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THE CLINICAL PAGE

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SUPERVISION ACROSS THE LIFESPAN OF THE CLINICAL SOCIAL WORKER

BY BARBARA NAMA, LCSW AND ALYCE E. WELLONS, LCSW

As a new social work graduate, I was ready to take on the world. I had been through a good clinical program, had an internship at a large teaching hospital which afforded me many opportunities for extra practice and learning, and had a field supervisor who tried to teach me everything he could. I was prepared for anything--or so I thought. My first job was in a rural mental health center in the mountains of North Carolina. There was a psychologist, psychiatrist (who came once a week), and some other mental health workers, but I was the only social worker with a graduate degree. Suddenly I was thrust into clinical situations for which my practical experience to date had not prepared me, and I had no adequate, formal supervision. I worked my way through by getting what I could from the other professionals who had worked there for various lengths of time and by seeking out outside learning opportunities on my own. It worked well enough. But I missed a fundamental "home base" support and, for me, it highlights the importance of the early foundation we develop as clinical social workers and the effect that it has on how we work our way through professional developmental stages (Barbara Nama, LCSW).

Supervision of some kind is important throughout the lifespan of the clinician. In this article, we will look at the different kinds of supervision and differing needs of social workers in the three developmental stages: Post-graduate Practice Level, Autonomous Practice Level, and Advanced Practice Level.

At the post-graduate practice level, the social worker has demonstrated mastery of core curriculum (enough to pass and graduate) and has completed a supervised practicum in which she learns to apply theory to practice. But true integration of this requires ongoing learning well beyond the post-graduate level. The clinician at this level is able to formulate psychosocial assessments and develop treatment plans. Supervision of this practice is crucial, not only to the ongoing development of these skills, but also to the development of the professional sense of self. It is during this phase that clinicians begin to learn more about themselves as agents of change and how to use themselves appropriately and effectively within the given therapeutic context. Developing professional boundaries and understanding how these facilitate and enhance the treatment process happens during this time. Ideally, the supervisory relationship provides a "holding environment" in which the new clinician can bring not only questions, but also problems and mistakes. "The supervisee will feel confident to explore the environment and develop a professional sense of self when the supervisor's caregiving provides a secure base for learning" (Bennett, p. 97). The modeling of attuned listening and establishing a secure environment by the supervisor also helps the new clinician develop these skills in herself and translate them to her work with clients.

At the autonomous or intermediate level, usually three years post-master's, supervision is usually no longer mandatory, and decisions about further training and supervision are left to the clinician. Generally speaking, the skills in the areas

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PRESIDENT'S MESSAGE

Hello, Fellow GSCSW Members!!

Springtime is here and GSCSW is enjoying another successful and eventful year. All our committees have been hard at work planning, organizing, expanding, and evolving.

And GSCSW is entering an exciting moment in time. Our election process began in March and we will be welcoming an entire new Executive Committee, including a President-Elect, Secretary, and Treasurer. Evolution is happening for GSCSW right now and we are very excited.

At our most recent Board meeting, there was stimulating discussion about this moment in GSCSW's history. We are realizing the need to bridge the wisdom and history of past Board members with the incoming energy and enthusiasm of recent elections and membership demographic trends. One of our goals over the next year is to sponsor events where the past, present, and future can meet to share ideas for GSCSW and clinical social work in Georgia. Our first hope is that many Past Presidents and Board members will attend our End of the Year Party (see website and listserv for upcoming details). It will be a nice time to welcome the new Executive Committee, reconnect with old friends, and discuss the present and future of GSCSW!!

Some upcoming goals for GSCSW include continuing to update our website and listserv with new software and tools, encouraging members to get involved, and making GSCSW a home for clinical social workers!!

Our membership remains strong. Events are well attended, as well as informative and relevant. Committees have also joined together to sponsor panels focusing on supervision and job searching. The Clinical Page has received recognition from national authors, Low-Cost Supervision has launched groups focusing on the needs of LCSWs. As our Treasurer, Sharon Burford, LCSW, MBA, steps down after four years of service; she reports that we are as financially sound as any point in our history. Thank you, Sharon, for four years of service, organization, and fiscal responsibility to GSCSW. We also gratefully thank Barbara Emmanuel, LCSW, for her years of service as Secretary and member of the Executive Committee. Her attendance and input on a wide range of issues at Board meetings has been sound and dependable. Thank you, Sharon and Barbara!!

I look forward to seeing you all at our annual Spring Conference on May 7th (see back flap and www.gscsw.org for details).

Please remember my door is always open. I welcome hearing from you regarding anything that GSCSW can do for you as social workers.

Thank you, again, to the entire Board and all committee members for your vision, volunteering, caring and commitment to GSCSW. We have done more than I could have imagined…and have lots of exciting plans for the future!!

Alyce E. Wellons, LCSW

President

"Our membership remains strong. Events are well attended, as well as informative and relevant."

