



SWPAG NEWSLETTER

VOLUME VI, ISSUE I

MARCH 2014

INSIDE THIS ISSUE:

Celebrate SW month

Pg 1

From the Chair

Pg 2-3

Advocate

Pg. 4

Relax with an App

Pg 5

New Year/New You

Pg 6

Week end away

Pg 7

SAMSHA resources

Pg 9

SWPAG Leadership

Pg 11

Various info

Pg 12

Future of social Work

Pg 14-15

*Happy Social
Work Month!!*

SWPAG Newsletter

created by

LCDR Tricia Booker, LCSW

BCD

910 907-5322 or

tricia.h.booker.mil@mail.mil



CELEBRATE SOCIAL WORK MONTH

Social Work and Super-Heroes

By LT Robert E. Van Meir, MSW, LCSW, BCD

Recently, at a social work conference we were all asked to introduce ourselves to the other participants. As people were telling a little bit about themselves, some of the other social workers started talking about being “born” a social worker. A trend emerged that they felt that social work was their calling. Some felt the call in college, others after careers in very different fields. But it chose them..

I listened to the other social workers talk about their passion for the field and then it was my turn to say something about me and the reasons why I became a social worker. I started that when I was 9 years old I wanted to be “The Batman”. Then after realizing how hard that would actually be (and not being a billionaire) I wanted to be “Spider-Man” (Spidey gets his powers by accident). Growing up I always wanted to be a super-hero. Every Halloween I would dress as Spider-Man. I even made my own costume when I was 13 years old. Superheroes fight for good; they help those that need help the innocent, and the most vulnerable. Heroes fight tirelessly in the face of over-whelming odds. They never give up and if defeated, they get back up and figure out a way to win.

They do it without parades, without commercial endorsement deals. Their identities are often a secret from the public. They usually have to use their own resources. Superheroes are often time taken for granted and misunderstood. Superheroes don’t get paid for their services. They risk their life for others.

Some of these heroes don’t have super powers, just dedication, wills of iron and a just cause to believe in. Now if you have paid attention to the recent box-office results, you will see that the world is also in love with superheroes. We can’t seem to get enough of them-The Avengers, Batman, Thor, and Spider-man to name a few.

All of these thoughts were swirling in my head as I spoke and I realized that I did in fact grow-up to be a superhero. I am a social worker and like all social workers we are real life superheroes. We fight for injustice whenever we see it. We fight for social justice, for the most vulnerable, we speak for those without a voice, we advocate for the mental, emotional, and behavioral disorders.

(continued page 4)



from the *SWPAG Chair*

Message from the 2014 SWPAG Chair

CDR Dwayne L. Buckingham



Vision:

I understand the value of professional and personal advocacy and envision the SWPAG to be in the front as an active voice for all social workers as the Corps continues its transformation process, bullet modification and steadfast efforts to advance the nation's health. As we strive to promote and advance the nation's health, we must not forget to take care of and advocate for ourselves. We must strive to have a professional group which values the skills, abilities and contributions of all social workers and ensure that all officers are afforded opportunities to experience a fulfilling career in the Commissioned Corps. To this end, I envision the SWPAG to be a group of dedicated social workers, who will fight and advocate for retention, training and the professional development of all social workers while also emphasizing the importance of self-care and advocacy among other public health professionals.

This vision shall be achieved through a culture which encourages social workers to draw attention to and address policies, practices and issues that threaten the retention of highly qualified, competent and self-less social workers and other public health professionals. As an educational vessel to the Surgeon General, the SWPAG will lead the way in retaining, training and developing strong public health leaders.

Background:

I am licensed as a Clinical Social Worker in Michigan and Missouri and am board certified by the American Board of Examiners in Clinical Social Work. In accordance with the DoD-PHS Partnership in Mental Health Initiative, I am currently detailed to Walter Reed National Military Medical Center (WRNMMC), Psychology Department where I serve as Service Chief of Resiliency and Psychological Health Service. In this capacity, I am responsible for directly supervising a multi-disciplinary staff of ten civilian and military psychologists, social workers, educators, psychiatric technicians, administrative officers and mental health specialists who provide targeted clinical services and prevention focused programs that promote wellness, readiness and adaptability within the military environment. I serve as a resiliency subject matter expert and directly oversee all aspects of educational and outreach services provided by staff. Additionally, I provide individual and marital therapy to OIF/OEF wounded warriors and their family members.

