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CALENDAR:

1st Thursday evening monthly- Profes-
sional Education Series at Hillside
Hospital (6:30pm networking - 7 to
9pm presentation) (Jan. 5, Feb. 2,
March 1, April 5)

2nd Monday evening monthly- Mentor-
ship Support Group in Midtown (7:30
to 9pm/ Nov. 14, Dec. 12, Jan. 9, Feb.
13, March 12, April 9, May 14)

Dec. 2, 2012- Diane Davis Seminar at
Ridgeview Institute

January 2012- GSCSW Salon- farm or
bookstore of Chris Curry (Zebulon)

April 19, 2012- Jobs Panel at Hillside
Hospital

May 2012 - Spring Conference

THE CHALLENGE FOR CLINICAL SOCIAL WORKERS

BY: FRED CRIMI, LCSW

The future has never looked brighter for practitioners within our profession. I believe that social workers are well- suited to take on a formidable challenge, that of helping our clients to negotiate an increasingly complex, scary, and insane world. Our education, ongoing commitment and training to become more conscious, potentially equips each one of us with the ability to impact the lives of individuals, families, communities and even our planet. What evidence do I have to sustain this grandiose view? Here is what I know:

You don't know what you don't know. If we embrace this belief, we open ourselves to the world of our unconscious self (no small task). We will do everyone a favor if we model this search for self knowledge. Therapy, continued education, meditation, yoga, Qi Gong, Tai Chi,

sound entrancement, regular exercise and eating healthy foods are just a few examples of how we can increase our own self- awareness and model our commitment for our clients. This needs to be an on-going process; the search can be difficult and sometimes eye- opening. We have to do our own work. As Rumi tells us:

When we eventually see through the veils of how things really are, you will keep saying again and again, this is certainly not like we thought it was.

Don't isolate. We know so- cial and emotional isolation does nothing to support health and growth. All our reading and research suggests how

important the qualities of empathetic and attuned relationships are (we know this as secure attachment). In fact the social neurobio- logical as well as social im- munological research sup- ports how isolation robs the individual of the necessary connections to rewire our brain and the immune sys- tem becomes depressed in isolation which can makes us more susceptible to dis- ease and even death (re- search with children in Rus- sian orphanages tell us this).

A suggestion would be to use GSCSW because it has the potential to keep us con- nected for support and for nurturing. There are plenty

of opportunities to join this organization to promote our individual growth as well as the growth of a very worthy cause. Connect to connec- tion.

The clinical alliance heals. Research suggests it doesn't matter how you chose to practice. Our ability to create a healthy attachment, the therapeutic alliance with our clients in groups, communi- ties, and larger entities of people enhance the healing experience. As an "old social worker" I started out as a community organizer. I saw firsthand how connection in community can help mobilize individuals (Interesting, it seems we have a leader who

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PRESIDENT'S MESSAGE



Hello Fellow GSCSW Members,

It is with excitement that I write my first message to our membership as president. Change is in the air! We have held our first board meeting of the year, welcoming a new member, Jamie Bray, who has taken on leadership of the Low Cost Supervision committee. The meeting held fresh energy, and we spent some time in discussion of our Constitution (which can be found on our website) as a template for where we go from here as a board and as an organization.

Already we have held two Professional Education events, including Town Hall, with an energizing legislative call to action by NASW-GA's board president, Jennifer Moore. I'll return to this topic. Also, Brent Wilson, MD, provided a lecture on psychotropic medications, and his enthusiasm in imparting usually dry information was refreshing. Our Professional Ed offerings for the remainder of the year, including the Diane Davis lecture and Spring Conference, promise to provide cutting edge information. New this year is the offer of five scholarships for current MSW students to attend the Diane Davis lecture. Our first Salon of the year was held at Margaret Gunn's home and was attended by many MSW students and new graduates. We have a rural salon upcoming in January at the farm (or bookstore) of Chris Curry in Zebulon; I can't wait! I am so excited by the energy created by the Salons.

Please watch your emails for information about important, upcoming legislative information. As many of you know, we have been partnering with NASW-GA in legislation to regain the ability to diagnose with regard to Medicaid; the loss of this privilege has greatly affected services to those who live in rural Georgia. We will be asked to engage by asking for support from our elected officials before the legislative session begins. Our legislative chair, Barbara Lewison, has done a wonderful job keeping us updated, and she will alert us as this process begins. As the GSCSW constitution reminds us: *The purpose of this organization shall be to advance and promote the practice of Clinical Social Work by: 1) Participation in the legislative process, both state and national.* This year should prove to be enlightening, exciting, and rewarding for the field of social work. I am so honored to be part of GSCSW!

Barbara Emmanuel, LCSW

"It is with excitement that I write my first message to our membership as president!"



FROM THE EDITOR

“Do we even need psychotherapy anymore?” Those were some of the words on the front cover of the September/October 2011 edition of The Psychotherapy Networker. Certainly it’s a provocative question designed to challenge all of us to take a closer look at the “helping” aspects of our helping profession. That particular edition of The Psychotherapy Networker asks us to look at both the effectiveness and limitations of our practice of psychotherapy and to consider how the growing use of mindfulness strategies and techniques can be incorporated into our work.

It seems to me that mindfulness really started to cross paths with psychotherapy in a significant way in the early 1990’s with the growing influence of Marsha Linehan’s work. The mindfulness movement and developing real insights about resiliency and what makes people feel “happier” and more fulfilled in their lives has steadily grown. Some studies have even reported that people who keep “gratitude journals” (or documenting things they’re thankful for) are significantly more optimistic about the future and “happier” by self-report than those who don’t. Interesting thoughts to have as Thanksgiving approaches!