FROM THE EDITOR

"Times they are a changin"

In 1965 Bob Dylan wrote the tune The Times They Are a Changing and captured the minds and hearts of a generation of young Americans. The Civil Rights Act was passed that year and Dylan pens this song as an anthem which came to symbolize the historic struggle of the time in our nation's history. The past year's battle over health care and the subsequent passage of The Health Care Act which has been compared to Social Security and Civil Rights legislation has brought that haunting melody back to my consciousness. Here is the third verse:

Come Senators, congressmen please heed the call

Don't stand in the doorway don't block up the hall

For he that gets hurt will be he who has stalled

There's a battle outside ragin'. It'll soon shake your windows

And rattle your walls for the times they are a changin'

GSCSW is also going through change as seen by the continued growth of our membership. While our change does not merit the shaking of windows and walls, it is an exciting time to be a clinical social worker and a member of our professional organization. This issue of the Clinical Page reflects growth and change also. You will find the same quality contributions which include a book and movie review, an in-depth article concerning supervision, an article about the ethics of bartering, as well as committee reports and a review of an article about the culture of mental health.

The "Therapist's Chair" will feature an article titled "The Business Side." Most of us have had no training or courses in graduate school about how to be a successful business person practicing our craft. This article expands the role of a social worker and challenges us to look at the business aspect of practice. We will be featuring the "Business Side" as an on-going interactive column alongside "The Therapist's Chair."

A new column called "From the Membership" will provide members a forum in which to address thoughts, feelings and concerns relevant to our professional lives. We would like to know what has worked and what may be problematic in your practice. We plan to facilitate a space in which members can interact with each other and avoid becoming isolated. Our members possess a wide variety of professional expertise; we encourage exchange of knowledge through brief submissions to this forum.

Fred Crimi, LCSW

Editor

MY BATTLE WITH DISABILITY INSURANCE BY SHARMAN COLOSETTI, LCSW, PHD

In October, 2009, I gave a presentation to GSCSW called "Lessons learned from surviving a traumatic injury as a private practitioner." I spoke about the accident that I had when I fell from a zip line at a party, breaking my back and right heel. After 18 days in the hospital, 3 weeks in rehab and 2 months at home, I was able to return to work.

One of the dangling threads from that talk was, "What will happen with my claim against the disability insurance company, Berkshire Life?" I have a policy that does not pay benefits for the first 90 days. Then, if you are unable to work, you get $2500/month. When I returned to work, they paid me for one month. The payment I received covered December 20 to January 5, 2009 plus an additional half month to help me transition. The agent said that I did not have a "return to work" clause in my policy; therefore, I could not collect any additional benefits.

I let it drop for several months until I had a conversation with a friend who was selling disability insurance. She looked at my policy and found a "Residual Rider" that said if I could show that my income was at least 25% lower than it had been the year before the accident, I would be entitled to benefits. My income was at least 25% less than the year before for the first eight months of 2009. I contacted the agent and had many conversations that resulted in their offer to pay me an additional $2000. According to the policy, I should be able to collect $1250/month for a minimum of 6 months.

So, I talked to my attorney who had worked with me to sue the Homeowners Insurance to help pay the costs of my accident. In numerous phone calls with and letters to the agent, my attorney had asked for 18 months of benefits, hoping they would pay 6-8 months. I asked, "Why not ask for 12 months if you think we can get six?" He explained that, if you are reasonable in your request, the company won't negotiate. I just got a call from him. I should have a check in hand for an additional seven months of benefits by mid-February, once it clears the bank. My attorney will get one third of the amount, netting me $6000, more than I could get on my own. Unfortunately, we live in a litigious world!

MENTORSHIP BY CHERYL BRAVO, LMSW

Many disciplines share the concept of mentorship; however, my experience in the legal and business fields have not found it to be as powerful a tool as it is in the field of social work practice. Unlike other disciples, mentors in the field of social work are specifically trained to provide the means to gain valuable insight into the practice of social work and they serve as a tool to more fully evaluate issues under consideration.

I speak from experience when I say that mentorship is a rare commodity for new entrants into the social work field. I soon discovered that my educational experience was much less than I had expected it to be given the number of hours of study together with the thousands of dollars spent. Many seasoned clinicians are well aware of the changes being implemented at major universities to their clinical social work programs but it is rarely addressed at new student orientations. It is here that I found myself several years ago during the second semester of my first year of my MSW program.

I will be forever thankful to one of my professors who recognized my concerns and suggested that I look into the Mentorship Program offered by the Georgia Society of Social Workers. Frankly, I could not imagine having any extra time to attend a function, but somehow, I was able to attend the year-end party that semester, and eventually, I made my way to a Mentorship Group meeting. Immediately, I understood the benefit of my attendance at these two events, and whenever possible, I still attend them today.

Mentorship, distinguished from supervision, is educational in focus. In addition to the monthly Mentorship Group meetings, the Mentorship Program matches new social workers with experienced clinicians ("mentor") who often times share an area of practice. As a result, the mentee is provided with an opportunity of professional development and career planning expertise. As our website indicates, the program "…may assist participants with such issues as developing strategies for career development; understanding practice standards, identifying and pursuing their continued learning needs, ethical and legal dilemmas, skill development, enhancing professional adaptability and collegial networking." However, the website does not mention one benefit of great importance to a new social worker. If you want to see social work practice in action, where active listening skills are employed, a caring and empathic environment is present, and both personal and professional coaching occurs, I urge you to attend the Mentorship Meetings.

To my UGA professor with his great insight that crucial day; to both Phyllis Glass and Ephrat Lipton, facilitators of the Mentorship Group; to the numerous GSCSW members who unselfishly offer their guidance and skills; and to my very own mentor, Sharon Burford, I say, "Thank you!". Without your support and dedication to me, and to so many others like me, the field of social work would not be as attractive a career as I have discovered it to be. I promise you that I will make a conscientious effort in the future to be there whenever a new social worker presents with similar needs as I am convinced that's what makes social work different from so many other disciplines!

