GEORGIA SOCIETY FOR CLINICAL SOCIAL WORK

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INSIDE THIS ISSUE:

CALENDER

Joint conference with NASW-GA on May 20th. See page 12 for more details and how to register.

Renewal information will be coming soon. Be on the lookout for information on all the benefits of membership and how to renew soon.

Ethical Dilemmas and Gray Matters

BY: CARLA BAUER, LCSW

Ethical practice is not always a dilemma. Sometimes we have a fairly quick intuitive feel for the ethical course of action or can find clear direction with a bit of research and/or consultation. But other times, we find ourselves in a quandary, torn between conflicting values or ethical principles, with no clear right choice.

In our January GSCSW Ethics CE event *Ethical Issues and Relationship Boundaries* we defined ethical dilemmas as occurring when two or more ethical principles are in conflict. Karen Allen (2012) cites three conditions that must be met for an ethical dilemma to exist: (1) the social worker is faced with choosing a best course of action, (2) there must be more than one course of action to choose from, and (3) no matter what course is chosen, some ethical principle is compromised. In determining what constitutes an ethical dilemma, Allen further distinguishes between ethics, values, morals, and laws and policies. She defines ethical dilemma by ethical principles: "prepositional statements (standards) that are used by members of a profession or group to determine what the right course of action in a situation is." Allen notes that ethics rely on logical and rational criteria to reach a decision, versus feelings and emotions that might drive related questions of values, or the specific, prescriptive behavioral codes embedded in morals and laws/policies. This implies an essentially cognitive decision-making process, but it is not necessarily a straightforward one. Different ethical principles can apply to the same situation, with conflicting outcomes or direction. This is much more complicated than simply figuring out the just or ethical thing to do in a new situation. That may be hard enough, but with some research, consultation, and careful reflection, the ethical course of action can become relatively clear. A dilemma occurs when research and reflection leave us torn between conflicting ethical principles: when no foreseeable solution will be perfect, some ethical principle will be compromised. Ethical practice is largely about finding our way through this gray area. How to choose? One common path is to determine which choice will result in the greater good. Not as simple as it sounds, as we might arrive at different notions of the greater good depending on political, philosophical, religious, or other ideological orientations. And "greater good" might point more to a value than an ethical principle. There is little that is absolute, much that is gray. Our professional Code of Ethics, with its allegiance to social justice and client determination, may align more with some ideologies than with others, pointing a way. But there remains significant room for interpretation and, ultimately, conflict between ethics and values.

Sometimes ethical conflict arises from a clash between personal and professional values. While still a hard choice to make, more clear direction is available in this case. The Council on Social Work Education (2012) maintains that personal values should be recognized and managed in a way that allows professional values to guide practice, and that social workers should make ethical decisions by applying the standards of the NASW Code of Ethics. The NASW Code of Ethics (1999) further states the ethical principle, "Social workers' primary goal is to help people in need and to address social problems", further amplified by "Social workers elevate service to others above self-interest." Personal values, while important, are secondary to professional values, and as licensed social workers, we agree to adhere to our professional Code of Ethics. Sometimes that means yielding our own personal values to the prevailing ethical principle of client determination, other times to the broader principle of social justice. By Allen's definition, a conflict between personal and professional principles is not actually an ethical dilemma, as the Code of Ethics makes clear which principle must prevail. It can still represent a difficult

Continued on page 5

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PRESIDENT'S MESSAGE

To our wonderful colleagues,

As I reflect upon all this year has brought to our organization, I am continuously impressed with the work done by so many!
I think first about the trainings we have offered. In regards to the recently adopted telemental health rules, this fall we sponsored CEU events for over 150 members led by our own Stephanie Cook, LCSW. This spring, we provided a wonderful telemental health supervisor training for free to our low-cost supervisors, offered by Ruby Blow, LPC. Our monthly professional education series has brought knowledgeable speakers who have shared inspiring lectures from topics on mindful caregiving and microagressions, to working with couples & addiction, anger in men, and family systems.
Technology has not only affected our clinical work, but our professional outreach as well. We have launched our new website, with a "members only" that allows on-line viewing of our past events. Next year online quizzes following each workshop will allow for CEU credit. This website will also serve as a tool to continue expansion of our services to membership across the state, thus broadening our impact and support throughout Georgia. We now have the ability to upload each member's photo to the "find a therapist" section as well, hoping to offer more enhanced networking opportunities for everyone. Our Facebook page has taken off and in conjunction with our list serve and this newsletter, our membership can be informed and included in all the happenings of GSCSW.

Go Technology!!!

Membership is at an all-time high with the most recent count at 348 members and growing. Our members have served on job panels, mentored and provided low-cost supervision to our new clinicians, attended GSCSW salons, ethics discussions, and legislative events. Many were instrumental in ensuring our voice was heard in reaching a wonderful agreement on the new senate bill 319- welcoming our LPC colleagues to the diagnosing responsibilities and privileges. Our membership is incredibly impressive in serving our clients and each other.
We have strengthened relationships with NASW through continued collaborative meetings & the co-sponsoring of events, and with our National Clinical Association (CSWA), by joining 20 other state affiliates and by proudly having the honor of one of of our own board members- Britni Brown, LCSW, now serving on the National Board!
It is with great honor that I announce the results of our election for the upcoming terms. As of July 1st, 2016 the following Officers will begin in their new positions. Please take time to review their Bios later in the newsletter, if you did not have a time during the voting process. We also have new members of our board beginning July 1st to fill those positions being vacated. Congratulations to all!

- Sherri Rawsthorn, LCSW- President Elect.
- Liza Gellerstadt, LCSW - Secretary- second term
- Allison Sweenie, LCSW - Treasurer

Our many accomplishments warrant CELEBRATION! Please be sure to mark your calendars for our end of the year party on Friday, **June 10th at 6:30-9 pm at Carol Finkelstein's home**. This is a time to relax, unwind, celebrate and get to know each other. Appetizers, main dish, beer and wine will be provided. Please feel free to bring a side dish or dessert to share. Additional details to follow next week.