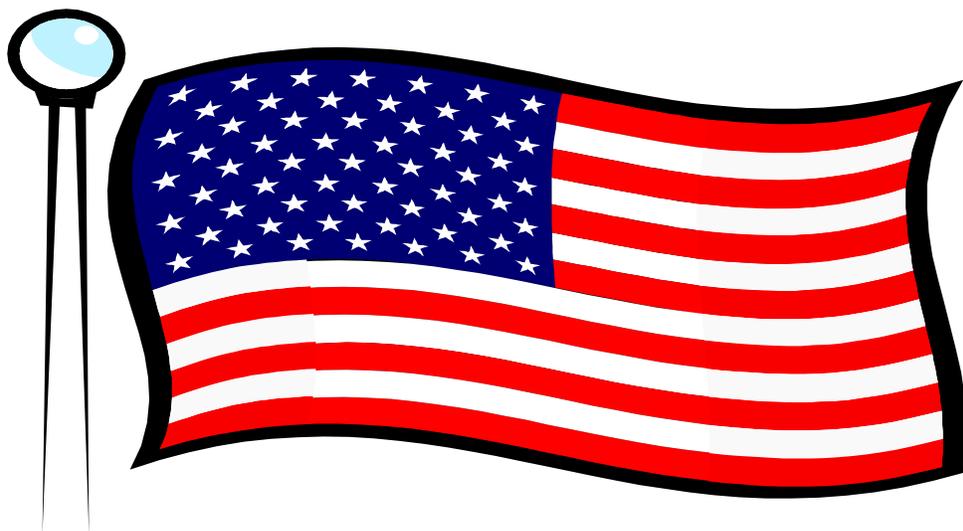
I earned my B.S.W. in Social Work from Jackson State University, my M.S.W. in Clinical Social Work from Michigan State University and my Ph.D. in Human Services from CAPPELA University. Lastly, I am an active member of the Commissioned Officers Association (COA), National Association of Social Workers (NASW) and Kappa Alpha Psi Fraternity, Inc.

FROM THE SWPAG Chair Continued

I have served on the SWPAG mentoring sub-committee since joining the USPHS in 2006 and have worked diligently to develop the necessary leadership skills to perform the duties of Chair. Also, I have contributed to the advancement of the nation's health by being in the forefront as a senior officer and seasoned social worker. I spearheaded and led a roundtable discussion entitled, "Leadership: Mid-Career and Senior Officer Expectations" during Health Services Category Day at the 2011 and 2012 USPHS Scientific and Training Symposium. I have and will continue to be dedicated to inspiring leaders at all levels to embrace their leadership roles and responsibilities.

As your 2014 Chair, I am humbled to be in a position of servitude and would like to thank each of you for believing in me. With this in mind, I will do everything within my power to advocacy for all SWPAG members as well as other PHS officers who are serving in this wonderful service. I strongly encourage all members to participate in scheduled SWPAG calls so that you can be well informed about events, policies, promotion information, retention challenges and other pertinent information. Furthermore, we will have professional development presentations that will help each of us grow as officers and leaders.

In conclusion, I would like to thank the 2012 and 2013 Chairs, CDR Todd Lennon and CDR Kristin Kelly for leaving the SWPAG in outstanding condition. I look forward to working with all SWPAG members in 2014 and I am excited about the great work that we will do together. Please do not hesitate to contact me with questions, concerns or for support at 301-319-4223 or Dwayne.l.buckingham.mil@health.mil



Social Work and Super-Heroes Con't from page 1

We work in every segment of the human service field. Often times we may be the only human service professional in the area. We work with the most profound impairments in a person and their environment. We work long hours (with what seems like no pay). We are characterized as “baby-snatchers” or “bleeding-heart liberals”.

Some even question if we are even really a “profession” at all. But we persevere. We wake up every morning and get ready and go out and help, inspire, and work to make a difference. Sometimes we feel like it doesn’t even matter that we are fighting a battle with no end. The villains are too many and too powerful. We gather, we organize, we plot policies, we teach, and we never ever give up.