A BOOK REVIEW

BY FRED CRIMI, LCSW

General Theory of Love

Thomas Lewis, M.D., Fari Amini, M.D., and Richard Lannon, M.D.

Have you ever considered the following questions: What is love and what determines our ability to find it? What is loneliness and why is it so painful? Finally, what are relationships and what influences how and why they evolve? Reading *A General Theory of Love* will be an important step in discovering some of the answers.

The book describes how the brain's "ancient emotional architecture immerses us in unheard messages and unseen circumstances which shape our future." Authors Lewis, Amini, and Lannon take us on a Wizard of Oz-like journey into the universe of love. They explore why "emotional life can be influenced but it cannot be commanded." Like Dorothy, the reader will discover the forces behind the curtain which actually control our urges for intimacy.

To help us understand the nature of love, the authors begin the journey by examining the structure and design of the brain. We discover how evolution has created a "triune brain," three brains which include the brainstem or reptilian brain, the limbic brain, and the neocortex, our newest brain. This evolutionary process has created a brain which is not homogeneous; when the three subunits interact, some of the information is lost in translation because of the units' differing functions, properties and chemistry. Imagine three people from different cultures sitting at a table, each speaking a different language. Imagine the anxiety and chaos which could arise when these three are charged with the responsibility of making critical choices and decisions about life.

The authors explain the dynamics of these three subunits of the brain which create a similar outcome and camouflage the laws of emotional life and thus the nature of love. The brainstem and the limbic brain, referred to as the emotional center, respond to the language transmitted as a result of our nurture, social interaction, communication, and play. Information stored within the emotional center is referred to as implicit knowledge and remains hidden from our conscious awareness. The third and newest component, the neocortex, responds to language transmitted through verbal and rational thought, words, good ideas and logic. This is conscious information which is referred to as explicit knowledge.

While words communicate with the neocortex, the center of logic and rational thought, they are ineffective in the communication with the limbic brain, the emotional center. Love and the emotions related to intimate relationships have their origins within the emotional center and will not respond to the language of logic and rational thought. This is why giving advice or telling a client what to do about romantic relationships never works because we are communicating in the wrong language, and the emotional center will not respond.

Continuing in our journey to Oz, attachment theory is introduced, and we learn how and why our childhood caregiver relationships are responsible for creating the unconscious imprinted memory stored within our emotional center. This orchestrates our romantic relationships. If we've had secure childhood attachment experiences, we will move towards individuals who reflect attuned acceptance which can produce healthy intimacy. If, on the other hand, we had avoidant, ambivalent, or insecure attachments, we will find our emotional center directing us toward those familiar experiences which lead to unhappy intimate relationships.

Just as we learn how to be attracted to dysfunctional emotional relationships, so too can we learn how to find emotionally satisfying ones. The brain's plasticity, the ability for the brain to create new neural structure through interpersonal interaction, makes it possible to relearn and restructure our neural connections which will lead us to happier love relationships. Psychotherapy has the potential to create the environment which duplicates the qualities of secure attachment. This reactivates old neural patterns which, while actively firing, restructure or reorganize themselves. Reorganization establishes the potential for a new blueprint; this therapeutic experience is

Just as we learn how to be attracted to dysfunctional emotional relationships, so too can we learn how to find emotionally satisfying ones.

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MOVIE REVIEW BY KAREN TANTILLO, LCSW

Precious: Based on the Novel "Push" by Sapphire

Usually a book is far better than the movie. This one is close!

Harlem, 1987. A sixteen year old illiterate African-American girl, grossly overweight and in junior high school is sent to the principal's office, pregnant again for the second time, to be expelled and sent to a school for remedial education. This opening scene introduces the character of Claireece "Precious" Jones and a remarkable story of an incredibly resilient teenager full of inner beauty, strength, and undying courage. Although she feels like "ugly black grease meant to be wiped away", Precious remains ever hopeful despite having to endure a disadvantaged childhood loaded with horrific amounts of physical, sexual and emotional abuse.

The main character goes by her middle name, Precious, although nearly everyone in her life, particularly her mother and father, treat her as if she is worthless. Repeatedly raped by her father (with whom she is now pregnant with her second child) and violently abused and cruelly humiliated daily by her mother, Precious somehow remains curious and hopeful about beginning at a new alternative school. She meets a teacher who supports her hope to no longer be "invisible", and Precious is "pushed" to learn how to read and to write. Her teacher repeatedly pleads for her to write "her story" for "the people that love you". Precious desperately responds that "no one loves me". Her teacher Ms. Rain helps Precious to develp her tenuous internalized strengths, "Your baby loves you..and I love you". Writing finally gives Precious a real voice in both Sapphire's book and in this movie (co-produced by Oprah Winfrey).