Thank you all for a wonderful year! As always, please feel free to contact me if you have any questions, concerns, or ideas to improve GSCSW's impact. I look forward to seeing you all at our upcoming events.

Stacie Fitzgerald, LCSW
GSCSW President
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FROM THE EDITOR

Greetings, Fellow GSCSW members! This edition of the Clinical Page offers a wealth of articles reflective of social work. Carla Bauer, LCSW, shares insight into the complexities of ethical dilemmas. Luis Alvarez-Hernandez, LCSW, brings fresh perspective of the changing needs of individuals with HIV/AIDS, current research and treatment, and what social work can offer. Cynthia Schwartzberg, LCSW, provides a look into the impact this work takes on its greatest givers and how biofeedback can be a significant tool for self-care. Committee members have been busy behind the scenes – take a look at the committee reports to see what our colleagues have been up to as well as areas where each of us can lend a helping hand. Exciting events are on the horizon: Mark your calendars for the Joint Spring Conference with NASW-GA on May 20 and for the Annual GSCSW Celebration on June 10th!

I am so pleased to join the GSCSW Board in the role of Interim Editor while Elizabeth gets acquainted with motherhood. We look forward to her return, and our committee plans to shake up the Page this summer. We invite feedback from our readers – what changes would you like to see implemented?

I'd like to offer a personal introduction. Since I was about 12 years old, I knew I wanted to work with children and families. I attended the University of Georgia for undergraduate degrees in Psychology and Criminal Justice, and then received a MSW in 2011. I operate a small private practice in Peachtree City, dedicated to individual and family therapy for adults and adolescents healing from trauma, anxiety, and depression. I enjoy utilizing expressive arts and somatic-based therapies (i.e., incorporating mindfulness and yoga).

Additionally, in my current role as a Youth and Family Coordinator with the Multi-Agency Alliance for Children (MAAC), I work with high-risk youth and their identified natural supports to build a team committed to achieving the youth/family vision, identifying underlying needs, brainstorming and implementing innovative strategies to overcome boundaries using youth strengths and empowering families. We endeavor to foster permanent connections; assist youth/family to navigate systems of care; access appropriate resources and treatment; and collaborate with various stakeholders (i.e., DFCS, DJJ, therapists, foster parents, crisis stabilization, psychiatric residential treatment facilities, schools and educational staff, coaches, religious affiliates, extended family, friends) to facilitate the wrap-around process in order to individualize care for youth and achieve success.

May is National Foster Care Month. To celebrate and raise awareness (and funds!), MAAC hosted its annual A Starry Night on May 12, raising more than $25,000 to benefit youth in foster care. As of September 2015, approximately 11,551 children were in custody of Georgia DFCS. Of those in care, 843 youth transitioned to adoptive families last year! If you would like to learn more about how you can make a difference in the lives of these children, please contact me!

Thank you to all who have contributed to the Spring issue and the dedicated work of our GSCSW President and Board members!

Meghan Harbin, LCSW
GSCSW Interim Editor

LETTERS TO THE EDITOR

Let's be in conversation about the articles we publish!

Letters to the Editor is a new section of the Clinical Page*. With this feature, the GSCSW membership will be able to continue the many conversations that authors begin with our* Clinical Page *articles. If you have any feedback, questions, follow-up commentary, or additional notes from a previous edition's article, email Elizabeth at* clinicalpage@gscsw.org *for your letter to be considered for this new feature. We look forward to this way of being in dialogue!*

ETHICAL DILEMMAS AND GRAY MATTERS

Continued from page 1

personal conflict.

Sometimes ethical and legal issues are intertwined in the choice of action. In some cases, ethical codes and laws converge to point us in a particular direction; other times, these seem opposed and law restricts what seems to be the ethical choice, leaving us faced with a new challenge of whether to act legally or ethically. Allen's framework immediately establishes a key difference between ethical and legal issues: in matters of law, the legal course of action can, with enough research, generally be determined. In ethical matters, there typically is no "right answer" unequivocally stated anywhere; the ethical choice may remain a compromise.
During our continuing education event, we explored several hypothetical scenarios illustrating the challenges of working through ethical dilemmas, but the discussion became particularly intense around this one: Bill Smith has been enrolled in a drug rehabilitation program in order to break his cocaine addiction. The program's treatment routine includes pharmacological treatment, group therapy and individual therapy. You are his social worker. You have succeeded in establishing a positive and meaningful relationship with Bill in the daily treatment sessions. One morning, Bill tells you that, some years ago, he accidentally injured a bank guard during a holdup. He was never caught by the police, but another man was convicted for this crime and now sits in prison on a lengthy sentence. For several days, you have been trying to convince Bill that he should talk to the police in order to free an innocent man from prison. Bill not only refused to listen to your suggestion but has told you that he expects you to keep complete confidence regarding what he has told you. What should you do?

In this case, both the Code of Ethics and confidentiality laws come into play. But do they point us in the same direction or leave us with an ethical dilemma? Our Code of Ethics alone presents us with competing values, principles and standards applicable to this case: ethical principles supporting the values of service, social justice, and dignity and worth of the person; ethical standards of commitment to clients, client self-determination, and social justice. While not inherently contradictory, these several principles don't necessarily point in the same direction under all scenarios.