I am a social worker and I would be happy to show you my cape!



Advocacy: A Key Component in Social Work

BY: LCDR Justin Peglowski

As we approach Social Work Month, celebrated in March we should remember why we were called to the Social Work profession. The NASW theme for 2014 is “All People Matter”. This is certainly a tenet belief that all social workers should hold.

The profession of social work began 116 years ago in the United States. Americans today enjoy many privileges because of early social workers. Social work developed because a small few saw the need to advocate for those unable to advocate for themselves. To reach out and help those who were marginalized, to stand up for fair and equal treatment of others.

Social workers everywhere need to refocus and act as advocates. As social workers, we need to identify ways in which we can advocate for others. Too often we get lost in the “clinical” scope of practice and forget to use our training to act as agents of change. Advocacy isn’t limited to large scale projects. We can advocate for our patients and their families. We can advocate for a small group or community.

As social work Commissioned Corps Officers, we are called to utilize our core values of leadership, service, integrity, and excellence. Who better to lead the way than Social Workers! Find something you are passionate about. Educate yourself on the topic. Identify areas that need some assistance. Stand up and fight for others. **ADVOCATE**

Relax with an App

By CDR Teresa Baptise, LCSW, BCD

At the end of a demanding day what are you doing to RELAX your mind and body in preparation for the next day. One thing is definite ,we live in a society that is demanding. All around us we are constantly responding to work demands, parenting demands, personal demands, and the unexpected demand. All these demands are physically and psychologically draining. Just like we recharge our electronic devices at the end of the day, so should we recharge our bodies and mind. This renewal of energy is as simple as downloading an App. If you are not clearing your mind, and RELAXing your muscles in preparation for the next bout you are likely building up unhealthy energy that will eventually affect you physically, and psychologically. RELAXATION is defined as an activity that the doer finds enjoyable. It is important that the selected activity allow the doer to mentally process past events while releasing accumulated energy related to the task. The stored energy can result from positive or negative events. If the energy is allowed to build, over time the results can cause negative impairment impacting social and occupational performance. RELAXATION is an important key in leading a successful and healthy lifestyle.

RELAXATION exercises are prevention techniques. When these techniques are incorporated into your daily routine they can prevent long-term effects of stress that can lead to chronic health issues. The National Center for Telehealth and Technology (T2) has developed multiple Apps for downloading to your smartphone. Start the New Year off by taking care of yourself, visit the T2 website and consider downloading the available apps, the first step in recharging your mind and body. Provided below is the link to the website.

<http://www.t2.health.mil/>

Tactical Breather – used to gain control over stress

Breathe2Relax – hands on diaphragmatic breathing exercise

SWPAG 2014 Meetings

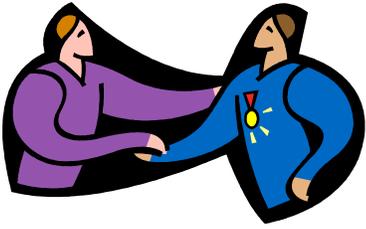
5 March 2014 – 1430-1530 EST

18 June 2014 – 1430-1530 EST

10 Sept 2014 – 1430-1530 EST

3 Dec 2014 – 1430-1530 EST





How to Make this Year Your Best Year Yet!

Submitted by CDR Julie A. Niven, LCSW

The New Year is the traditional time to make resolutions for change, but really anytime is a good time to take stock of your life. Do you ever take a minute and think about the people, places and things in your life you are happy with and which of these you would like to change? You may have found that thinking about these things is pretty easy compared to actually making the changes you'd like to make. Reaching goals entails not just about setting goals, but being specific in the steps that it takes to reach each particular goal. Goal setting experts recommend setting short-range (0-6 months), mid-range (6 months to 2 years) and long-range goals (2-5 years). It is also recommended that you write down your goals instead of trying to keep them in your head.

Following are some questions you might ask yourself to help you focus on your goals for the future. These are only a few examples to start the creative juices flowing. Use these if they are helpful. Most importantly, let your mind wander to fully access your desires for your future.