The novel "Push" is particularly shocking and raw in its graphic depiction of verbal, physical, and sexual abuse narrated in first person in fractured English. It is heavy with the atrocity and raw vulgarity of the father's rapes of Precious. By comparison the movie provides one horrendous glimpse of these rapes and instead more heavily focuses on the poisonous, monstrous characterization of Precious' mother, portrayed brilliantly by comedic actress Mo'Nique. Precious' mother spends her days in front of the t.v. in a dark, dreary apartment with shutters drawn, spewing vicious invectives toward her daughter. The acting in this movie certainly deserves acclaim. Mo'Nique's portrayal is definitely disturbing and difficult to watch. Precious (portrayed by newcomer Gabourey Sidibe) escapes into a fantasy world (of walking on a red carpet or dancing and singing under festive bright lights) to protect herself from painful life events and this monster of a mother . Mariah Carey plays a tough New York City social worker who capably challenges Precious (and later her mother) for the real truth of her world.

This movie has deservedly been nominated for six Academy awards including Best Motion Picture of the Year. In the final scene, Precious proudly walks out of a welfare office with her children determined to finally establish independence from her mother. Although it is unclear how she will care for the significant needs of her two children or how she will even care or provide for herself, the overwhelming message is one of resilience, empowerment and the ability of the human spirit to overcome the confinement of poverty, racism, and abuse. Definitely inspiring.

Karen Tantillo is a Licensed Clinical Social Worker in Alpharetta, GA. providing individual, family and group therapy for children, adolescents and adults. She can be reached at (770)296-4842 or by kptantillo@yahoo.com

"THE BUSINESS SIDE" BY MARGO GELLER,LCSW

"It's all about relationships, it's all about love and it starts with you." This is something I say on a regular basis. Building a great life is about building meaningful memories with the people you care the most about. My mission or passion is to help my clients become more confident about their ability to build a successful career or business. I emphasize that success is about making progress and it's a process. It's so important to set realistic expectations for yourself and others.

Entrepreneurs think outside the box. We are living in a time where thinking like an entrepreneur is crucial for coming up with new ways to use your degree and combine your natural talents, interests and personality. In today's economic times we need to bring in the net and niche or micro-niche.

My vision for "The Business Side" is to write about topics related to business and being an entrepreneur. I'd like the column to be interactive with room for questions that will be addressed either on the website and/or in the next column. This is a whole new world for most social workers. There are certainly no business courses in MSW programs nor do you need to know anything about business to get your LCSW. There are no MSW/MBA programs. The content will be the equivalent of what you would learn in business 101 for social workers and other mental health professionals.

Continuing education for clinical social workers focuses on the clinical side with almost no attention to the business side. More therapists are thinking about going out on their own. They want to make more money and be their own boss. There is a limit to how much you can make as an employee in an agency. When you work for yourself, the sky is the limit. For many, being an employee is the right fit and for others it really isn't. How do you know if you are the right fit and if you are, then what do you need to know? It's always about baby steps and realizing that even if you know what to do, the doing is the hardest part. The biggest obstacles will be emotional and related to your personal and money story. I'll be sharing some personal and client stories and hope to inspire you to stay motivated and committed to building a better future for your career. My personal goal is to create a dynamite column that readers will look forward to reading. Good teachers welcome participation, feedback and suggestions. I'll be counting on you!

A small sample of topics:

1. Knowing and owning your value
2. Staying focused on your ideal profiles
3. Bringing in the net and niching
4. Becoming a hybrid (employee and self employed)
5. Maximizing your "golden" network
6. Paying forward and givers gain

They say that the best way to learn is to teach. I have learned so much from my mentors, clients and students. "The Business Side" is an opportunity for learning, sharing and collaborating. I'm grateful to have the opportunity to share my business knowledge and passion for being an entrepreneur with the Georgia Society for Clinical Social Workers.

"A great life is built by creating meaningful memories with the people who matter the most to you."

Margo Geller, LCSW

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THE ETHICAL IMPLICATIONS OF BARTERING AND PSYCHOTHERAPY

BY TARA ARNOLD, PH.D., LCSW, BARBARA EMMANUEL, LCSW, AND SANDY EBRAHIMI, LCSW

As social workers, why are we not ethically able to barter for services? There are many reasons that bartering seems to be in line with social work values. During a recession, when money is tight, wouldn't there seem to be a social justice avenue of bartering that seems dutiful as a social worker? Although it may seem like a solution to issues of payment for social work services, there are many reasons that bartering remains off limits for social work practice. This article will explore a little history of bartering, the ethical implications of bartering for social workers, as well as the potential limitations of bartering.

Bartering has historically been a way of exchanging goods for services or trading for other goods. Wikipedia defines bartering as" ... a medium in which goods or services are directly exchanged for other goods and/or services without a common unit of exchange (without the use of money).[1] It can be bilateral or multilateral, and usually exists parallel to monetary systems in most developed countries, though to a very limited extent. Barter usually replaces money as the method of exchange in times of monetary crisis, when the currency is unstable and devalued by hyperinflation." There are various types of bartering; such as exchange of goods, exchange of services, a combination of exchange of goods and services, and bartering as part of a low fee or pro-bono arrangement. These types of bartering can be reviewed in greater length at (www.zurinstitute.com/bartertherapy.html Sited 3/1/10)

In looking at the history of bartering and social work, it is clear that the acceptance of this practice has shifted with the times. Practitioners in the 1960's and 1970's found bartering to be an accepted part of the era's zeitgeist. In fact, an entire book was devoted to the topic: Rappoport's *Value for Value Psychotherapy: The economic and therapeutic barter* (1983). How and why did this begin to change? Some answers may be found in an article written in 1993 titled "The Concept of Boundaries in Clinical Practice: Theoretical and Risk-Management Dimensions" by Thomas G. Gutheil, M.D and Glen 0. Gabbard, M.D. "The concept of boundaries, particularly in the sense of boundary crossings and boundary violations, has come under increased scrutiny in relation to the wave of sexual misconduct cases (2) arising in litigation, ethics committee hearings, and complaints to boards of licensure. Bartering could be seen as a step towards "the slippery slope", and the notion of risk management brought a heightened awareness to the importance of uniform boundary practices.

