



THE CLINICAL PAGE

SPRING/SUMMER 2009

PROTECTING BOUNDARIES IN A BOUNDARY-LESS WORLD - PART 1 OF AN ONGOING DISCUSSION: SETTING BOUNDARIES IN THE USE OF EMAIL IN CLINICAL SOCIAL WORK

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

As the Ethics Committee sat down to discuss the issue of technology in clinical social work, we quickly became overwhelmed with the vast arenas to cover. The new technology includes email, Google, Facebook, MySpace, on-line therapy, virtual worlds, firewalls, etc. We each have our own levels of comfort and apprehensions when it comes to the intertwining of technology with clinical work. When one thinks back to less than 15 years ago the internet and email were not even in existence; now we cannot imagine living without them. The reality is that this technology is here to stay and it is in our best interest to assess the role it plays for us individually as clinical social workers. Our clinical judgment is put to work as we make decisions about how to use technology, and specifically email, in our interaction with colleagues and clients. With the acceptance that,

as with many areas of practice, we learn as we go and often raise more questions than answers, what follows is a discussion of the pros and cons as well as the ethical considerations of the use of email in clinical practice.

We asked a member of GSCSW who uses email daily in her professional setting to share her observations and experiences.

The pros and cons of using email with clients: Personal Experiences

I am a therapist at a Psychiatric Residential Treatment Center for Children and Adolescents. My clients range in age from 7 to 18 and their average length of stay is approximately 1 year. Though many of my clients are in state custody, I have a growing number of families involved in their children's treatment. As my family therapy cases grow, so do my opportunities for electronic communication (email) with parents. In my experience, this email communication has

been both uniquely useful as well as, at times, a headache. Regarding my use of email with clients, some questions that have been posed to me by the Ethics Committee are: How do you use email with your clients? What are the pros and cons of using email with clients? I use email with clients (parents) primarily to schedule/change/coordinate appointments and discharge planning, occasionally to communicate non-clinical information regarding a child's milieu (e.g., dates of campus activities), and to communicate regarding a child's behavior/clinical issues on a home pass. Consider the below example of how I have used email to coordinate schedules with a client and another therapist:

*Dear Parent,
I have spoken with your child's individual therapist about the therapist joining us in a family therapy session. I think it would be wonderful if both you and the other parent would be able to meet with your child's individual*

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PRESIDENT'S MESSAGE



Dear Fellow GSCSW Members,

In my last President's Message I spoke about this being an historic time in our personal and professional lives. At that time, we did not know how far the economy and markets would sink, the outcome of our presidential election, the further budget cuts and job losses, and the ongoing impact of all of this on ourselves and the clients we serve. These times are indeed historic, and the experience of the tide turning will be unprecedented. The future will be a place we are all working on creating, for ourselves and our clients. In these times, we often struggle with how to be with our clients. One thing we can continue to hold for them is a place

to struggle, and also hold hope.

I continue to be awed and proud of GSCSW, the dedicated membership, Board members, and volunteers who make up this organization and keep it running. The Board is a group of talented, bright, fun, and interesting people who volunteer their time and energy in the service of supporting the proud tradition of clinical social work for colleagues and future clinicians. Our young graduates are our biggest percentage of new members. This continues to remind us that clinical social work is alive and strong, and people are looking for a place to connect, receive mentorship, supervision, continued professional education, and thrive and grow. We are that place in metro Atlanta and the state of Georgia.

This year, several members are either leaving the Board or taking on a new position. Stephanie Swann, PhD, LCSW, will be stepping down as Co-Chair of Professional Education. Stephanie has been on the Board of GSCSW for over a decade and is a past president. She has graciously volunteered her time, wisdom and experience to GSCSW and the field of clinical social work. She has been a mentor and a friend to many, me included. Although she will continue to be a member of the Professional Education committee and a continued advisor to the President, her presence at Board meetings will be greatly missed. Stephanie's energy, dedication and enthusiasm have shaped GSCSW into the vibrant and thriving organization it is today and we are all better off due to her commitment to GSCSW. Thank you, Stephanie!! We are excited to announce that Jessi Heneghan, LMSW will continue as Co-Chair and Tricia Anbinder, LCSW will step in as the new Co-Chair.

Theresa Schaffer, LCSW is also stepping down from the CEU position. Theresa has been with GSCSW for many years in different functions, including helping many members get onto the listserv and ending as our CEU expert. She has been a good steward of the position by updating and organizing our guidelines and paperwork, helping transition materials onto the website, and expertly handling questions and issues that have arisen. She leaves the position running like a well oiled machine. Thanks, Theresa, for your years of service to GSCSW.