- 1) What were my greatest achievements over the past year?
- 2) What were my biggest disappointments over the past year?
- 3) What did I learn about myself from my achievements and disappointments?
- 4) How was I able to accomplish the things I did over the last year? Who and what helped?
- 5) How did I limit myself over the past year? How could I avoid doing the same this year?
- 6) What is my number one focus this year?

Personal values figure heavily in goal setting. Are you work-oriented, volunteer-oriented, family-oriented, partner-oriented, faith-oriented, friend-oriented? Most of us are a little of all or most of these. How does your primary orientation affect your goals? Do want to strengthen one area you feel is particularly important? What give and take are you willing to engage in to do so?

After you have written down your goals, circle the three or four absolute most important ones and then place your goal sheet where you will see it daily or at the least weekly. Congratulate yourself on accomplishing the first step to a great year! Happy New Year! Make it your best yet!



Submitted by LCDR Sonjia Howard

Written On behalf of JOAG Community Service & Public Health Committee

Hidden off the Georgia coast is a little gem called Cumberland Island. I've been intrigued by it since I first heard about it a decade ago. The undeveloped Atlantic barrier island is one of only 10 national seashores in the country. This island features wild horses and is only accessible by ferry – what could be better? Earlier this year, I discovered there was even more to love. Cumberland Island is located across from the mainland town of St. Marys, Georgia. It's an easy drive from most of Georgia or north Florida and makes for a great long weekend getaway.



Naval Submarine Base Kings Bay is about 10 minutes from the St. Marys waterfront and is an excellent jumping off point for your island adventure. The Navy Gateway Inn and Suites (1-800-NAVYINN, \$45/night) is a pleasant place to stay with extremely reasonable rates. There are two main gates, and one is always open, depending on the day and time. The first gate is a right turn after the black submarine. More adventurous souls can book a campsite on the island - but be sure to book in advance, because they fill up fast. Before your trip, make reservations (877-860-6787) to take the ferry over to the island (\$20). It takes a bit of perseverance to get a person on the telephone, but it's worth the effort.

Two things have helped keep Cumberland delightful: it has more than 9,800 acres designated as wilderness; and the daily number of visitors is limited to 300 per day. This means you won't see any of the high-rise beach developments that stretch along so many of our southern sandy beaches. You can even wander the beaches and trails without the crowds that descend on so many of our national parks. If you have a few hours free when, stroll the historic downtown of St. Marys and enjoy the waterfront park and old buildings. Or, after arriving back from the island, eat some delicious local seafood while watching the sun set.

There aren't any stores on Cumberland Island, so on the morning of your ferry ride, be sure to pack the food and water you will need, as well as sunscreen and bug spray. Also, there is a little coffee shop downtown that sells sandwiches. Arrive at the waterfront park service building half an hour before your ferry ride. The National Park System charges a \$4 admission fee, but it recently started a free park pass program for members of the military (<http://www.store.usgs.gov/pass/military.html>).

The trip boasts an opportunity to see wildlife and nature. On the boat ride over to the island, keep an eye out for dolphins. Once at the park service dock, wait around for a few minutes as you might be lucky and see a manatee or a jumping ray. At the dock, you can rent a bicycle to explore the island. The roads are hard packed sand, which is a smooth ride on the main part of the island and gets bumpier on the wilderness side. These paths have picturesque live oak trees draped with Spanish moss, spreading their ancient shade over the paths. There are very few cars on the island, making this a peaceful bike ride.

On the island, you can see wild turkeys, wild horses, shore birds, sea turtles and alligators. Depending on the time of year, you may be able to see new foals. If the thought of alligators makes you nervous, don't be. During my two visits, I only encountered them on the more remote areas of the island.

(Continued on page 8)

Weekend Getaway, cont't from page 7

If you are interested in history, Cumberland Island has it, as I recently discovered when reading *Cumberland Island: Strong Women, Wild Horses* by Charles Seabrook. This entertaining book details the history of the island since before the American Revolution, as it passed hands from a Revolutionary War hero to the inventor of the cotton gin; to the Carnegie family; and, finally, to the National Park Service. Gen. "Lighthouse" Harry Lee, father of Robert E. Lee, was originally buried here. This is also the location that John F. Kennedy Jr. selected for his ultra-low profile wedding in 1996. There is a day tour available if you want to learn more about the history of the island during your visit.