The NASW Code of Ethics directly addressed bartering in 1999: 1.13 Payment for Services (b) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers' relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

In conclusion, bartering has a strong history, and over time various fields have examined the utility of bartering in their specific field of practice. In social work, the practice of bartering was an accepted practice in the 1960's and 1970's. With the advent of bartering, many therapeutic issues emerged. Social workers found that with bartering, it was easy for boundaries to become blurred between the social worker and client depending on the type of bartering that occurred. There was also a danger of resentments being created on either side of the relationship if services were not rendered to the satisfaction of both parties. In addition, clients could feel the agreement to barter insinuates a specialness or uniqueness to the therapist, which created more issues of transference in the therapy or between clients in a therapeutic community. Regardless of how skilled, and, or seasoned the therapist might be and how much ego strength the client might possess, it is difficult, at best, to assess whether bartering would be detrimental to the client/therapist relationship. As you can see, the issues addressed above can have a negative impact on therapy as well as the therapeutic relationship, so the ethical boards came together to limit the use of bartering in psychotherapy. Currently, there is not support for bartering for ethical psychotherapy in social work.

"The Concept of Boundaries in Clinical Practice: Theoretical and Risk-Management Dimensions" by Thomas G. Gutheil, M.D. & Glen 0. Gabbard, M.D. *American Journal of Psychiatry*, vol. *150*, pages 188-196.

THE CULTURE OF MENTAL HEALTH: PROMOTING AWARENESS OR STIGMATIZATION?

BY KLYE WEHREND, MSW

Take everything you've learned about mental health in the United States and forget it. Or at least consider that it may be seriously flawed. In Western culture, mental illness is considered to be a disease of the brain whose symptoms the afflicted has little control over. This view has gained popularity in both the scientific and consumer-advocacy communities as a way to promote a deeper acceptance of people diagnosed with mental illness. A recent article published in the January 10th issue of the New York Times magazine, " The Americanization of Mental Illness" by Ethan Waters, presents some alarming evidence to support that this biomedical approach promoted by mental health professionals could be causing more harm than good.

The biomedical model has been considered to be an approach that reduces the stigma of mental illnesses like schizophrenia. Waters, however, cites numerous studies conducted in both the U.S. and Germany that supporters of the biomedical perception of mental illness were more likely to view those diagnosed with schizophrenia as dangerous and unpredictable. Thirty years of research performed by the World Health Organization also shows that patients outside the United States and Europe actually had significantly lower relapse rates. Research performed by American anthropologist, Juli McGruder, in an attempt to explain this conundrum suggests that increased socialization resulting from the view of the mental illness as an affliction and not an identity helped to control the course of the illness.

So what does this mean for schizophrenia in our own country? In the same way that treatment of the mentally ill by the community at large affected the course of the illness in McGruder's study, so too do the perceptions of a person's community shape the presentation of their mental illness. Waters also draws a connection between what is termed "high expressed emotion" and higher relapse rates in people diagnosed with schizophrenia. "High EE" includes reactions by family members such as criticism, hostility, overprotectiveness and constant intrusiveness, and Waters suggests that the presentation of "high EE" in the U.S. has a distinctly American flavor. Family members who were "high EE" were reflecting an "approach to the world that is active, resourceful and that emphasizes personal accountability," deeply American values that can be considered to be caring and positive, Waters asserts. McGruder sees the ongoing stigmatization of people diagnosed with schizophrenia in the U.S. as stemming directly from the importance our culture puts on "an illusion of self-control and control of circumstance." When presented with an illness that does not fall under this strict cultural understanding of the self, she argues, we are confronted with difficult questions about ourselves.

In my own work as a member of an Assertive Community Treatment team for the psychiatry department at Grady Hospital in Atlanta, I have witnessed firsthand not only the effects of "high EE" family members on the psyche of my consumers, but also my consumers' keen awareness of the stigmas associated with being diagnosed with a severe chronic mental illness. Only over time, working closely with my consumers in their homes and on the streets, have I been able to gradually build a deeper understanding of how to regard them as human beings instead of as a list of symptoms. While I do not see this article as an indictment of the biomedical model, I feel it promotes important consideration about how we view mental health in this country. Unless we address our own expectations that we place on our consumers, we may perpetuate the firmly entrenched stigmas that continue to undermine the altruistic spirit of the biomedical model.

SUPERVISION ACROSS THE LIFESPAN OF THE CLINICAL SOCIAL WORKER (CONTINUED FROM PAGE 1)

of diagnosis and formulation of treatment plans have advanced so that, in most cases, the clinician can make these decisions independently. The use of self in the treatment continues to develop and, depending on the treatment model being used, is the area that requires further education and consultation. Learning to use the transference and counter transference to move the treatment forward necessitates having another "set of ears" to be able to unravel the process. The importance of containment, the nuances of timing, the notion of self-disclosure, and the varied aspects and implications of this concept are all beginning to be learned during this phase. While supervision is at the discretion of the clinician, it really is vital to helping with our blind spots and furthering development.

