilization of this service through increased advertising and visibility.

If you are interested in becoming a supervisor, please contact me.

Barbara L. Nama, LCSW, BCD

404-231-2339

[bnamalcsw@aol.com](mailto:bnamalcsw@aol.com)

### TREASURER'S REPORT

We continue to be financially strong as we head into FY 2008-09. Because of that, we can expand our already

high-quality programming and resources for our members, as well as the larger social work community-- which generally attracts more new members! And we are

pleased to announce that we will begin offering online registration renewal in mid-May in conjunction with our new website! Please do not hesitate to contact me for ques-

tions or assistance.

~Sharon Burford, LCSW, MBA

[sharonburford@yahoo.com](mailto:sharonburford@yahoo.com).

## COMMITTEE REPORTS

### ETHICS COMMITTEE

The Ethics Committee is happy to welcome two new members; they are Beth Collins Himes, LCSW, and Manuel Mejorada, LMSW. We hope you find the article about the ethics of record keeping and how it

can be helpful in your clinical practice thought provoking and useful. Since one of the functions of the Ethics Committee is to raise issues which are important when we are providing services to clients, we invite you to suggest topics which you would like for us to address in future

articles. Also, if you have an ethical concern, please contact us.

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

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

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

### PROFESSIONAL EDUCATION COMMITTEE

I am writing this professional education committee report with enthusiasm. I am thrilled to say we have a hard working, dedicated committee. Please join me in appreciation for our committee members: Jessi Heneghan, co-chair, Marla Moore, Theresa Shaffer, CEU specialist, and Lori Ayling. We are also excited to welcome Tricia Anbinder who will join us in May.

Next year's line up is proving to be our best year yet. We will begin in the fall with our

annual town hall meeting with our lobbyist, Wendi Clifton and Sue Fort, executive director of NASW Georgia. Steve Harris, LCSW will speak with us about sexual compulsivity. David Woodsfelow, PhD will be with us in November talking about "working with couples: after the affair." Agnes Sullivan, PhD and Rachel Chandler, LMSW will speak with us about Schema Therapy and Personality Disorders in February and Amy Robbins, LPC will end our year with a workshop on using play therapy with children. The committee is still working on the final

two speakers so stay tuned for the final Thursday evening speaker line-up. In addition, you will soon receive preliminary information regarding next year's Diane Davis lecture and Spring Conference. Rest assured, our committee begins working early to guarantee all of you the highest quality in professional education.

The Professional Education committee along with Mentorship and LMSW Committees are working together to bring a panel discussion on "How to Start a Private Practice" in September. Look for

more information on the listserv or contact Jessi Heneghan at [jesh-eneghan@hotmail.com](mailto:jesh-eneghan@hotmail.com).

We can always use volunteers for our committee. If you are interested in giving back to GSCSW and our profession in this capacity, please do not hesitate to contact me at [skswann@uga.edu](mailto:skswann@uga.edu) or Jessi Heneghan at [jesh-eneghan@hotmail.com](mailto:jesh-eneghan@hotmail.com).

I hope all of you enjoy your summer. We look forward to seeing you in the fall.

~ Stephanie Swann

## COMMITTEE REPORTS

### MENTORSHIP COMMITTEE

In our last meeting, the mentorship group discussed the addition of two new members: Tara Arnold, PhD, LCSW and Tim McDaniel, LMSW. We look forward to their contributions to our committee. They will both begin attending at our next committee meeting in May.

The committee discussed several issues on the agenda. Jessi Henneghan talked about a panel discussion she, along with various other members of GSCSW, are planning. The panel will consist of therapists in private practice who can answer questions for social workers considering this career path. The planning committee is busy trying to create a forum where clinicians in private practice, coming from

varying backgrounds, can share the realities of private practice and share what they have encountered on their own journeys. Further information about the panel discussion will be given once the details are established.

Also on the agenda, the committee responded to some questions about how, if at all, the mentorship committee might be involved with helping disseminate information about available social work jobs in the metro Atlanta area. We concluded that this seems to be an important service for the GSCSW to provide for members, and we would perhaps need a person or committee working exclusively on that issue. The hope is that we will establish a position where someone from GSCSW would keep members abreast of available jobs, and remind agen-

cies that they can recruit from our membership well trained, competent social workers for their available positions.