The NASW Code of Ethics (1999) has this to say about commitment to clients:
Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.) (Ethical Standards 1.01)

Similarly, the Code says of self-determination:
Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others. (Ethical Standards 1.02)
And of privacy and confidentiality:
(a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.
(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.
(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed. (Ethical Standards 1.07)

In addition to these standards for ethical responsibilities to clients, the Code's stated value of social justice is supported by this ethical principle: *"Social workers challenge social injustice" (NASW 1999, Ethical Principles). This commitment to social justice is further embedded within the ethical principle of inherent dignity and respect of the person:*
Social workers promote clients' *socially responsible* self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their *dual responsibility to clients and to the broader society*. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession. (NASW 1999, Ethical Principles, italics mine)

The scenario discussion got particularly interesting and intense around the reference to preventing serious, foreseeable, and imminent harm to a client or other identifiable person. Up to that point, there seemed to be overall agreement that although it would be hard to hold the knowledge that an innocent man was in prison, our duty was to our client. Confession of past deeds is generally not a reason to

Continued on Page 6

ETHICAL DILEMMAS AND GRAY MATTERS

Continued from Page 6

break confidentiality. Similar to the cloak of the confessional, not to hold confidentiality limits what our clients can safely tell us, undermining our ability to help them. The exception is clearer when the client states an intention to harm that is still preventable. The conflicting ethical principles involved in breaking confidentiality under that circumstance are handled and ranked by clearly informing clients of this exception on day one of treatment.

In this scenario, Bill is confessing a past crime, not threatening harm anew. But black and white quickly fade to gray: this is not simply the confession of a past crime. What of the innocent man in prison? Might not the prison system itself represent serious, foreseeable and imminent harm to this innocent man? Is that indirect infliction of harm sufficient basis to ethically violate Bill's confidentiality? Or does our duty to client prevail?

We can honor the principle of client determination by encouraging Bill to confess, but leaving the decision to him. But again black and white fade to gray: encouragement to confess might represent socially responsible self-determination, but is it in the best interest of our client? And again, what about that innocent inmate and the continuing harm coming his way? What does the additional commitment to social justice in our Code of Ethics say about our duty to this inmate? How does that principle rank against those related to service of our client? And even if our Code of Ethics would support breaking confidentiality in protection of this innocent inmate, do the legal restrictions on breaking confidentiality extend to this broader consideration of indirect harm? When our ethical principles don't seem to all point to the same decision, which principle should we follow?

Both ethics and law seem to tilt toward responsibility to our client in this instance, leaving us holding the discomfort of knowing that an innocent man suffers in prison. But even if unable to act directly on this man's behalf, we can address the larger issue of harmful imprisonment through advocacy for prison reform and other social justice campaigns to reduce false imprisonment. In fact, our Code of Ethics calls for such social and political advocacy in the interest of social justice. In this way, we can at least partially satisfy the conflicting ethical principle in the above dilemma.

This case illustrated several aspects of ethical decision making. There was research and reference to our professional Code of Ethics. There was peer consultation, represented by the intense discussion, and recognition of the need for further legal consultation. And after all of that, there remained several ethical principles in conflict in this case and no black and white rulebook revealing the answer.

Cases like this don't come about every day. But neither is this scenario unrealistic or far removed from what can walk into our offices on any given day. Some of the ways to address such ethical dilemmas are illustrated: reference to our Code of Ethics, consultation/supervision, and legal consult. One avenue for consultation is the GSCSW Ethics Committee – we don't hold a magic rulebook, but we can help with researching the relevant ethical guidelines and exploring the gray area between conflicting principles. Contact us with your dilemmas at **ethics@gscsw.org**

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Carla R. Bauer, LCSW, is in private practice in Atlanta, working with individual adults and couples. A second career therapist, she brings over 20 years of corporate experience, as well as an earlier journey in theological studies, to her understanding of people and their life struggles. Psychoanalytically trained, she is most inspired by orientations that blend psychodynamic and attachment theories with a contemporary relational presence with clients. While building her clinical practice, Carla also works part-time as an independent contractor in banking. She can be reached at 404-907-0690 or cbauerlcsw@gmail.com, and with website pending, has a web profile on Psychology Today for further information.

My Client is Not Dying: What We Have Learned About HIV/AIDS

By: Luis R. Alvarez-Hernandez, LMSW, CMS

For nearly four decades, people have been affected by the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). Through countless research efforts, we are now more knowledgeable about HIV/AIDS, its genetic and biological components, risks factors, and treatment. Seemingly, we have gained insight about the psychosocial effects of the conditions. This knowledge, however, has not entirely translated into practice.

The Basics

HIV and AIDS are not the same thing. It is common for people to use terms interchangeably, mostly because AIDS was the stage many people were in during the beginning of the epidemic. In general terms, HIV is a virus that affects the immune system and is transmitted only by body fluids. When HIV advances to a Stage 3, then it is called AIDS. An AIDS diagnosis is possible by the person acquiring an opportunistic illness or when the CD4 count falls below an average of 200. According to AIDS.gov, a "CD4 or T-Cell is part of our immune system, which alerts our bodies about potentially harmful organisms that enter our body such as bacteria or viruses." The same source defines viral load as "the amount of HIV in a sample of your blood." Improvement in health outcomes is due in part to multiple medications available for treatment.

Then and Now

The first cases of HIV/AIDS were seen in the late 1970s. Then, it was called "Gay Related Immune Disorder" or "GRID" and was also referred to as "gay cancer." It was not until 1987 that the drug AZT became available to some patients. Due to limited and effective treatment, patients were deteriorating quickly and many died in short periods of time. Moreover, people required palliative and hospice care. This time period is commonly known as "the epidemic". Community movements, often led by social workers, attempted to organize and provide people infected and affected by HIV/AIDS with mental health and social support. Many non-profits and taskforces were born in those years. In general, the media portrayed an image of despair, death, and fear.

Currently, the image of hopelessness has shifted. The public health and social work landscape has turned into creating programs that encourage prevention interventions, adherence to medical care, and improved quality of life. We now have local and national campaigns that display healthy individuals and families who are HIV-positive. Moreover, the media discourse has changed and more mainstream movies and TV shows portray ordinary characters concerned with testing and treatment. The ideal goal for these campaigns and media references is to reflect current epidemiology reports.