Ann Roark, LCSW and Barbara Nama, LCSW will be stepping down as Co-Chairs of the Ethics Committee. We have been so very fortunate to have had their leadership, steadfast calm, wisdom and dedication to GSCSW and the ethics of clinical social work. They have been thoughtful, wise and caring in the way they have handled issues and questions, helping direct the vision of GSCSW as we enter further into modern practice. They have written timely articles based on

"I continue to be awed and proud of GSCSW, the dedicated membership, Board members, and volunteers who make up this organization and keep it running. ."

PRESIDENT'S MESSAGE (CONTINUED)

conferences GSCSW has sponsored, as well as current issues in the field. They are both irreplaceable in their knowledge of the history of GSCSW and clinical social work in Atlanta. "Thank you" does not even begin to convey our respect and gratitude for their years of service to GSCSW. I am proud to introduce Barbara Emmanuel, LCSW and Tara Arnold, LCSW as incoming Co-Chairs for the Ethics Committee. Ann Roark will continue to serve on the Ethics Committee. Welcome to you all!!

I am so proud to announce that Trisha Clymore, our dedicated administrator, has graciously accepted the position of Production Editor for the *Clinical Page*, which is under the new co-editorship of Fred Crimi, LCSW. Thank you, Trisha, for continuing to value GSCSW as much as we do!!

I want to thank you all for all your contributions to the clinical social work community in Georgia. We have a strong and rich history and an exciting and hopeful future. All of you who volunteer your time and service to GSCSW are helping shape clinical social work and we thank you all so very much.

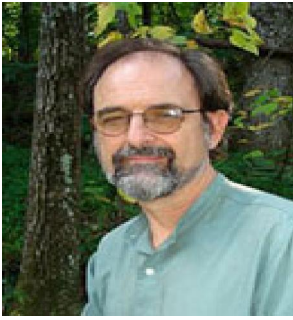
I look forward to seeing everyone at the End of the Year Potluck Party at Carol Finkelstein's home on Friday, June 12, 2009 at 6:30 pm (10 Chastain Cove, NE, Atlanta, GA 30342). We have much to celebrate for another stellar year of Professional Education, Mentorship, Low-Cost Supervision, legislative action and all the other outstanding services GSCSW provides.

In the meantime, I hope everyone is getting prepared to enjoy some fun and relaxing summertime activities!!

Warm Regards,

Alyce E. Wellons, LCSW

President



FROM THE EDITOR

I love this time of year because spring signals the change of season as Mother Earth awakens from the cold of winter. Atlanta is a special place to live with the blossoming of the dogwoods, azaleas, and many flowering fruit trees. This is the time for new growth, the planting of flowers and the preparation of the garden.

Therapists often find themselves helping clients negotiate growth and change. GSCSW strives to provide support to the membership through the many programs offered during the year. Whether you are new or a seasoned practitioner (in other words, old like me) we want to make a difference and to add value to your practice.

The Clinical Page (CP) is one way GSCSW provides value. It does so by providing reports from the hard working committees which are the life blood of our organization. If you attended one of the many workshops offered this year, you know how the professional education committee has assisted

you in your work. We encourage members to consider joining a committee to share ideas and enjoy a professional fellowship, which will

help to stimulate the growth of our organization.

CP also provides information and education through movie and book reviews, poems and articles members have submitted. We hope the column entitled the "Therapist's Chair" will be an active forum where members can present case studies, discuss clinical issues, inform us about what works or does not work, and what you are learning while working with your clients. The meaning of practice implies an ongoing commitment to learn how to become better at our craft and GSCSW wants to support that endeavor.

In this issue you will find part one of a timely article, "Protecting Boundaries in a Boundary-less World" which addresses ethical issues concerning the use of the internet and e-mail. "The Therapist's Chair" features part one of an article, "A Clinician's Guide to Untangling the Complexities of Infertility," which will illuminate

clinical concerns in the area of family building and infertility. There is one poem and one movie review which I believe you will find entertaining. We even have a cartoon which many parents and grandparents will especially find humorous.

So enjoy this issue. Feel free to comment, make suggestions and consider submitting something to the CP. We want to take advantage of the many resources our diverse membership has to offer.

Happy Spring and do play in the dirt.