Finally, we have completed some forms for mentors and mentees which we hope will assist in clarifying the role of each, and realistic expectations of the mentoring relationship. These forms will be e-mails to mentor/mentee pairs.

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



### Seeking Book Recommendations

The Mentorship Group, a service of the Mentorship Committee, is eager to help support new clinicians in their quest for continuous learning. Often new clinicians do not know where to begin, and the Mentorship Group is asking for your help to compile a list of recommended readings. We most want to know what books helped shape your professional identity and theoretical framework and why? Please email your book/article recommendations to Jessi Henneghan at [jesh-heneghan@hotmail.com](mailto:jesh-heneghan@hotmail.com).

### MENTORSHIP COMMITTEE ANNOUNCES NEW MENTORSHIP AGREEMENT

The Mentorship Committee has developed an agreement for mentoring pairs that establishes the basic guidelines for mentorship. We hope that this will answer some of the questions that both mentors and mentees have about mentorship. They can then customize their relationship to fit their needs and schedules.

The Committee realized that because mentorship can be hard to define, it might be difficult to get the relationship off to a smooth start. The agreement lays out the foundation and allows the pair to build their relationship upon that, based on their needs and schedules. It is a great starting point to begin the dialogue of mentorship. As pairs are matched, the agreement will be sent to both mentor and mentee, along with the article that appeared in the Clinical Page discussing the differences between mentorship and supervision.

Committee members remain available to answer any questions or to help negotiate any difficulties that might arise. Mentorship can be a rewarding experience for both mentors and mentees. Our hope is that the agreement will make the process easier so that everyone can get to the rewarding part more quickly!

## COMMITTEE REPORTS

### Mentor/Mentee Agreement

Welcome to mentorship! The purpose of a mentoring relationship is to assist new social work clinicians in establishing their social work identity. Mentors can share their knowledge of and experience with the social work profession, and mentees can gain guidance, seek advisement, and have a professional sounding board. Like any relationship, it is important that both parties be aware of expectations and share similar realistic goals. It is for this purpose that the mentorship committee has established this agreement for both mentor and mentee to read and agree to upon entering the mentoring relationship. These are suggested guidelines, which, of course can be tailored to fit each unique situation. We hope the relationship proves fruitful for both of you.

1. Mentors and mentees will have at least one contact a month for a year. The details of this contact are to be negotiated by each mentor/mentee pair. Some pairs meet in person, some have e-mail and/or phone contact. Mentees should keep in mind that mentors are volunteering their time, and so mentees may need to be flexible to meet their mentors scheduling needs.
2. As a welcoming gesture, we ask that the mentor make the initial contact with their mentee. After that, it should be up to the mentee to respond and continue the process of initiating future contacts.
3. Approximately 90 days after a match between mentor and mentee is made, a survey will be sent out to assess how the match is working and if any changes need to be made. It is very important that you respond with any issues, so the mentorship committee can assist with rectifying the situation. If at any time, anything arises that you may question (quality of your contacts, logistical problems, issues with responsiveness, etc.), please contact the mentorship committee immediately. We also ask that both mentor and mentee contact us at the end of the mentoring relationship. The contact person is Sarah Roe and she can be reached at (404) 815-0897 or sarah@sarahroe.com.
4. We ask that mentors and mentees review the accompanying article regarding the differences between mentoring and supervision. The mentoring relationship is not, nor does it take the place of, clinical supervision. Mentoring hours do not count towards clinical supervision for licensure.
5. In order to protect the boundaries of the mentoring relationship, we discourage mentors from shifting into the role of therapist or clinical supervisor. A mentor may, therefore, see the need to recommend that their mentee seek either psychotherapy or clinical supervision if they are not currently engaging in one or both.

We hope these guidelines are helpful. This is a structure that we offer, but each mentor and mentee can customize his or her relationship. We encourage mentors and mentees to contact the mentorship committee with any questions or concerns.

Lastly, we want to emphasize the importance of three supports as you enter the social work field: mentorship, good, sound clinical supervision, and individual psychotherapy. We believe that a proper foundation, including all three of these supports, is equivalent to tools in a toolbox, preparing you for the challenges of our ever changing, and very rewarding field.