According to the Center for Disease Control (CDC) 2014, reports indicate men who have sex with men (MSM) are disproportionately affected by HIV/AIDS. More specifically, African American and Latino men are at higher risk for infection. This risk parallels with the growth of new HIV infections in African American and Latino MSM. CDC statistics show that "the annual number of diagnoses among Hispanic/Latino gay and bisexual men has increased 16% since 2008". The same statistics highlight that "from 2005 to 2014, the number of new HIV diagnoses among young African American gay and bisexual men (aged 13 to 24) increased 87%". A recent article in The Atlanta Journal-Constitution states that if infection rates continue this course, we could see as many as one in two gay black men diagnosed with HIV/AIDS in the future. The increased infection rates among Latinos and African Americans is partially due to community stigma, religious beliefs, and lack of preventive medical services. Overall in the US population, 13-24 year olds are the highest in infection rates. Moreover, special attention is given to the increased numbers of infection in heterosexual women. This current trend in infections is different than the struggling white gay male image we witnessed decades ago.

Implications for Clinical Practice

Clinicians should be aware of the public health strategy for HIV/AIDS due to its influence in bio-psychosocial issues. For example, efforts are now geared towards access to medical care and adherence to medication, since research has shown that a low viral load decreases the chances for HIV transmission. On the other hand, a high viral load for a period of time is known to potentially lead to HIV-related dementia. Hence, when working with a client who is HIV-positive, it is important for the clinician to be familiar with laboratory results in this area in order to formulate an informed assessment and differential diagnosis. Moreover, the clinician should also be aware of medications taken by the client. Some HIV medications (such as Atripla) having potential side effects of vivid dreams, nightmares, and/or depersonalization.

Public health efforts are also targeting prevention beyond abstinence and condom use. Recently, research has shown that use of certain

CONTINUED ON PAGE 8

My Client is Not Dying: What We Have Learned About HIV/AIDS

Continued from page 7

medications by HIV-negative individuals could significantly reduce the risk for HIV infection. These approaches are known as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP). PrEP should be taken daily as a way to prevent HIV infection and PEP is taken as an emergency medication after suspecting being at risk for HIV infection. Longitudinal studies are being conducted to assess the effectiveness PrEP and PEP. Some current limitations for these approaches are accessibility and availability. Having multiple prevention and treatment options have led to new issues in clinical practice.

Nowadays it is not as often that social workers provide palliative or hospice care for newly HIV-infected individuals. In fact, many individuals infected by HIV/AIDS seek clinical services for typical disorders or issues. Sometimes these issues are related to being HIV positive; other times not. For example, individuals who have been diagnosed with HIV/AIDS for many years or decades are often called "long term survivors". Often times, "long term survivors" have seen friends, partners, and family members suddenly die at the beginning of the epidemic. Hence, these individuals frequently seek clinical services to process previous trauma, PTSD, grief, and survivor's guilt. For many "long term survivors," HIV/AIDS have become a part of their identity and how they see the world. Moreover, individuals who are HIV-positive also look for ways in which they can have healthy relationships with an individual who is HIV-negative.

Services related to HIV/AIDS are now not only for those "infected," but also for those "affected." It is common for individuals who are HIV-positive to be in a relationship with an individual who is HIV-negative. The commonly used term for this type of relationship is "serodiscordant couples/relationship". When working with these couples or individuals engaged in serodiscordant relationships, clinicians should be aware of their unique needs. For example, serodiscordant couples often face stigma and fear of disclosure of HIV status to others. This may also be the case for homosexual and heterosexual couples.

HIV and AIDS have remarkably impacted our society. The history and context of the terms are salient considerations. However, it is also important to know the nuances and contemporary issues faced by those infected and affected by the disease. Sound and comprehensive clinical practice should be informed by current policy, biomedical advances, and societal changes. For more information, visit the resources below:

<u>Resources:</u>

AIDS.gov
http://www.cdc.gov/hiv/
http://www.sfgate.com/nation/article/HIV-risk-soars-for-African-American-men-6855043.php
http://betablog.org/fact-sheet-prep-pep/
https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/

Luis R. Alvarez-Hernandez is a Licensed Master Social Worker and Certified Anger Management Specialist. He has evidenced social, community, and clinical services with diverse populations in Puerto Rico, Spain, Mexico, and Georgia. Mr. Alvarez-Hernandez currently practices as a Dual Diagnosis Clinician with the HIV/AIDS, mental health, substance abuse, and minority populations. His research and presentations include the topics of cultural diversity, health disparities and needs of LGBTQ* individuals, and bio-psycho-social interventions.

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Brainspotting, Secondary Trauma, and Self-Care

By: Cynthia Schwartzberg, LCSW

The natural pulse of life includes expansion, contraction and stasis. The ocean comes in and goes out, and there is a moment between the water coming to shore and leaving. Likewise, the breath has a pause. How is this for us in our lives as therapists? Do we take a pause between patients? Do we pause between personal and professional activities? We need to look at these questions concerning our self-care as we explore the topic in the Clinical Society.

More importantly, perhaps, how is it for us in our work with trauma? How do we manage our secondary trauma? How do we support ourselves in the moment of reacting to clients?

Secondary trauma includes the emotional distress experienced by an individual while listening to, and being with, someone who has been traumatized. The symptoms of secondary trauma mimic those of PTSD and can show up in session unexpectedly. Further, it has been found that women and those who are especially empathic are more sensitive to secondary trauma. Simpson's (2005) study suggests

> "counselors' internal coping resources have the potential to play a significant role in protecting clinicians from debilitating secondary traumatic stress responses. It seems that one key to assisting counseling professionals in the avoidance of and coping with CF (Compassion Fatigue) symptoms may be education on the concepts of secondary traumatic stress."