Fred Crimi

Editor

ClinicalPage@GSCSW.org

BENEFITS OF LONG TIME THERAPY

BY FRED CRIMI, LCSW

People who suffer with complex psychiatric disorders who received long term psychodynamic psychotherapy (LTPP) did much better than 96 percent of people who received cognitive-behavioral therapy (CBT), short term psychodynamic therapy, dialectical behavior therapy, family therapy and supportive therapy. These findings are the result of a metaanalysis of 23 studies reported in the October 1 *Journal of the American Medical Association*.

The Clinician's Digest section of the January/February 2009 edition of *Psychotherapy Networker* reflects an ongoing reassessment of LTPP. This summary article pointed to data obtained from worldwide clinical studies. One example, a study conducted by Susan Anderson and Inga Reznik of New York University, focused on the psychodynamic construct of transference and clarified how early, emotionally charged memories color adult relationships. They demonstrated that adults keep feelings and associations from childhood bonding with parents and how those transferences impact the quality of adult lives. This was reinforced by neuroimaging reviews conducted by the psychoanalytically oriented researchers Drew Weston (professor at Emory and author of *The Political Brain*) and Glen Gabbard who suggest that "the brain actually overlays new experiences and relationships onto older ones." The *Networker* article points to Norwegian psychiatrist Per Hoglend's research which showed "that clients with more severe disorders did better in long term therapies that focused on transference and on the therapeutic relationship than clients in short term therapy did."

Further clinical research by Hoglend and German psychologist Leichsenring looked at psychodynamic therapies that lasted for at least a year or for 50 sessions. The analysis indicated that LTPP "yielded significantly larger improvements in overall effectiveness, targeted problems and personality functioning for such disorders like borderline personality, eating disorders and other chronic or multiple disorders. More- over the outcomes continued to improve after therapy ended."

The article concludes by pointing out the need for more research to determine cost effectiveness of LTPP vs. short term therapy.

"The brain actually overlays new experiences and relationships onto older ones"

BEST USE.....OF OUR HEALTHCARE DOLLAR

Submitted by Merrilee Stewart L.C.S.W.

Your call is important to us, but not you.
 Press 1 for this message in Braille,
 Press 2 to hear another menu.
 If it does not provide, disconnect so
 You can begin again.
 Spin around and drown.

Your call is important to us-
 You stay there while we go to lunch.
 If there is something we want,
 We'll call back after we find the options we need
 Until 4:30 -

PROTECTING BOUNDARIES IN A BOUNDARY-LESS WORLD— PART 1 OF AN ONGOING DISCUSSION: SETTING BOUNDARIES IN THE USE OF EMAIL IN CLINICAL SOCIAL WORK (CONTINUED FROM PAGE 1)

therapist. What are the possibilities for this week?

Thanks,

Therapist

Dear Therapist,

I can meet on Day at Time, but not other parent. I would like other parent to be able to come, so maybe we could postpone until another Day at Time? Tell me if you still want me to attend our scheduled family session on Day at Time, although I don't think that is going to make my child happy.

Thanks,

Parent

As can be seen in the above edited version of an email communication with a client, email can be a useful and efficient way to communicate with a client regarding scheduling appointments. Though, the parent may also take the opportunity to communicate in this email a worry/idea/question related to therapy content (e.g., "...although I don't think that is going to make my child happy.") I have received significantly more detailed and longer expository emails from parents regarding therapeutic issues. My handling of these emails varies depending on the specifics of the case. Some relevant and important issues I consider in determining my response are: boundaries, confidentiality, point in client's course of treatment.

Pros:

- a. Speedy one-way communication (no long-winded callers)*
- b. Goes directly to portable blackberry (can receive "I'm late" email even when I'm away from my desk and on a unit)*
- c. Easy to save (useful for prioritizing: kind of a "visual voicemail" with alarms for reminders and flags for important messages, referring to later, or to have exact communication included in client record if applicable)*
- d. If appropriate, can increase clinical contact for the purpose of maximizing treatment benefit in a managed care in-patient setting (especially useful if a parent participates in therapy less than weekly and/or child's approved length of stay is markedly less than clinically recommended)*
- e. Can be "forwarded" to other member(s) of treatment team (also a con – see "a." below)*
- f. If the client is technologically proficient and a part of "email culture," your use of email may be "meeting the client where they are."*

Cons:

- a. Limited confidentiality (bounds of which are unique to electronic communication and therefore need to be individually addressed to ensure informed consent)

 - i. Potential for misuse of client emails (forwarding or replying to wrong person by mistake or intentionally)*
 - ii. Potential for internet "spying" by third parties (though I am aware of this potential, I cannot say I fully understand it)**
- b. New arena in need of boundary setting (may not be fully developed at agency settings and may be new frontier for private practitioners, especially if they are unfamiliar with email etiquette/culture/use):

 - iii. Potential for therapists with handheld email devices (e.g., blackberries) to be "at work" all the time.**

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PROTECTING BOUNDARIES IN A BOUNDARY-LESS WORLD— PART 1 (CONTINUED FROM PAGE 6)

iv. Potential for lack of clarity regarding hour/when to use email (especially important when communication is about a clinical emergency.

c. Legal ramifications? If you have deemed an email not a part of the clinical record, but have still saved it on your computer, could a court still consider it a part of the clinical record? If your computer security is compromised, what is your liability?