Be sure to save time for my favorite thing on Cumberland - the beach. Picnic on the nearly deserted beach, kick off your shoes, and take a stroll on your own private stretch of beach that used to be the playground of the rich.

For more information on MWR Information, Tour, Travel, Services, and Discounts check out the MWR Resource Guide:

http://www.usphs.gov/corpslinks/JOAG/documents/MWR_Resource_Guide.pdf

Once the window pops up simply "open" the document.



SOCIAL WORK THOUGHTS

- **"The greatest good you can do for another is not just to share your riches but to reveal to him his own."- Benjamin Disraeli**
 - **"Do not wait for leaders; do it alone, person to person." -- Mother Teresa**
 - **At this very moment, there are people only you can reach...and differences only you can make. -Mike Dooley**
-
-

Be Ready to Deploy with SAMHSA's Disaster Behavioral Health Resources

By CDR Jamie Seligman and LT Stephanie Felder

United States Public Health Service Commissioned Corp Officers are faced with the potential to deploy to a disaster at any time. Constantly, we asked ourselves are we ready and will we have what we need to meet the needs of the disaster survivors? The Substance Abuse and Mental Health Services Administration (SAMHSA) provides a myriad of resources to assist with disaster preparedness, planning, and recovery. In addition, SAMHSA provides various resources dedicated to responder self-care. SAMHSA has emerged as a leader in disaster behavior health and continues to provide resources and assistance to communities affected by disaster. SAMHSA provides disaster behavioral health expertise and oversees the FEMA Crisis Counseling Assistance and Training Program (CCP). Captain Maryann Robinson, PhD, RN supervises a diverse team of social workers, nurses, counselors, and researchers which comprise the CCP team. This multidisciplinary team works to provide the latest resources to assist disaster survivors, serve as subject matter experts in disaster behavior health, and provide technical assistance and guidance to the disaster mental health community throughout the country in promoting expansion and improvement of crisis counseling, outreach, education and other interventions for the (CCP).

Dealing with the challenging effects of disasters can be very demanding, more so, tending to the unseen psychological effects can be extraordinarily difficult. Over the past two decades, the number of devastating natural and man-made disasters in the U.S. has increased substantially. The need for resources to address the challenges faced by communities has been well established. SAMHSA has worked diligently to provide best practices and resource tools in disaster behavior health. Officers can now access the [SAMHSA Disaster App](#), one of SAMHSA's most innovative mobile app resources, the [SAMHSA Disaster Behavioral Health Information Series \(DBHIS\)](#), an online resource that contains resource collections and toolkits pertinent to disaster behavioral health, the [Disaster Distress Helpline](#), the nation's first permanent hotline dedicated to providing disaster crisis counseling, and many other resources

(continued on page 10)

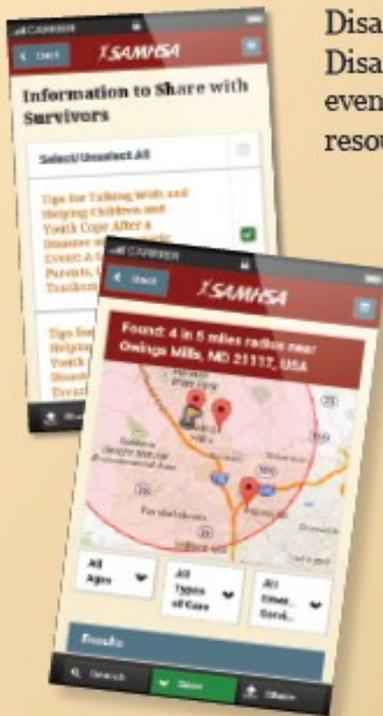


SAMHSA App (continued from page 9)

dedicated to providing disaster crisis counseling, and many other resources dedicated to helping responders and serving disaster survivors. SAMHSA invites you to access the main [SAMHSA DTAC](http://www.samhsa.gov) website where you will find an array of resources including those mentioned above.