A key reason we address our vicarious traumatization in Brainspotting, according to David Grand, (Founder and Developer of Brainspotting), is because, "it is not if it will happen, but when."

In the Brainspotting Phase One training, we look specifically at the limbic-to-limbic reactions in sessions. We explore the idea that as humans, we are sensitive to being affected by one another. Additionally, in trainings we explore the fight, flight, freeze, and collapse response that we, as clinicians, may experience when working with highly activated traumatized clients. This may also occur when we are in a challenging relational moment with our clients. In this training we discuss how to work with this phenomenon in the moment. (A Brainspotting training is offered in Atlanta June 24-26, 2016.)

As therapists, our responses may show up in several ways. We may shift or lose focus while a client is in process. In Brainspotting we call this "falling out of the tail of the comet," which is losing the attunement that guides us in following the client. Alternatively, we may get drawn into a power struggle with the client. At times we may feel like we want to run out of the room. Why do these reactions occur with some of us and not others? As humans, we have our strengths and weaknesses and certain aspects of our internal world may not be resolved enough for us to be objective and supportive.

The National University of Ireland (NUI) Galway and University College Dublin measured body-centered countertransference in female trauma therapists. Their research was based on the theory that to understand their clients' internal experience, therapists use their bodies somewhat as empathic tuning forks. Using the Egan and Carr Body-Centered Countertransference Scale (2008), they found high levels of the following body-centered countertransference experiences: sleepiness, muscle tension, shakiness, yawning, unexpected shift in body, heart palpitations, sexual excitement, tearfulness, headache, stomach disturbance, nausea, churning stomach, and throat constriction. [http://www.ibpj.org/issues/IBPJ-Volume14-No2Fall2015.pdf INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL THE ART AND SCIENCE OF SOMATIC PRAXIS ALINE LAPIERRE page 86-87.]

Becoming aware of these signs is an excellent way to learn how to utilize ourselves as tuning forks and to differentiate between our subjective experience and being empathic to our clients. One helpful way is to maintain awareness of our own body sensations. I often speak to other therapists about a "touch point" to ground and connect to self when they are stressed and losing their attuned presence with a client. This point can be a couple of inches below your naval or belly button often called the *dan tien*, or center point. Or you may bring your awareness to yourself in your chair, tuning into the back of your legs on the chair, your back against the chair, or your foot on the ground. Another suggestion is to bring your awareness to your breath and take several mindful breaths into and out of your *dan tien*.

In a Brainspotting session I may also strengthen my attunement by redirecting myself to a greater curiosity of the client by noticing their voice, their body movements, the wisdom of who they are and how they survived. These are all ways of re-attuning in the moment. It is also important to 'bookmark' the situation that derailed your focus and attention during the session in order to process on your own

CONTINUED ON PAGE 10

Brainspotting, Secondary Trauma, and Self-Care

Continued from page 9

later. Options here may include attending your own therapy, working through it on your own, or taking the issue to supervision.

Learning about myself as a tuning fork and developing my own body/mind awareness has been extremely helpful for me. Things that have helped me are Core Energetics (a process of working with energy and consciousness), yoga, exercise, getting body work such as massage and foot massages (my favorite way to regroup after working really hard and traveling), strengthening my inner observer with meditation, having a daily routine of exercise and meditation to set my rhythm for the day, even if I spend only a few minutes doing each. The Clinical Society Facebook group also offers tips of what people do for self-care.

I also find it helpful to get in touch with the way my "tuning fork" works. For example, when I start to talk too much and over-explain things to my clients, I will catch it and acknowledge it in the relationship as a way to come back. Or, when I feel like I am working harder than the client, I will slow myself down and regroup. These tend to be my go-to ways when I am in my own secondary trauma reaction. I have observed that we each tend to do something as our own form of self-protection. Knowing what your approaches are can be extremely helpful to catch it sooner.

Further, learning how your tuning fork works when you are empathically connected can give you a deeper understanding of your work style. When working with someone who became ungrounded, I used to think I was disconnecting and getting ungrounded, too, until I realized this was my empathic attunement. When I start to sense a particular feeling or body sensation, I have learned to work with it as a way to support my clients' process and not taking it on as my material. This has varied based on the type of therapy I was doing with the person.

In summary, we overcome trauma by noticing what goes on in our bodies. The more we become attuned to our own nature, the easier it is to differentiate between our deep compassion and our secondary trauma. Peter Levine says, "When you notice yourself, your world opens up." When we open up deeply to ourselves we can stay open. From there, anything is possible. In this context I am grateful for Brainspotting as it works from the Uncertainty Principle, which gives us direct access to the unknown, and allows the work to happen.

For further information on Brainspotting sessions consultations, lectures, workshops and trainings in the South and metro Atlanta area, contact Cynthia Schwartzberg, LCSW, at www.cynthasis.com

LEADERSHIP FOR 2016/2017

We are so pleased to announce our new leadership for 2016/2017. Here is a little bit of information about them.

President-Elect: Sherri Rawsthorn, LCSW is a current GSCSW Board member and serves as Co-Chair of the Ethics Committee. She earned her MSW from UGA and received her Georgia clinical license in 2000. Her social work experience includes working in community mental health, psychiatric hospitals, and residential group care. She has had a private practice in Lawrenceville since 2003 specializing in work with couples, families and women in life transitions. Sherri has been a member of GSCSW for 5 years.

Secretary: Liza Gellerstedt, LCSW graduated from the UNC Chapel Hill's School of Social Work in 2010 and joined the GSCSW in 2013 as Secretary after spending three years as Secretary of the North Carolina Society for Clinical Social Work. In North Carolina, Liza worked in a counseling center at a women's college providing individual therapy and working with students with disabilities. Since moving to Atlanta, Liza has worked at the DeKalb Community Service Board as the Intake Manager and is now in private practice at Skyline Counseling specializing in working with young adults and college students.