The above example and discussion highlights some of the ethical issues. How many of us think about setting the appropriate limits on use of email? What are those limits? How do we let our clients know the boundary we intend to set? As stated in the Clinical Social Work Association Code of Ethics, "clinical social workers discuss fully with clients both the nature of confidentiality, and potential limits to confidentiality which may arise during the course of their work." As we remember the importance of having a clear written policy that clients read and sign at the beginning of treatment, it begins to make sense that we clarify our boundaries in this area and make this a part of our written informed consent.

Some thoughts on informed consent and appropriate boundaries for use of email: Provide clear guidelines in your informed consent statement, such as use of email for general questions only such as services, appointment times, and as a linkage to other information (websites, book titles, etc.). Make a clearly stated recommendation to clients to avoid using identifiable protected health information in an email, with a corresponding disclaimer that the clinician will not respond via email to such correspondence. There is an obligation to inform clients of the limits of confidentiality regarding email; as we cannot ensure that emails will remain private and confidential. Also, it is important to set clear guidelines/timelines for responding to email to create a boundary, in the same way that a guideline is set for return of phone calls. This could include informing clients that emails will be checked once per day, or not after 6 PM, etc. There is also a need to create a boundary regarding non-use of email in an emergency situation, clarifying your policies when a client has mental health emergency. If you plan for emails to become a printed part of the client's paper record, your informed consent should state that policy clearly; if an email is received containing significant information it would be important to print the email and add it the client's record. Consider the use of an email disclaimer, a statement at the beginning or end of each email you send, with a disclaimer as to the limits of confidentiality or stating that the email is intended only for the intended recipient. If you choose to use email for a clinical exchange, it is important to use encrypted email such as Hush Mail (there may be others.)

We hope this discussion stimulates your thinking about technology as it is a rapidly developing area. We encourage you to attend GSCSW's upcoming Spring Conference, to be held **Friday, May 1, 2009** at Peachford Hospital. The topic is timely: *Ethical Implications for Therapists Who Work and Socialize in Cyberspace*. DeeAnna Merz Nagel, LPC will be presenting on issues that are relevant to everyone in modern clinical practice, such as the use of professional listservs, Facebook and MySpace, online requests from clients, Google, and email.

If you would like to read more, Ofer Zur has written a thoughtful article titled *I Love These Emails, or Do I? The article can be found on the website of the Zur Institute*. http://www.zurinstitute.com/e-mail_in_therapy.html

THE THERAPISTS CHAIR

A CLINICIAN'S GUIDE TO UNTANGLING THE COMPLEXITIES OF INFERTILITY – PART 1



IRÉNÉ CELCER MA, LCSW

A Crisis of All Times

Infertility is a formidable crisis to confront. It challenges unspoken rules about when and how adults should build a family.

But the challenges posed by infertility are nothing new.

Three matriarchs of the Judeo-Christian tradition, Sara, Rebecca and Rachel suffered tremendously. Their stories illustrate how they handled infertility, both individually and within the context of a couple. Although they finally conceived, there were significant complications. In the ancient polygamist world, childlessness robbed women of important social status. Still today, the painful feelings experienced by women (and men) who confront infertility remain excruciating.

Sara did not take into account the complexity of a surrogate arrangement. Consequently, she lashed out at her husband *"The wrong done me is your fault. I myself put my maid in your bosom; now that she sees that she is pregnant, I am lowered in her esteem. G-d decide between you and me!"*² And Abraham, as modern man, tried to avoid further confrontation by deferring: *"Your maid in your hands."*²

Rebecca had a troubled twin pregnancy. But she did not let her husband know about it.

Rachel demonstrates her anguish and her pain to Jacob. *"Give me children or I shall die!"*¹

The Many Facets of Infertility

For the religiously committed patient, his or her faith is an important facet of the crisis: *"Has G-d decided for me not to have children? Should I pursue treatments?"* *"Will my child born through ART (Artificial Reproductive Technology) be an outsider within my own faith?"* *"Does this – infertility/being Gay/Being Lesbian/Having Cancer—mean G-d's will is for me not to be a mother/father?"* Every day we hear the echo of the matriarch's pain in our patients' voices.