In addition, feel free to contact the following social workers [CDR Jamie Seligman](mailto:Jamie.Seligman@samhsa.hhs.gov) (Jamie.Seligman@samhsa.hhs.gov or 240.276.1855) and [LT Stephanie Felder](mailto:Stephanie.Felder@samhsa.hhs.gov) (Stephanie.Felder@samhsa.hhs.gov or 240.276.2911) at anytime to learn more about disaster behavior health and disaster behavior health resources.



Disasters range from naturally occurring to human-caused events. SAMHSA Disaster App prepares behavioral health responders for any type of traumatic event by allowing them to access disaster-related materials and other key resources right on their phone, at the touch of a button.

Behavioral Health Responders ...

- **Be ready**—Access resources for any type of traumatic event, including tip sheets, guides for responders, and a directory of behavioral health service providers in the impacted area.
- **Be prepared**—Download and store resources on your mobile device before heading into the field in case of limited Internet connectivity.
- **Be confident**—Review key preparedness materials so you're confident you're providing the best support possible.
- **Share resources easily**—Send information to colleagues and survivors via text message, email, or transfer to a computer for printing.



SAMHSA Disaster App helps responders focus on people in need, not logistics.

2014 SWPAG Leadership Roster

Chair	CDR Dwayne Buckingham
Chair Elect	CDR Scott Eppler
Secretary	LCDR Christine Nemeti
Senior Advisor	RADM Peter Delaney
Mentoring	LCDR Malaysia Gresham
Policy	CDR Scott Eppler
Membership	LCDR Kendall Bolton
Recruitment/Retention	LCDR Sonjia Howard
Awards	CDR Todd Johnson
Career Development	CDR Marivic Fields
Readiness	CDR Todd Cesar
Communication	LCDR Tricia Booker

See the SWPAG website for contact information:
<http://usphs-hso.org/?q=pags/swpag>

...Other News...



**SAMHSA Commissioned Corps
Workgroup Presents...**

Trauma Informed Care: Ethical Considerations for Social Workers

Attend the workshop and...

- *Network with other social work professionals
- *Become familiar with or refresh your knowledge of concepts and considerations for ethical, trauma-informed social work practice

Learning Objectives:

- *Describe two trauma concepts and their relationship to ethical social work practice.
- * Apply NASW Code of Ethics to trauma work.
- * Discuss two self-care techniques for social workers and describe self-care as an ethical consideration.
- * Describe concept of cultural competency and discuss relevance to ethical, trauma-informed practice for social workers.

Date: Friday, 28 March 2014

Time: 0815—1630

Lunch: On own— brown bag networking or local area restaurant list is available.

Cost: \$5 CEU processing fee via paypal

Location: SAMHSA Headquarters,
One Choke Cherry Rd., Rockville, MD

Presenters:

- RADM Peter Delany, Ph.D., LCSW
- Kathleen Baxley, LICSW
- CDR Dwayne Buckingham, Ph.D., LCSW, BCD
- LCDR Eugene Hayes, Ph.D.
- LCDR Angela Richardson, LGSW
- Marie Salimbeni, Ph.D., LCSW
- Jill Harrington-LaMorie, DSW, LCSW
- Kim Ruocco, MSW

Seating is limited so reserve space now!

Contact **LCDR Holly Berilla** at Holly.Berilla@SAMHSA.HHS.GOV
with questions or to make reservations & arrange payment.

SAMHSA is an NASW approved provider (provider no. 88650054)

Unfortunately, we are not able to accommodate on-site, walk-in registration/payment. Payment must be via cash, money order, or Pay Pal - through 19 March. Please contact CAPT Jean Plaschke (Jean.Plaschke@samhsa.hhs.gov), LCDR Holly Berilla

SAVE THE DATE!



Walter Reed National Military Medical Center

2014 Annual Healthcare Ethics Symposium



Challenges in Military Medical Ethics

Date: June 4th & 5th 2014

Time: 0800-1530 (4th) 0800-1200 (5th)

Location: Memorial Auditorium (3rd floor Bldg 8),
WRNMMC, Bethesda, MD

Plan NOW to attend!