Mentor \_\_\_\_\_ Mentee \_\_\_\_\_

Please sign and return to: Phyllis Glass, LCSW  
1904 Monroe Dr. Suite 120  
Atlanta, GA 30324

## COMMITTEE REPORTS

### MEMBERSHIP COMMITTEE

The Membership Committee has been busy this year. Starting from scratch last summer, we have developed a strong, functioning, and fun committee with four members. Current members include Charlene Crafton, Amy Keel, Tim McDaniel, and Thom Anderson. Thom accepted the role of Committee Chairperson in December and began fulfilling that role in January. The Committee continues recruitment efforts for an additional member.

This year the Membership Committee established a precedent-setting networking portion of the meeting by providing a delicious and varied light dinner for each general association meeting. After all, people LOVE to eat!

The Committee also enhanced the networking portion of meetings by providing nametags and a networking table for members and guests to offer business cards and brochures for exchange.

In addition, Committee members assumed the role of contacting each new association member to welcome them to the association, to answer any questions, to address any concerns, and to make suggestions for participating on the various committees as a member or as a recipient of that committee's services. Membership Committee members also contacted each non-renewing member from the previous two years to conduct a needs-assessment of sorts to determine what needs were-

n't being met. The idea was to bring that information back to the Board for discussion as feedback for possible improvement within the association. However, the review with previous members revealed that most members did not renew either because of geographic relocations or as a monetary consideration. In near-unanimous fashion, no previous members complained about programming, services provided, networking opportunities, committee roles, etc. In short, the vast majority of nonrenewals occur because of personal reasons and not reasons associated with the Society.

This is evidenced by the exciting continued growth of the Society! We currently have more members than at any time in the organizations

history. In addition, meeting participation is skyrocketing with record attendance for both the networking portion of the meetings and the presentation portion. All indications are positive for continued association growth and development and the Membership Committee plans to be an active, integral part of that process. To that end, the Committee will soon meet to discuss Committee improvements for next year and additional ways the Committee can serve the Society membership.

~Thom Anderson, LCSW

thomuga@yahoo.com

706-207-0877

### LEGISLATIVE COMMITTEE

As the 2008 Georgia General Assembly adjourned on Friday, April 4<sup>th</sup>, there were few issues of importance that were satisfactorily resolved. In the overall healthcare arena, the most important issues were trauma care funding and certificate of need reform.

Georgia's 15 designated trauma center hospitals will receive more than \$60 million for the remainder of this fiscal year. However, no long-term trauma care funding mechanism was approved by the House and Senate. Therefore this issue will be back next year as these critical providers continue to struggle to meet the needs of Georgia's citizens.

After four years of significant negotiation and compromise by all interested parties, the General Assembly approved reform to the certificate of need process. Senate Bill 433 includes such provisions as establishing general surgery as a single specialty; setting up a process for ambulatory surgery centers to apply for CON's; and authorizes the application of a destination cancer hospital under certain circumstances. SB 433 was signed into law by Governor Purdue on April 9<sup>th</sup>.

The following bills being monitored by GSCSW were sent to the Governor for approval:

HB 0535, which created a Mental Health patient advocacy board.

HB 0715, which changed certain provisions to Family and Children's Services, specifically appointment of county directors.

HB 0984, which revised and added new definitions to Children's Transition Care Centers.

HB 1044, which added provisions for Adult Day Centers, specifically regarding licensure, and respite care programs and services.

## COMMITTEE REPORTS

HB 1051, which changed certain provisions of the County Multi-agency Fatality Review Committee regarding child abuse.

HB 1054, which enacted the Children and Family Service Strengthening Act of 2008.

SB 0088, which provided subsidies to certain grandparents raising grandchildren under certain circumstances.

SB 0341, which added provisions for the Council on Aging to include the assignment of additional duties, production of a report, and appointment of advisory committees.

The following bills monitored by GSCSW were Favorably Reported by the House Committee.

SB 0054, which provided for gender neutrality in cases of incest.

SB 0461, which provided schools with certain guidelines regarding bullying, and submission of a policy to the Department of Education.