From a sociocultural perspective, the reality of infertility resonates differently depending on one's personal circumstances: What country is the patient from? What family does he belong to? Who is her partner? Are they legally married? An infertile lesbian experiences her partner carrying the pregnancy due to her infertility differently than a heterosexual couple experiences their surrogate's pregnancy. A Hassidic Jew experiences secondary infertility differently than a Swedish woman. The sociological differences among people are enormous. Therapists must be sensitive to the culture and subculture they are working within.

The therapeutic dyad faces many foreseen and unforeseen challenges, like gender issues that are as old as the Bible stories: *"Hannah, why are you crying and why are you not eating? Am I not more devoted to you than ten sons?"*³ says the husband, Elkanah, maybe missing the point of her pain, or just anxious to console her.

Furthermore, the months and years that go into identifying and treating infertility may strain the patience of extended family waiting for children, commonly seen in prospective grandparents. Even sisters and brothers may be yearning for a child if the continuity of a line is in jeopardy, bringing echoes of extinction, extermination and death to a family, depending on their worldview.

Addressing the complex sociocultural puzzle of infertility poses special challenges for clinicians. One quickly learns that infertility is not just a woman's problem, not even just a couple's problem. For better or worse, dealing with infertility begins with family and inevitably extends to the broader community.

THE THERAPISTS CHAIR

The Patient's Experience of Infertility

Patients who suffer from infertility face daunting tasks, such as an endless nightmare of daily temperature charting, scheduled sex, needles, altering mood drugs, invasive medical procedures. They feel broken and faulty, like second goods while witnessing the (continued from page 10) world getting what they feel they ought to have and cannot achieve.

Tougher yet, they must carry on with daily activities that require the posture and decorum of not falling apart during office parties or family events. The pressures of internal wishes and desires gone awry must go underground. As therapists we need to help without compromising the patient's true feelings, their working alliances or, family relationships when possible. Is it okay not to attend a child-centered function? Is it okay to take a break from treatments even when it feels like one is running out of time?

Clinician's validation of the patient's personal reality is crucial. Patients benefit from a therapist who can say, "The deprivation of a pregnancy and a child truly sucks." They benefit from the acknowledgment that child-free living is a valid choice. Patients feel liberated when informed during a treatment cycle that that lovemaking is not only for baby-making, but for togetherness and pleasure too, as well. A therapist who understands the added stigma that exists when infertility is wrongly equated with impotency will help her patient.

The Different Meanings of Infertility

There are many ways to theoretically understand the development of personality: psychodynamic, cognitive, and humanistic are but a few examples. However, it is especially important to not fall into extreme dogmatic approaches when trying to understand infertility – one size does not fit all. Patients have a varying range of thoughts, feelings and beliefs about why they are infertile. They routinely carry guilt, fears and love into our office.

Despite our understanding of the psychological diversity of our patients, an understanding of personality and its dimensions may be helpful when clinically assessing a patient, donor, or surrogate. An extraverted individual who is excitable, social, talkative and expressive may or may not suffer from hysteria or hypomania. Someone high in neuroticism (emotionally unstable, anxious, moody and irritable or sad) may be under the effects of stress and hormones from a treatment cycle. Because agreeableness is a dimension that includes attributes such as trust, altruism, kindness, affection, and other prosocial behaviors that are important in a donor or gestational carrier or surrogate, they should not be confused with false self or pathology.

Since families are about building, fostering and constructing attachments, the reality of a barrier to building a family with child will resonate with troubling experiences from the past for those with problematic attachments. The music of the reverberations in our patients' psyche will sound differently depending on their attachment styles as well as their personalities. A preoccupied patient might feel devastated about the loss of a cycle and show it in a different manner than a dismissive patient. Attachment styles could even impact the choices of treatments – the type of treatment selected as well as how long the patient is willing to repeat the treatment. For one patient, a cancelled or failed cycle may mean that she will not stop IVF treatments until viably pregnant, even when such treatment is iatrogenic. For another patient, the failed cycle might mean she will go straight to adoption, ignoring and submerging any desires she might feel for a genetic connection to her offspring.

Part 2 will be continued with the next issue of the *Clinical Page*.