~ Details and CE/CME Registration released 10 April 2014 ~

Topics Addressed

- Ethics and Genetic Medicine
- Ethical Challenges in Neonatal Medicine
- Empathy and Communication in Intensive Care
- The Challenges of Palliative Care Medicine
- The Ethics of Palliative Sedation
- Current Challenges in Military Medicine
- Panel Discussion on Emerging Ethical Issues
- The Year in Review: Contemporary Medical Ethics



**Sponsored by the Walter Reed-Bethesda Ethics Committee and Department of Pastoral Care. Complete event, CE Credit details released 10 April 2014. For more information contact: Chaplain (MAJ) Stephen Pratel or RP1 Delmar Ramirez at: WRNMMC.ethics@health.mil

SAVE THE DATE!

FROM the Communications Chair

It has been a long winter!!! Many parts of the country has seen unusual amounts of snow and ice. The best part of winter, is that spring falls behind it., which means daylight savings, warmer weather, spring flowers and Social Work Month! Many thanks to all of you! We all have many roles: administrative, direct service, prevention. All of it is important and contribute to improving lives. We do make a difference!

Thank you for everyone who submitted contributions to our Social Work Newsletter. This is my first submission and have really enjoyed working on the newsletter. I had very large boots to fill as CDR Julie Niven had done an outstanding job for the last two years!! but I need to hear from you. What is it that you want to read and learn about? Please send feedback and ideas to tricia.h.booker.mil@mail.mil.

LCDR Tricia Booker

Future of Social Work?

By LT Mark Durham

Adults and youth alike use social networking sites to the rate of more than three quarters (77%) in the United States (Mishna, Bogo, Root, Sawyer & Khoury-Kassabri, 2012). Ninety-five percent of American youth are frequently online and eighty percent of this same group are also daily users of Twitter, Myspace, and Facebook (Mishna, et al., 2012). Social Work is challenged by this rapid growth in communication technology adding complexities to practitioners in their medium of distributing information, communicating with colleagues, and networking with students and patients (Mishna, et al., 2012).

Technology that Improves Social Work Direct Practice

The use of technology has positively improved social work practice in the area of informed consent. At the beginning of the therapeutic relationship the clinical social worker practicing with a web-based practice will email the informed consent to the patient and the patient then has two options prior to continuing in therapy. The patient can then print, sign, and then FAX the informed consent back to the clinical social worker (Midkiff & Wyatt, 2008). The other option is for the patient to electronically sign the digital informed consent and email it back to the clinical social worker (Midkiff & Wyatt, 2008).

Technology that Improves Social Work Academia

As personally identifiable information is encoded onto computers in clinics and transferred to another agency, with a need to know, the social worker must ensure that information is encrypted (Fitch, 2004). Social workers must guarantee that their access to this information is password protected (Fitch, 2004). And finally social workers must confirm that their patient's information is stored on a server that is secure (Fitch, 2004). Failure to safeguard the above technology requirements could pose a breach of confidentiality, thus failing to abide by the National Associations of Social Workers Code of Ethics.

New Technological Tools Benefiting Social Work Direct Practice

One benefit of technology in social work is web-based synchronous technology allows for those patients who are not comfortable in face-to-face sessions (Mishna, Bogo, Root, Sawyer, & Khoury-Kassabri, 2012). Anecdotal examples are provided by Mishna et al., (2012) where in person therapeutic sessions are laborious for the clinical social worker attempting to garner information from the patient, yet in email format the same patient would provide pages of information concerning what the patient wanted to discuss in session, but could not. With certain people, usually those who are younger have a preference toward web-based relationships, clinical social workers should respect this aspect of these patients (Mishna et al., 2012). This is a tenant of social work to recognize, understand, and start where the patient is (Mishna et al., 2012). There is an expectation that the influence of web-based technologies will exponentially increase within clinical social work, mainly because this is where patients have spent their time developing and this is their preference in communication (Mishna et al., 2012).