Clinicians at the advanced practice level are competent to monitor their own practices and determine when they need outside consultation. An increased sense of professional self has developed, and the skills regarding use of self in both the diagnostic and treatment process are more refined. Specialty areas of practice can be learned at this point, and clinicians at this level often serve as supervisors and mentors for newer therapists.

And just as there are different developmental stages for social workers, there are different types of supervision processes. As clinical social workers, we have the responsibility to continue our education and to "do our own work". I will always remember my first supervisor at my clinical internship during my first year of graduate school. He was the first person to ever sit with me and see me as a therapist and, therefore, interacted with me as such. As a result of that mirroring, I began to see myself as a therapist. It is through that process that my identity and self-awareness as a psychotherapist bloomed. Those hours in individual and group supervision remain special and beautiful to me. And it is in those hours that I heard many times, "we have to do our own work" (Alyce Wellons, LCSW).

One of the important ways we can do so is through clinical supervision--even after we obtain our clinical licenses. Supervision has a long history dating back to 1911, when The Charity Organization Department of the Russell Sage Foundation offered the first course in social work supervision. Three types of supervision were identified at that time, and continue to be recognized today: Administrative, Educational, and Supportive. The three are described below:

Administrative supervision is mainly geared toward the organization and agency's policies and public accountability. This type of supervision focuses on objectives being translated into tasks to be performed by social workers. The main role of the administrative supervisor is to ensure that the work itself is being performed.

Clinical or educational supervision is the process in which a learning alliance is established between the supervisor and supervisee. It is within this alliance that the supervisee begins to learn therapeutic skills and develop self-awareness as a therapist. Clinical or educational supervision focuses on teaching knowledge, skills, and attitudes important to clinical tasks; it is achieved by analyzing the social worker's interaction with the patient. The supervisor teaches the social worker what he/she needs to know to provide specific services to specific patients.

Supportive supervision focuses on increasing job performance. This type of supervision hopes to decrease job-related stress that can interfere with work performance. The function of the supervisor is to increase the social worker's motivation and work to develop a work environment that enhances work performance.

Consultation and supervision are often confused and used interchangeably, but there are important distinctions between the two. Although consultation involves some of the same functions of a supervisor, it does not usually carry administrative responsibility and accountability. The consultant can make recommendations but has no power to implement sanctions against a social worker if a problem arises. Consultants may have expertise in certain areas, such as substance abuse or trauma, and are usually retained by an experienced social worker of several years for case consultation and review.

Supervision is a potentially enriching and enlivening element in the growth of the therapist at any stage of practice. In the next edition of The Clinical Page, we will look more in depth at the process within the supervisory relationship and the perspective of the supervisor as a facilitator of learning and change.

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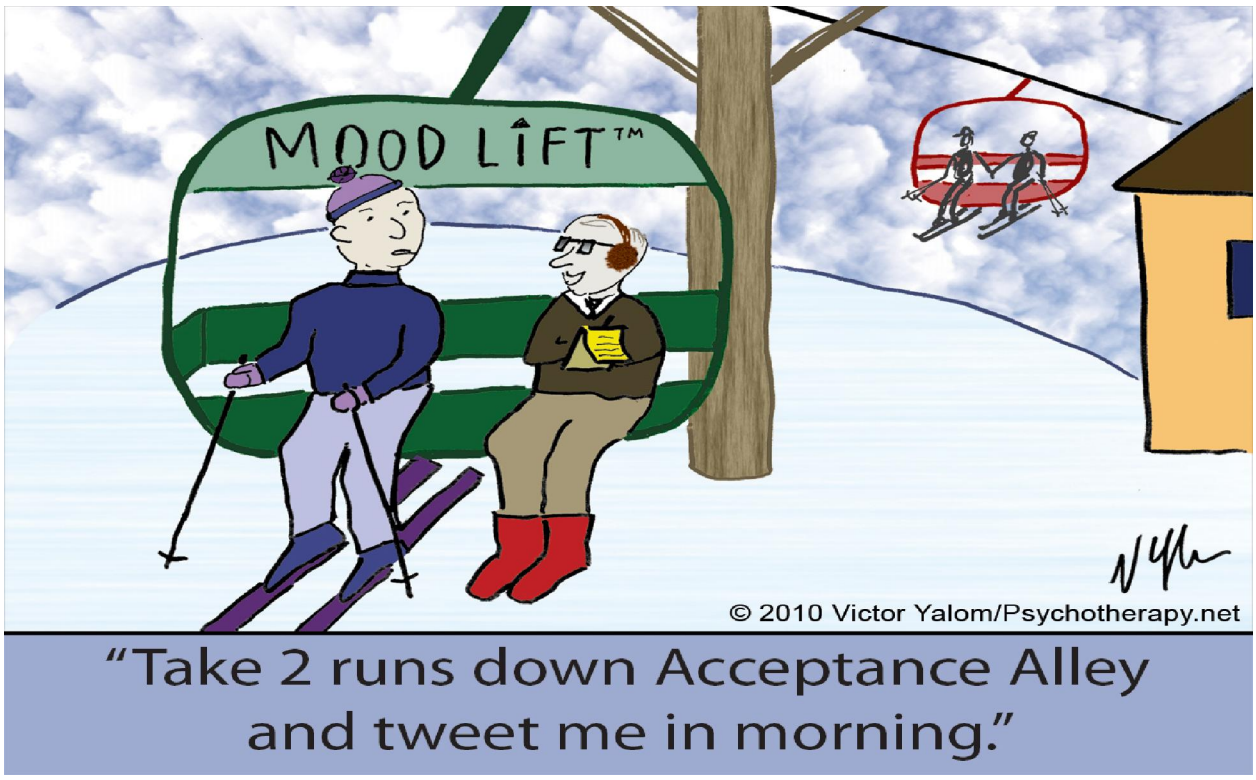
BOOK REVIEW (CONTINUED FROM PAGE 6)

referred to as earned security.