RACHAEL GETTING MARRIED

A MOVIE REVIEW BY KAREN TANTILLO, LCSW



“Rachel Getting Married” is a movie that calls social workers to come and see it (or rent it on blue ray)! When it was first released on the big screen last fall 2008, I knew little about this film except that a few colleagues strongly suggested seeing it. For some reason, I thought (or hoped) that “Rachel Getting Married” was going to be a lighter, comedic version of family dysfunction and the celebration of nuptials. After the first few minutes, I realized that this movie was going to be heavier, plunging into depths of misery and struggle, taking on some intense and complex familial dynamics.

In this very unique and fascinating drama, Kym (Anne Hathaway) portrays a young, self-centered woman just released from rehab to attend her sister Rachel’s wedding. The setting is the serenity of a large home nestled in the lovely, wooded hills of Connecticut. Unlike the tranquil setting, this powerfully acted drama is both messy (and at times horrific) as well as a sensitive celebration of familial and marital nurturance and love. The director (Jonathan Demme) uses a camera style that feels like you’re watching a home movie. As a viewer, I felt pulled in as if I were an invited guest personally experiencing this weekend of festivities that included a lengthy rehearsal dinner, musical jam sessions, and the wedding celebration itself.

Anne Hathaway was nominated for Best Actress for her exceptional portrayal of this childish, self-absorbed woman struggling with a long history of substance addiction (and a tragic episode at age sixteen years that directly resulted in her younger brother’s death). I was impressed by the feelings that Kym brought up in me. Although at times during this film I found it especially difficult to watch Kym’s selfish antics (particularly during a long-winded speech at Rachel’s rehearsal dinner), I also connected to her unstable efforts to attempt to make amends (and to gain clarity) in her relationships with family members. Rachel, studying psychology, marrying interracially and working fiercely to differentiate her own self from this family of origin, feels intense anger yet deep concern and sensitivity for Kym. The relationship and working through of long-standing issues between these two sisters is certainly remarkable to watch.

My favorite character in this movie is Kym’s mother, portrayed by long-time actress Debra Winger. Her strong performance was a fascinating blend of maternal warmth mixed with emotional unavailability and disconnect from her daughters.

After many scenes of rain and cloudy skies, the final moments of this movie literally turn sunny and clear. At the end of this lengthy and sometimes tedious film, I began to realize how involved and empathic that I actually felt towards all of these characters. As the wedding guests depart and her sister Rachel and new husband prepare to move away, Kym returns to rehab, maybe for the last time, finally having done some honest work in confronting her own self-loathing and guilt. “Rachel Getting Married” was certainly **true and raw, but yet finally hopeful and promising of how individuals can indeed grow and change.**

Karen Tantillo is a Licensed Clinical Social Worker in Alpharetta, GA.

She can be reached at (770) 296-4842 or by e-mail kptantillo@yahoo.com

CARTOON



(Here's the reply the teacher received the following day)

Dear Mrs. Jones,

I wish to clarify that I am not now, nor have I ever been, an exotic dancer.

I work at Home Depot and I told my daughter how hectic it was last week before the blizzard hit. I told her we sold out every single shovel we had, and then I found one more in the back room, and that several people were fighting over who would get it. Her picture doesn't show me dancing around a pole. It's supposed to depict me selling the last snow shovel we had at Home Depot. From now on I will remember to check her homework more thoroughly before she turns it in.

Sincerely,

Mrs. Smith

Submitted by Iréné Celcer MA, LCSW

WINNER OF THE SARA M. PAGE SCHOLARSHIP FROM GSCSW!!!

Congratulations to Candace Shepherd who is this year's winner of the Sara M. Page Scholarship!!

Candace is a second year MSW student at The University of Georgia. She is currently interning at the Highland Institute-Atlanta, where she provides individual cognitive behavioral therapy to the sex offender population. She comes to the social work field after having worked as as paralegal.

In 2007, she decided that her true calling was working in the Social Work field. Her clinical interests include working with sexual offenders and she soon hopes to begin working on social policies relating to sexual offenders. She looks forward to graduating in May and embarking on her new journey in the field of social work.

COMMITTEE REPORTS

LMSW COMMITTEE

The LMSW Committee continues to enjoy the warm welcome from the board and the GSCSW community. We held a meet and greet event in November which was a huge success. We had many students and social workers new to the area attend. Those in attendance were enthusiastic about the society and many became members!

This year, we tried something a little different with the school events. We traveled to

Athens and held an event there for students in the MSW program. We had a very good turn out and the enthusiasm from the students was amazing. We have also held a similar event at Kennesaw University.

The committee was in charge of the annual scholarship and advertised to the different schools, we were able to award a very deserving winner.