The following bills were passed and adopted by their respective chambers:

SB 0469, which revised the definition for Personal Care Homes and provided guidelines/ oversight of host homes.

SR1254, which created the Senate Victim's Rights Study Committee.

SR 1288, which created the Senate Study Committee on the Organization of Mental Health, Developmental Disabilities, and Addictive Diseases Services.

The House and Senate agreed to these enhancements to the FY 2009 budget on the final legislative day:

Adoption assistance caseload- \$2.3 million

Fund the Hope House for substance abuse services- \$350,000

500 waiver slots for Adult Mental Retardation Waiver Program waiting list- \$5.1 million

Adult Forensic hospital operations- \$2.5 million

Mental Health and Addictive Diseases Community Crisis Services- \$11.1 million

500 waiver slots for Children's Mental Retardation Waiver Program- \$1 million

Increase child care slots- \$20 million

Regional assessment center for victims of child prostitution- \$560,000

Elder abuse protection- \$4.1 million

Family violence shelters- \$815,000

Rape crisis centers- \$635,000

Meals on Wheels for at-risk seniors- \$1 million

Public health nurses salary adjustments- \$750,000

7% rate increase for Developmental Disabilities providers- \$850,000

Medicaid expansion for Foster Care children up to age 21- \$1.1 million

Very Important Parent Recruiter for at-risk students- \$0

50 slots for the Independent Care Waiver Program- \$1.1 million

Increase reimbursement rate to trauma hospitals- \$19 million

Increase nursing home per diem rate- \$17.6 million

As a reminder, you can go to [www.naswga.org](http://www.naswga.org) to see a complete listing of bills monitored by GSCSW during this legislative session. The off-season is also a perfect time to connect with your legislators in their home offices in order to let them know what issues are important to you for the next session. Be sure to check out the GSCSW website for more tips on becoming involved in the legislative process!

## NEW GSCSW WEB SITE

**SAME ADDRESS, NEW LOOK!** GSCSW has a new website. Go to [www.gscsw.org](http://www.gscsw.org) and check out the updated the design and functionality. We hope

you enjoy the new site and all its features.

GSCSW would like to thank Jeanne Beddell, LCSW for pioneering the first GSCSW web site. She single-

handedly brought our clinical society into the electronic age. Thank you, Jeanne.

## THANK YOU OUTGOING BOARD MEMBERS AND GSCSW VOLUNTEERS

**WITH GRATITUDE** GSCSW would like to thank the low cost supervision chair, Amy Garnett, LCSW and committee members Jeanne Beddell, LCSW and Carole Walton, LCSW for their years of service on the Low Cost Supervision Committee. They have overseen a fundamental and valuable service that GSCSW provides to the clinical social work community. Thank you for your years

of service and a job well done.

GSCSW would like to welcome Barbara Nama, LCSW as the new Low Cost Supervision chair. She has been a practicing clinical social worker for 32 years and has been a member of GSCSW since 1988. She has served on the Board in many capacities over the years: she was the chair of the Legislative

Committee from 1990-1991 and the chair of the Membership Committee from 1991-1993; she is currently the co-chair of the Ethics Committee and is the incoming chair of the Low Cost Supervision Committee.

As mentioned above, thanks to Jeanne Beddell, LCSW for launching our initial GSCSW web site.

## JOIN THE GSCSW LISTSERV

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

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

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

Sample email:

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

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

We look forward to hearing from you online!

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



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<b>LISTSERV:</b> \$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](http://www.gscsw.org)

**GEORGIA SOCIETY FOR  
CLINICAL SOCIAL WORK**

GSCSW

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E-mail: [gscsw@yahoo.com](mailto:gscsw@yahoo.com)

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

**END OF THE YEAR PARTY AND SILENT AUCTION!**

This is always a fun time to catch up with colleagues, friends and network. This year there will be a silent art auction. If you are an artist of any sort, please consider bringing a piece of your work to donate to the auction and a small index card with a description of the item.

Also, bring a dish and come ready to have a fun time!!!



Friday, June 6th, 2008

6:30pm

Home of Alyce Wellons and Sharon Burford

805 Ponce de Leon Terrace, NE

Atlanta, GA 30306