This short book overflows with concepts, constructs and suggestions for the practice of psychotherapy. As you read you will become familiar with terms like limbic attractors, limbic resonance, neural networks, emotions as contagions, and prosody. Topics like "What Can Be Done to Heal Hearts Gone Astray," "How Culture Blinds Us to the Ways of Love," and "What the Future Holds for the Mysteries of Love" are intriguing and enlightening. The authors' bibliography lists sources which will allow you to explore the subject further.

Dorothy's trip to the Land of Oz is similar to our clients' voyage into psychotherapy. In both cases the discovery is that the force behind the curtain doesn't determine how we love. As Dorothy finds, it was her joyous relationships that helped produce the courage to create a new brain and find a heart.

HUMOR



"Additional cartoons, articles, and interviews available at www.Psychotherapy.net"

COMMITTEE REPORTS

LEGISLATIVE COMMITTEE

We are now over halfway through the 2009/2010 Georgia Legislative Session. This legislative session has been greatly impacted by budgetary concerns, leaving very little time for our representatives to address the many issues of great importance to our field.

Thankfully, we have been able to continue building a relationship with Sue Fort at the NASW allowing us to partake in the weekly legislative conference calls that often include the most current legislative information available due to attendance by our lobbyist, Wendi Clifton, Esq. Additionally, we are both signed up to receive the weekly NASW Legislative Alert email entitled "UPDATE", which Barbara has been faithfully forwarding to you on the listserv.

Obviously, our representatives are restrained from being able to take care of business in Georgia as they focus on monetary concerns. Therefore, we'd like to reiterate the importance of contacting your representatives during these difficult times in order to let them know what's on your mind! As Wendi Clifton pointed out during this year's annual Town Hall, it is important to remember that our Representatives are not social work experts; therefore, they must rely on us to let them know our stance on the issues. As a reminder, you can locate your representatives by visiting our website @ www.gscsw.org, and click on Legislative Action. In addition to obtaining contact information on your representative, you can access the NASW-GA's Legislative Tracking system, which tracks any activity in the Legislature that pertains to us.

The current "hot" legislative topics include school vouchers and the elimination or significant reduction to social work education programs in Georgia. If you have any interest and/or experience in these areas, please take a few minutes to contact your representative to provide them with your opinion and/or expertise.

Finally, if you have any interest in joining the legislative committee, please feel free to contact Cheryl at cbravo11@yahoo.com or Barbara at blewison@gmail.com. We would be grateful for any assistance and/or suggestions that you may have regarding increasing our memberships' involvement in the legislative process!

Cheryl Bravo, LMSW and

Barbara Lewison, LMSW

PROFESSIONAL EDUCATION COMMITTEE

The Professional Education Committee is wrapping up a year of wonderfully educational presentations and seminars. Our Thursday Night Series was a huge success this year, with presenters representing the diverse services that can be found in the Atlanta mental health community and topics ranging from sleep disorders to internalized oppression. With help from Barbara Nama, LCSW (our Low-Cost Supervision Chair), Karen Schwartz, Ph.D. gave us a fantastic Diane Davis Lecture that provided us with new and thought-provoking information on the contemporary psychoanalytic perspective. We are truly grateful to all of our presenters for providing us with the knowledge, resources, and tools we need to continue to grow as clinicians.

Our final event of the 2009-2010 year is one to mark on your calendars! Our Spring Conference will be held on Friday, May 7th at Peachford Hospital and will feature Clifton Mitchell, Ph.D. presenting "Effective Techniques for Dealing with Highly Resistant Clients." Dr. Mitchell's presenting style is highly entertaining, and you are guaranteed to leave with tools you can implement with your clients the very next day. For more information and to register, please call NASW-GA at (770) 234-0567 or visit www.naswga.org and select "Calendar of Events." We hope to see you there!

Stay tuned for our 2010-2011 lineup of presentations, which is already shaping up to be one of our best yet. You will be hearing from experts in a variety of fields presenting to us on a great array of topics, including end of life decisions, chronic pain management, and interpersonal violence within the LGBTQQI community. We look forward to seeing familiar faces and to meeting new GSCSW members in the year to come! And, if you have interest in getting involved with this important and fun committee, we'd love to have you! Contact either Co-Chair for more information.

Jessi Heneghan, LCSW, and Tricia Anbinder, LCSW

Professional Education Co-Chairs

Professional Education Committee:

Stephanie Swann, PhD., LCSW ,Dominique Harmon, LCSW, Thandi Chase, LCSW , Mary Giattina, LMSW and Kenyada Lawrence, LCSW

COMMITTEE REPORTS

LMSW COMMITTEE

The LMSW Committee continues to evolve based on the needs of its members and those of emerging social workers. We held a meet and greet event in the fall that was a huge success, with students from all local schools of social work as well as Smith College in attendance. Participants at the event were excited to learn more about GSCSW and to connect with others who are new to the field. Particular topics of interest brought up at the event were concerns about the LMSW licensing exam, the variety of job sites available to social workers and supervision.