We continue to think of new ways to make the society more accessible to the differ-

ent universities in the area. We look forward to the "So you want to be a Social Worker" event on April 23, 2009 with the Mentorship committee.

It is our hope that the panel will help make the transition from graduation to the real world a little easier!

We look forward to next year and hosting more events for new social workers. Thank you to the board and to the president for all of the support and guidance over our first year as the LMSW Committee!

~ Katie Holtzinger & Danielle Simpson
and the LMSW committee

MENTORSHIP COMMITTEE

The Mentorship Committee continues to provide support for new social workers. Our monthly group has had attendees who are still students, social workers who are looking for employment, social workers in their first and second jobs, and people who have moved from elsewhere and are new to the Atlanta area. The group is open to all students currently enrolled in a graduate social work program, recent grads, and to any social worker currently working towards their

LCSW. If people are interested in or have recently applied for a mentor, we ask that they attend the mentorship group to learn more about the program and help us make the best possible match. The group typically meets on the third Monday of the month and the listing is updated on the GSCSW website.

The committee has also co-sponsored a program with the MSW and Professional Education Committee, "So you want to be a Social Worker?", a panel presenta-

tion and space for discussion about becoming a social worker, looking for those first jobs, learning about licensure, basically, how to survive those first years in this wonderful but stressful profession.

We continue to discuss ways that our committee can be helpful to new social workers. Any feedback from the GSCSW community would be much appreciated. If you are interested in joining the mentorship committee, please feel free to contact Phyllis Glass at

palglass@mindspring.com
or 404 874-8294 x4.

Phyllis Glass and Sarah Roe
Co-Chairs

COMMITTEE REPORTS

TREASURER'S REPORT

GSCSW continues to be financially strong, thanks to our solid membership base, revenues generated from high quality workshops (largely offsetting associated costs), and wise decisions by board

and committee members regarding expenditures.

I would like to say a special thank you to Trisha Clymore, our administrative assistant, who makes my job a lot easier. Please don't hesitate to contact me if you need any-

thing.

Treasurer ~ Sharon Burford, LCSW, MBA
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COMMITTEE REPORTS

LEGISLATIVE COMMITTEE

Cheryl Bravo will be taking over the Legislative Committee Chair position when Stephanie Barnhart steps down in May. Thanks to Cheryl for bravely volunteering to take on this important position!! Please remember to check out the GSCSW website for information on how to communicate with your legislators throughout the year.

The Georgia General Assembly 2009 session ended on Friday, April 3rd. The following bills were sent to the Governor for approval:

HB 0237 Revised provisions for financial assistance for adoptive parents.

HB 0254 Made provisions for locating adult relative in juvenile proceedings.

Proceedings.

SB 0069 Expanded the definition of sexual exploitation

HB 0060 Revised practice law to specify that individuals must be properly licensed by the State in order to use professional titles

The following bills were passed to Second Readers within their respective Legislative chambers:

HB 0001 Defined prenatal murder and made provisions for it

HR 0005 Proposed an amendment to the Constitution defining life as the moment of fertilization.

SB 0092 Converted Medicaid/PeachCare for Kids programs to premium assistance

so low-income families can use private sector insurance.

The following bills were passed to Second Readers within the opposite Legislative chamber:

HB 0245 Changed provisions for the disposition of delinquent and unruly children.

HB 0385 Repealed the date on which the State Commission of Family Violence would cease to exist.

The House Conference Committee Report Adopted HB 0028, which reorganized state agencies into the Department of Health, the Department of Human Services, and the Department of Behavioral Health

The House withdrew and

recommitted SB 0239, which revised mandatory school attendance laws and required new residents to a local school system to enroll within 30 days.

The Senate approved and adopted SR 0156 opposing the Freedom of Choice Act proposed by the Obama administration.

~ Stephanie L Barnhart, LCSW

GSCSW Legislative Committee Chair

PROFESSIONAL EDUCATION COMMITTEE

Thank you for another great year of participation in the Thursday Night Professional Education Trainings! We had some record high attendance numbers this year as we brought you trainings on Brain Spotting, Working with Couples after an Affair, Sexual Addiction, and several others. Many of the training topics were a direct result from members' requests. We are pleased to present "The Ethical Implications of Cyberspace: Understanding the

Clinical Risks and Responsibilities" by DeAnna Merz Nagel, LPC, DCC with NASW on May 1st and to offer our members an opportunity to earn their Ethics CEUs a year early. We are already working hard to plan the 2009-10 Professional Education Series and plan to bring you presentations on Adolescent Addiction, Eating Disorders, and Exploring Co-morbidity of Sleep Disorders and Mental Illness, just to name a few.