Treasurer: Allison Sweenie, LCSW joined GSCSW as a student representative in 2010 and has served as chair of the LMSW Committee since 2012. Allison has a BA in psychology from UNC Chapel Hill and received her MSW from UGA School of Social Work in 2011. Since graduating, Allison has worked in residential substance abuse treatment at St Jude's Recovery Center and joined DeKalb Community Service Board in 2013, where she is Assistant Center Director of DeKalb Addiction Clinic. Allison is currently serving as interim Center Director for a DCSB mental health center.

THANK YOU SUSAN VANOUS!

Susan has been the Society treasurer for a few years. Her term is winding down and I wanted to publically thank her for the serving in this position. She has been an absolute pleasure to work with. Susan, thank you for serving as the Treasurer, for making my job easier, for car pooling to meetings and for your friendship. I wish you all the best.

Thank you!

Trisha Clymore

Administrator

JOINT CONFERENCE WITH NASW-GA

ETHICS IN THE 21ST CENTURY
MAY 20, 2016 9:00AM-3:30PM

Charles Safford, LCSW is both the President and Owner of yourceus.com, Inc., a company that develops and markets web-based and live continuing education training for mental health clinicians. Mr. Safford has been providing counseling services since he received his graduate degree from Boston University in 1981. In private practice since 1985, he has been helping individuals, families and couples to create better and happier lives for over thirty years.

Since moving to Atlanta in 1988, he has also been involved in developing and delivering innovative training programs and consulting services to enrich the personal and work life of the employees and managers of numerous corporate and governmental organizations. In 2001, he merged his training and therapy skills to create yourceus.com, Inc., a company that teaches and trains mental health clinicians on a nationwide basis, offering both live and web based programs encompassing the best and most recent knowledge and skills in the field of mental health.

LEARNING OBJECTIVES:

1. Understand the limits and boundaries of the use of clinical roles and clinical approaches within the framework of executive and personal coaching professional relationships.
2. Comprehend the complications and ethical risks involved in the use of social media and electronic modes of communication by both clinicians and their clients, including issues of informed consent by both clinicians and their clients.
3. Learn the emerging landscape of ethical best practices in record keeping, including upcoming changes to rules and guidelines for Electronic Billing, Electronic Medical Records and Meaningful Use assessment and progress notes.
4. Understand the key legal, ethical and clinical knowledge base that must be part of the active vocabulary of any clinician who wishes to operate ethical in the 21st century, including state and federal laws concerning privacy, harm prevention, rights of minors, and best practices models of ethical decision making
5. Apply course material to the real world practice of the trainee, through interactive scenario analysis and interactive role playing, highlighting and incorporating the key knowledge from each section.

5 HOURS OF ETHICS CEU's
Continental Breakfast, lunch and refreshments included.

FEES:
Members of GSCSW or NASW: $125.00
Non-Members: $150

FOR MORE INFO AND TO REGISTER ON LINE:
http://www.naswga.org/store/view_product.asp?id=6053826

COMMITTEE REPORTS

LEGISLATIVE COMMITTEE

Greetings, GSCSW Members! The final legislative summary for Georgia's 154th Legislative Session in 2016 was provided by Wendi Clifton, Esq., our legislative advocate. The General Assembly wrapped up their 154th Legislative Session on March 24th. The session was primarily concerned with, as the AJC aptly put it, "God, Guns, and Gays."

House Bill 757, the "Religious Freedom Bill," is the amended version of the Preacher Protection Act. Governor Deal vetoed this measure at a press conference Monday, March 28th, 2016, in which he laid out a myriad of reasons why doing so was necessary for the good of the State of Georgia. HB 757 would have given faith-based organizations in Georgia the option to deny services and jobs to gay, lesbian, bisexual, and transgender people. Additionally this session, several gun/taser bills were brought that will allow students to carry guns or tasers in various government buildings, including House Bill 859, Campus Carry, now awaiting consideration by Governor Deal.

As far as bills directly impacting NASW-Georgia Chapter, Senate Bill 319 (the compromise version that authorizes Licensed Professional Counselors to diagnose as long as they have the required education and experience, and clearly defines psychological testing) passed the House floor as a substitute and was agreed to by the Senate on the last day of the session. It will now be sent to the Governor's desk for his signature to pass into law. GSCSW collaborated with NASW-GA to support this compromise.

The following bills are those we have been tracking which made it through the legislature this session and will be sent to Governor Nathan Deal to be signed into law:

HB 0229 – Domestic relations; grandparent rights to visitation and intervention to great-grandparents and siblings of parents; expand. This bill provides a process for grandparent rights to visitation and intervention to great-grandparents and siblings of parents and references relating to adoption. Sponsored by Brian Strickland (R – McDonough, 111th District). 3/24/2016 - Senate Agreed House Amend or Sub; 4/4/16 – House sent to Governor. Committees: House: JuvJ Senate: H&HS.

HB 0757 – Domestic relations; religious officials shall not be required to perform marriage ceremonies in violation of their legal right; provide. This bill was stated to protect property owners, which are religious institutions, against infringement of religious freedom. Sponsored by Kevin Tanner (R – Dawsonville, 9th District). 3/28/2016 - House Date signed by Governor - **Governor VETOED on 3/28/16.**Committees: House: Judy; Senate: RULES.

HB 0952 - "Georgia Professional Regulation Reform Act"; enact. Bill to provide for executive oversight of licensing boards; to establish state policy for the regulation of certain professions and businesses. Sponsored by Chad Nimmer (R – Blackshear, 178th District). 3/30/2016 - House Sent to Governor. Committees: House: SBD; Senate: RI&Util.