New Technologies Impact on Privacy and Confidentiality

Prior to the World Wide Web, social work was, for the most part, practiced in a mostly private method. This was largely controlled by the social worker deciding what to release and to whom, concerning the content of sessions (Mishna et al., 2012). Organizations, years ago, developed policies for releasing information outside of itself and most communications between social workers and patients were verbal face-to-face interchanges allowed by consent and guided by policies focused on privacy and confidentiality (Mishna et al., 2012). Typically messages to and about members in couples and family therapy was verbalized with all present; however today web-based exchanges can easily and quickly become available for public viewing (Mishna et al., 2012). (Continued– next page)

Limitations within Direct Practice

One of the main limitations of web-based therapy is the legal, regulatory and ethical entities have not kept up with the speed in which the web-based mental health care has developed (Midkiff & Wyatt, 2008). To no one's surprise there is a rise of concern as to the effectiveness and ethics of the use of web-based clinical social work (Midkiff & Wyatt, 2008). This concern has caused two positive impacts into clinical social work; the National Association of Social Work devised ethical guidelines in 2000 and an increased research focused on this topic (Midkiff & Wyatt, 2008).

Another limitation of web-based therapy lies within the assessment, diagnosis, and treatment realm of clinical social work. Within an online session certain aspects are lost in the presentation of the patient; the clinical social worker is blind to the patient's hygiene, clothing, affect, and appropriateness of behavior (Midkiff & Wyatt, 2008). These are readily assessable to the social worker in a face to face interview (Midkiff & Wyatt, 2008). These elements are completely lost in a text only e-therapy format and not completely recaptured in a synchronous web-based therapy arrangement (Midkiff & Wyatt, 2008).

Abney and Maddux (2004) discuss disadvantages of online therapy; these include difficulty of defining the qualifications of web-based clinicians; "problems ensuring confidentiality of sensitive information disclosed in online counseling sessions" (p. 14); potential increase in projection dangers as a result of no or fewer recognizable nonverbal cues that are readily evident in person to person counseling; "difficulty of the counselor to show care and positive regard" (p. 14); lack of and authenticity, directness, and immediacy; and the need for constant computer hardware and software updates, the therapist's computer based knowledge and continual training, with a steadfast internet connection. Other disadvantages include; "the possibility of sudden, unexpected termination of therapy due to technological difficulties experienced by the counselor or client" (Abney & Maddux, 2004, p. 14); and the struggle in handling client emergencies that develop in an on-line session. Consequently, all the disadvantages that are common to web-based therapy, those who practice in such a manner may experience difficulty in acquiring or even denial of insurance for professional practice due to the clinical social worker's unintentional violation of their ethics (Abney & Maddux, 2004).

Safety and duty to warn is potentially the area with the most liability in online therapy, according to the laws of most states (Shaw & Shaw, 2006). It is an ethical imperative that the online clinical social worker has up-to-date information of their patients, their name and residential address, as many patients seeking online therapy are seeking anonymity (Shaw & Shaw, 2006). Time is the key in crisis situations and the clinical social worker must be able to direct authorities to the location of a patient who is suicidal or homicidal, as the clinical social worker could be held accountable in a situation where someone was harmed (Shaw & Shaw, 2006). In the intake, the clinical social worker will assess each patient for suicidal and homicidal history and current condition; the clinical social worker must have the patient understand and sign duty to warn and protection mandates via an informed consent whereby confidentiality will be breached in such a suicidal or homicidal situation (Shaw & Shaw, 2006).

Other risks of a web-based clinical practice include the potential of lost messages in cyberspace (Midkiff & Wyatt, 2008). The potential of hackers and internet service providers having access to the content of an online session is a risk; however most encryption programs mitigate this (Midkiff & Wyatt, 2008). E-mails could be inadvertently sent to the wrong address, also causing a breach in confidentiality (Midkiff & Wyatt, 2008). Another potential risk of breaching confidentiality is when another person accesses the computer, e-mail program, or other medium used for the sessions (Midkiff & Wyatt, 2008).

Conclusion

In the past forty years communicative technology has progressed from tube televisions, corded telephones, and mono radios (Abney & Maddux, 2004) to today where cellphones are handheld computers, watches are phones, and computer pads are synchronous web conferencing devices. What does the next forty years have in store for social workers? In regard to direct practice social work, synchronous web-based conferencing can hold an important aspect in maintaining the safety of patients and those around our patients.