As a result of their interest, the LMSW Committee joined with the Mentorship Committee to put on a panel, held in February, on supervision through the lifespan. We had a reasonable showing at the panel, and processed ways of improving our public relations and marketing of programs with the Board at the last meeting. Some of the feedback that we received included utilizing listserv postings more frequently and using signage to publicize where the meeting is held at Hillside. Our committee is teaming up with the Mentorship Committee again for another panel, to be held April 18, called Job Therapy. This panel is similar to one that we held last year and it will feature speakers from all aspects of clinical social work. This panel is intended for job seekers, social work students and others who are open to exploring the various possibilities that social work has to offer.

It has been a pleasure serving on the LMSW Committee and we look forward to future endeavors with GSCSW.

Submitted by Heather Kotler, LMSW, MPH

heatherikotler@yahoo.com and

Nicole Orlando Murphy, LMSW

nso20@aol.com

MENTORSHIP COMMITTEE

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

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

COMMITTEE REPORTS

TREASURER'S REPORT

It is with a bit of sadness that I will be ending my four-year term as Treasurer, effective July 1st. It has been an honor and pleasure to serve this organization, network with our members, collaborate with our board, and watch GSCSW continue to grow and evolve. I am thrilled to say that we continue to be financially solid, particularly in these times. And I am proud to have been a part of our efforts to offer top-quality programming and services. I know that our incoming officers will continue to steer GSCSW in a positive direction and I look forward to seeing it happen!

Sharon D. Burford, LCSW, MBA

LOW-COST SUPERVISION COMMITTEE

The Georgia Society for Clinical Social Work recognizes the importance of supervision for all clinicians over the lifetime of their careers. We are especially committed to assisting in providing affordable, quality supervision to new clinical social workers. The Low Cost Supervision Committee facilitates matching LMSW's who are working toward LCSW licensure with supervisors who have agreed to provide supervision for a reduced fee. The suggested fees are $40-60 for individual supervision and $30-40 for group. Please visit www.gscsw.org to learn more about the service and view a complete list of supervisors.

We have also expanded our program to include supervision groups for LCSW's with 0-5 years post license experience. The suggested fee is $40-50 per person per group. The following clinicians, who are on the list of supervisors for low cost supervision, have expressed interest in leading these groups:

Sharman Colosetti—Decatur

Bob Fredrick—Lenox/Buford Hwy

Phyllis Glass—Midtown

Polly Hart—Sandy Springs & Cumming

Barbara Locascio—Gwinnett/Athens

Gail Phillips—Buckhead

Phyllis Rosen—Emory/Decatur

Linda Weiskoff—Inman Park

Please visit the website to obtain contact information for the supervisors and feel free to contact these clinicians directly to get more specific information regarding their groups. For more general information regarding either program, please contact me.

Barbara Nama, LCSW

Chair

Low Cost Supervision Committee

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)

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

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

JOIN THE GSCSW LISTSERV

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

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

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

Sample email:

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

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

We look forward to hearing from you online!

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

END OF THE YEAR PARTY!!

GSCSW's Annual End of the Year Party will be Friday, June 4th at 6:30pm!!

This year Millie Roche has graciously offered to host our party. She is located in the Candler Park area and her address is 2052 McLendon Avenue, Atlanta, Georgia 30307.

This year we be welcoming in a new President Elect, Secretary and Treasurer so we are hoping to have a lot of you there to meet them!! We are especially encouraging all past Board members and Past Presidents to attend as we usher in our new Executive Committee members!!

As is our tradition, it will be a potluck. However, we will not be having the auction part of the evening this year. This party will be all about celebrating a job well done and welcoming our new Board members!!

We hope to see you all there!!

Alyce Wellons

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 2010 Clinical Page to clinicalpage@gscsw.org

ADVERTISEMENT RATES

QUARTER PAGE	HALF PAGE	FULL PAGE
$15 Members	$40 Members	$90 Members
$25 Non-Members	$50 Non-Members	$100 Non-Members
LISTSERV: $25 Members	$35 Non-Members	

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

GSCSW

P.O. Box 13838
Atlanta, GA 30324

SPRING CONFERENCE PRESENTED BY GSCSW AND NASW GA CHAPTER ON MAY 7, 2010

"Effective Techniques for Dealing with Highly Resistant Clients"

Presented by Clifton Mitchell, Ph.D.

Date: Friday, May 7, 2010

Time: Registration at 8:30AM; Concludes at 3:15 PM

Where: Peachford Hospital, 2151 Peachford Road, Atlanta, GA 30338

CEUs: 5 core hours, *Lunch:* Included

This is a fast paced, highly practical seminar designed to teach innovative approaches and ideas to prevent, avoid, and resolve resistance. These techniques are applicable across a wide array of clients and problems, and can be integrated with all theoretical approaches. Common client impasses such as "Yes, but..." and "I don't know" responses will be addressed. Upon completion of the training, participants will have a broad array of techniques to add to their repertoire and to aid in reducing the stress that accompanies their most frustrating clients.

For more information and to register, please call NASW-GA at (770) 234-0567 or visit www.naswga.org