HB 0954 - "Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act"; enact. Sponsored by Chuck Efstration (R – Dacula, 104th District). 3/24/2016 - House Agreed Senate Amend or Sub; 4/5/16 – House sent to Governor. Committees: House: H&HS; Senate: H&HS.

HB 0962 - Human Services, Department of creation, appointment, removal, and duties of a kinship care enforcement administrator; provide. Sponsored by Stacey Abrams (D – Atlanta, 89th District). 3/24/2016 - Senate Agreed House Amend or Sub; 4-1-16 – House sent to Governor. Committees: House: JuvJ; Senate: H&HS.

SB 3 This is a bill that we tracked starting in the first year of the biannual. It was amended during the process and was added to HB 887. The version of SB 3 in HB 887 allows a parent, guardian, or legal custodian of a child to delegate their authority regarding a child for a period of one year or less to a another caregiver residing in the state without the approval of a court by executing power of attorney for the care and custody, with certain exceptions laid out in the bill. SB 64 contains certain provisions that should help repeal the SB 3 portion of HB 887,

Continued on page 13

Committee Reports

LEGISLATIVE COMMITTEE—CONTINUED FROM PAGE 12

while allowing the underlying bill to remain intact.

HB 0887 – Courts; parental rights; prioritize placement of a child with an adult or fictive kin qualified to care for such child. Sponsored by Chuck Efstration (R – Dacula, 104th District). 3/24/2016 - Senate Agreed House Amend or Sub; 4-5-16 - House sent to Governor. Committees: House: JuvJ; Senate: H&HS.

SB 0064 - Juvenile Code, Domestic Relations, and Vital Records; repeal voluntary acknowledgments of legitimation. Sponsored by Chuck Hufstetler (R-Senator, 52nd District). 3/25/2016 - Senate Conference Committee Report Adopted; 4/4/16 – Senate sent to Governor. Committees: Senate: S JUDY; House: JuvJ.

SB 0308 – Positive Alternatives for Pregnancy and Parenting Grant Program; establish; definitions; administration and duties. Sponsored by Renee Unterman (R-Senator, 45th District). 3/24/2016 - Senate Agreed House Amend or Sub; 3/31/16 – Senate sent to Governor. Committees: Senate: H&HS; House: H&HS.

SB 0319 – Professional Counseling; revise the definition. This bill authorizes Licensed Professional Counselors to diagnose as long as they have the required education and experience, and clearly defines psychological testing. Sponsored by Lester Jackson (D-Senator, 2nd-District). 3/24/2016 - Senate Agreed House Amend or Sub; 3/31/316 - Senate sent to Governor. Committees: Senate: H&HS; House: Regl.

Although the legislative process involving the General Assembly has concluded and the bills have been sent to the Governor, he still has 40 days in which to consider the bills. For each bill, the Governor has 3 options: he can sign the bill into law, veto the bill (at which point it will be returned to the General Assembly for veto override consideration) or do nothing, in which case the bill will automatically become law at the end of the 40 day period.

The remaining bills that were tracked this session, but did not cross-over before day 30, may be viewed in the final legislative email that was sent to the membership. If you would like to review any of these bills, please go to the Georgia General Assembly's website at: http://www.legis.ga.gov

1) Enter in the type of bill at the top left "HB, for House Bill," or "SB," for Senate Bill."

2) Enter the number of the bill in the blank space, and

3) Click "search" to obtain the full text.

It has been a pleasure to report activity during the 2016 Legislative Session. We will continue to inform our membership about legislative issues that directly affect our work and clients in Georgia, and continue to work with NASW-GA to strengthen the profession of social work in our state. Finally, we welcome any information, suggestions, or questions and encourage involvement in the legislative process and/or in joining the Legislative Committee. Thank you again for your interest and support of the legislative issues and changes which are so important to our profession and our clients!

Barbara Lewison, LMSW, and Patrick Bryant, LCSW, Chairs email: legislative@gscsw.org http://www.gscsw.org/legislative/

Antwan Aiken, MPA, LMSW, GSCSW Legislative Committee Member

John Tatum, MSW Student, GSCSW Legislative Committee Member

In the GSCSW website's Legislative section, you will find information on how to get involved in the legislative process, the areas of advocacy, links to finding your legislator, and voting/election information.

COMMITTEE REPORTS

PROFESSIONAL EDUCATION COMMITTEE

We are extending gratitude to our clinical community for many wonderful workshops that we have had this fall and winter so far! Each Thursday night program was well-attended, as our clinical society continues to grow. We've received wonderful feedback regarding topics for the future. We invite you to reach out to us with any ideas you might have. As always, our intention is to offer workshops exploring new frontiers in our field in addition to topics that reflect core social work values. Please send questions or inquiries directly to Lena@LenaFranklin.com or KAlioto@hside.org.

We had many wonderful workshops this year which have included presentations by Alyce Wellons on *Couples & Addiction*; Patrick Bryant on *Men and Anger*; Chantea Williams on *Microaggressions*; Lena Franklin on *Yoga and Meditation in Psychotherapy*; and a wonderful panel discussion on *Addressing Secondary Trauma through Self-Care*. We are so looking forward to our final Thursday night workshop in April with Melanie Storrusten on *Treating the Family System.*

Don't forget: Spring Conference is right around the corner! The GSCSW-NASW annual joint Spring Conference is on **Friday May 20th from 9:00 am – 3:00 pm** at Ridgeview. We're excited that *Charlie Safford* will be presenting on *Ethics in the 21st Century*. During this conference you'll learn the limits and boundaries of the use of clinical roles and clinical approaches within the framework of executive and personal coaching professional relationships. Additionally, you'll begin to comprehend the complications and ethical risks involved in the use of social media and electronic modes of communication by both clinicians and their clients, including issues of informed consent by both clinicians and their clients. And much more! Register HERE: http://www.naswga.org/store/view_product.asp?id=6053826

Lena and I have greatly enjoyed our time on the board as co-chairs for the professional education committee. We have both been so grateful for the opportunity and have truly enjoyed working with so many of the members and very talented speakers over the last 3 years. We will both be coming off of the committee before next year and are thus looking for any new, energetic and interested members to join the professional education committee. Please contact us if you are interested and we can tell you more about available positions.