Our programs are a result of a dedicated committee, supportive board, generous community experts, and a very

invested membership. We'd like to offer a very special thank you to Stephanie Swann who is stepping down as co-chair (but will remain on the committee) after many years of hard work. Stephanie's outstanding commitment and networking has brought GSCSW the fantastic programming for which we are now known. We'd also like to thank Theresa Schaffer who is stepping down as CEU Chair this year after several years of managing all of our many CEU requests and contributing heavily to the Professional Educa-

tion Committee. Tricia Anbiner, LCSW, will be joining me as co-chair. Our greatest hope is to continue to meet the evolving needs of our members, so please feel free to let Tricia or me know any requests you may have for future programming.

Thanks for another great year of your support!

Jessi Heneghan, LMSW

jesheneghan@hotmail.com

Stephanie Swann, PhD, LCSW co-chair

skswann@uga.edu

COMMITTEE REPORTS

ETHICS COMMITTEE

The Ethics Committee has been discussing and researching the issue of electronic communication and its use as a therapeutic tool. See the article in the edition of the Clinical Page, "Protecting Boundaries in a Boundary-less World, Part 1 of an ongoing discussion: Setting boundaries in the use of email in clinical social work."

We have had increased activ-

ity regarding ethical questions from our members. The committee has researched the issues and responded thoughtfully. We have also posted on the listserv "Guidelines for Using the Listserv with Respect to Clinical Issues."

In June Barbara Nama, LCSW, and Ann Roark, LCSW, will be stepping down as co-chairpersons of the Ethics Committee and Barbara Emmanuel, LCSW, has accepted the position of chairperson.

We are delighted. It has been such a pleasure to work with Barbara Emmanuel and the other committee members, Beth Collins Himes, LCSW, and Emily Potts, LMSW. We thank them for the energy and involvement they have put into the committee.

Please join us at the NASW/GSCSW Spring Conference, May 1, 2009, for a more expansive and in-depth look at this topic—**"The Ethical Implications of Cyberspace:**

Understanding the Clinical Risks and Responsibilities"—presented by DeeAnna Merz Nagel, LPC, DCC.

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

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

LOW-COST SUPERVISION COMMITTEE

The Committee worked to expand the visibility of the program by advertising in the NASW Newsletter and sending flyers to the monthly meetings, the LMSW gatherings, and the mentorship groups. We have continued to respond to inquiries and

since last fall have made eight referrals. Part of the challenge for the Committee continues to be the lack of communication after the referral is made as we continue to assess what is working and what isn't. So again, your help with this is appreciated. If you are a supervisor or supervisee, please let me know if the referral was a fit.

Also, we are in need of more supervisors who are outside the perimeter and more supervisors who work with children. If you are interested in becoming a supervisor, please contact me.

~ Barbara Nama, LCSW
bnamalcsw@aol.com

404-231-2339

GUIDELINES FOR USING THE LISTSERV WITH RESPECT TO CLINICAL ISSUES

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

1. Announcements such as: Job opportunities, workshops, Office space (for rent or need);
2. Questions about referrals;
3. Other aspects of clinical practice such as: Looking for resources, organizing a peer consultation group, professional dialogue (excluding case information)

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

Fall/Winter 2009/2010 Clinical Page to clinicalpage@GSCSW.org

JOIN THE GSCSW LISTSERV

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

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

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

Sample email:

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

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

We look forward to hearing from you online!

Please remember that June 1 is the time to renew your membership. More information will be emailed / mailed to you soon.

To join the listserv, send a request to admin@gscsw.org

LET'S PARTY!!

DON'T MISS THE END OF THE YEAR PARTY
 CAROL FINKELSTEIN'S HOME
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 POTLUCK DINNER

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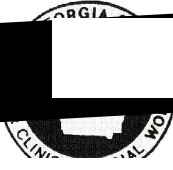
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*"Ethical Implications for Therapists Who Work
and Socialize in Cyberspace".*

Presenter: DeeAnna Merz Nagel, LPC

Friday, May 1, 2009

Peachford Hospital

Email admin@gscsw.org for a registration form or
go to www.naswga.org to register online

It is not to late to register!!

RENEWALS START JUNE 1,
2009

Renewal packets will be coming out
on June 1st. You will be able to
renew by:

1. Going online at www.gscsw.org
using PayPal or a credit card.
2. Or you can mail a check in.