Gratefully,
Katie Alioto, LCSW and Lena Franklin, LCSW

LOW COST SUPERVISION COMMITTEE

Are you looking to give back?
Being a low-cost clinical supervisor is a way to help train our future therapists and leaders. New social workers need guidance, insight, wisdom and gentle nudging to become thoughtful clinicians in this helping profession. The going rate in the metro Atlanta area is $60 per session with one supervisee, $30 if with two supervisees (which still counts as individual in Georgia) and $30 in group supervision.
Please consider sharing your gifts with others and help us shape our future clinicians. http://www.gscsw.org/supervisor-application
Are you ready to take the next step?

Newly minted social workers seeking supervision? Look no further! The Georgia Society of Clinical Social Work has a list of active LCSWs in and around the metro Atlanta area ready to help you on your clinical journey. Check out the list to find one in your area. www.gscsw.org/supervision
Questions? Contact Jean Rowe, LCSW at supervision@gscsw.org.

LMSW COMMITTEE

The LMSW Committee welcomed 5 new members this year, all of whom bring much enthusiasm and experience. We collaborated with GSCSW's Legislative Committee to host a salon, "Legislative Issues 101: How Policy Affects Practice," on 3/12/16, which we are pleased to report was a tremendous success. Participants from various practice areas engaged in informative and inspiring discussion. The annual GSCSW Jobs Panel, hosted by the LMSW and Mentorship Committees on 4/21/16, included social workers representing a variety of expertise. This year, the event included a book exchange, in which participants were encouraged to bring a book and left with several from our donated collection of practice-related reads. The LMSW Committee continues to seek opportunities to connect with MSW students.

If you are interested in joining the LMSW Committee, please contact me at lmsw@gscsw.org.

Allison Sweenie, LCSW, Chair

COMMITTEE REPORTS

PUBLIC RELATIONS AND SOCIAL MEDIA

Our committee has been busy this winter! Under the steady guidance of the outgoing chair, Stephanie Cook, LCSW, two new co-chairs were appointed: Emily Giattina, LMSW, and Robin Kirkpatrick, LCSW, MPH. Thankfully, Stephanie will remain on the committee once she returns from her maternity leave. The website revisions are finished, beta testing is complete, and the updated site seems to be working well. Members can now access recorded lectures, and we can seek online CEU credit for watching the videos and taking the content test. This will greatly increase GSCSW's value to our members who cannot attend the events in person. Our committee continues to work with other committees to assist with the creation and dissemination of effective event marketing, and event attendance is continuing to improve with this support and collaboration.

The Facebook page continues to grow and is now active regularly. The page was an invaluable tool to disseminate information and market for the GSCSW—sponsored telemental health trainings last Fall and Winter. Committee members regularly post photos from our events as a tool to enhance commitment and engagement and get members excited about future activities. The Facebook page has proven very helpful in terms of introducing GSCSW to a larger audience of clinical social workers throughout the state of Georgia. As social media has become a part of everyday life, the committee's role continues to expand in facilitating the dissemination of current news, updates, upcoming events, etc. If you have an interest in social media and would like to know more about this committee, please contact us.

Committee co-chairs: Emily Giattina, LMSW; Robin Kirkpatrick, LCSW, MPH; socialmedia@gscsw.org

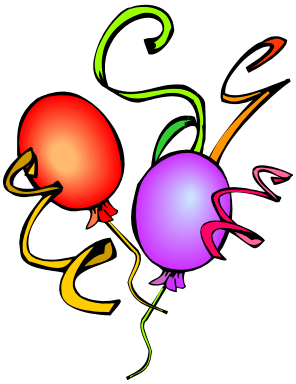
ETHICS

The Ethics Committee is dedicated to serving the GSCSW membership by continuing to provide consultation on ethics-related issues and educational opportunities that promote ethical social work practice. On January 21, 2016, the Committee hosted a wonderful educational event, "Ethical Issues and Relationship Boundaries," that was well attended by many GSCSW members who were able to mix, mingle and discuss a variety of complex dilemmas that social workers routinely face in practice situations. We were very excited to offer 1.5 free Ethics CEUs for this event to our GSCSW member attendees. Look for the thought provoking article written by Ethics Committee member, Carla Bauer LCSW, in this issue of The Clinical Page for highlights of the spirited discussion from this event.

We are thrilled to welcome Shayla Snipes and Dominique Harmon Ware as the newest volunteer members on the Ethics Committee. We invite anyone who is interested in volunteering on this committee to please contact us at ethics@gscsw.org for more information.

As always, the Ethics Committee is here to serve you. Please contact us at ethics@gscsw.org if we can help.

Sherri Rawsthorn, LCSW



END OF THE YEAR PARTY!!

WHEN: **Friday, June 10th, 6:30—9:00 pm**

WHERE: **Home of Carol Finkelstein**

10 Chastain Cove, NE, Atlanta, GA 30342

BRING: **A side dish to share**

MORE INFORMATION COMING SOON

"The views and opinions expressed in the Clinical Page are those of the individual authors alone, and do not necessarily reflect the position, practices, or policies of the Georgia Society for Clinical Social Work membership or Board as a whole."

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: admin@gscsw.org

Someone will respond to you regarding the status of your request. We look forward to hearing from you online!

ADVERTISEMENT RATES

LISTSERV: $25 Members $35 Non-Members

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

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