This Fall issue of our GSCSW *Clinical Page* continues to reinforce the impor-

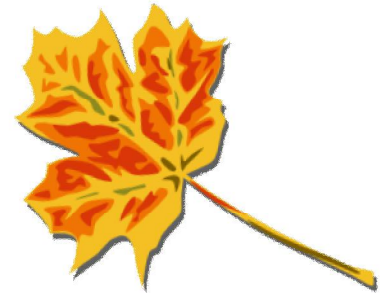
tant work of our social work profession on this planet of 7 billion and reflects some of the ways that those of us who practice psychotherapy are using mind-

fulness in their work. Our feature article, Add Value..Be More Loving gives us some really useful tips on bringing greater satisfaction into our personal and professional lives. Fred Crimi’s reflective comments and thoughts on two recently published and best-selling social science books also continue to point us towards the significance of human relationships in their ability to predict happiness. In addition, Fred’s article seems to answer the question of whether we still need psychotherapy with an affirmative “yes”.

GSCSW gives us so many useful ways to connect with others in our social work field. We have a great summary of the October Salon attended by a member who shares her insights. Look for a current legislative update in this Fall Clinical Page which sincerely addresses the call to action for advocacy which is embedded into our social work education and values. We’ve also got a preview of an upcoming book written by one of our most seasoned social work members and a movie review on a rare kind of movie with a unique focus. The Ethics Committee gives us an article related to Client Retention and reminds our membership that they’re available for consultation. Don’t isolate! We have each other and GSCSW!

We truly thank all of our members who have submitted articles and committee reports for this Fall Clinical Page. Please e-mail your comments and article ideas/submissions to kptantillo@yahoo.com We welcome your feedback. Happy Fall!

Karen Tantillo, LCSW



"FROM THE THERAPIST'S CHAIR"

DBT FROM AN ATTACHMENT PERSPECTIVE

BY: TARA GUEST ARNOLD, PHD, LCSW LCSW



Dialectical behavior therapy or DBT was created by Marsha Linehan in 1993. It is a skill based therapy combining cognitive behavioral therapy and Eastern mindfulness practice that targets maladaptive behaviors for people, especially those with borderline personality disorder (BPD). A belief in DBT is that the development of BPD is often partially understood in the context of relationship. There is seen to be a lack of fit between the emotional needs of the child and the responsiveness of the child's environment. The environment can be under responsive or overly responsive to the emotional needs of the child, either of which can make attachment and need fulfillment more difficult. When emotional and attachment needs consistently go unmet for a child, the development of maladaptive internal structures affecting personality can occur.

Attachment theory is helpful in understanding the impact of childhood environments on the development of the skills often targeted in DBT; particularly, emotional regulation, distress tolerance, and interpersonal effectiveness. Attachment theory, developed by John Bowlby, focuses on the development of close emotional bonds, beginning in caregiver-infant relationships. Bowlby emphasized that attachment relationships continue to be of extreme importance throughout life because attachment relationships play a primary role in regulating emotional distress by providing comfort and a feeling of security. (cited from the Menninger website <http://www.menningerclinic.com/treatment/psychoeducational.htm> 9/30/11).

The characteristics of attachment are defined by John Bowlby. Bowlby believed that there are four distinguishing characteristics of attachment; proximity maintenance, safe haven, secure base, and separation distress. Proximity maintenance refers to the desire to be near the people we are attached to. Safe haven describes our urge to return to the attachment figure for comfort and safety in the face of a fear or threat. In the concept of secure base, the attachment figure acts as firm foundation from which the child can explore the surrounding environment. Separation distress is described as anxiety that occurs in the absence of the attachment figure. These four factors greatly influence the development of our attachment styles which vary in the ability to form and maintain healthy mutually satisfying relationships in our lives. (Cited from about.com) <http://psychology.about.com/od/loveandattraction/ss/attachmentstyle.htm> on 9/29/11).

DBT...is a skill based therapy combining cognitive behavioral therapy and Eastern mindfulness practice.."

Four types of attachment have been discussed; secure, ambivalent, disorganized, and avoidant. Characteristics of the different types of attachment are important to distinguish the types of attachment. Securely attached children exhibit distress when separated from caregivers and are happy when their caregiver returns. Remember, these children feel secure and able to depend on their adult caregivers. When the adult leaves, the child may be upset, but he or she feels assured that the parent or caregiver will return. When frightened, securely attached children will seek comfort from caregivers. These children know their parent or caregiver will provide comfort and reassurance, so they are comfortable seeking them out in times of need. Characteristics of ambivalent attachment are that ambivalently attached children usually become very distressed when a parent leaves. This attachment style is considered relatively uncommon, affecting an estimated 7-15% of U.S. children. Research suggests that ambivalent attachment is a result of poor maternal availability. These children cannot depend on their mother (or caregiver) to be there when the child is in need. Children with an avoidant attachment tend to avoid parents or caregivers. When offered a choice, these children will show no preference between a caregiver and a complete stranger. Research has suggested that this attachment style might be a result of abusive or neglectful caregivers. Children who are punished for relying on a caregiver will learn to avoid seeking help in the future. Disorganized attachment is seen to be a combination of avoidant and ambivalent attachment styles. (Cited from about.com 9/29/11).

Along with the caregiver, trauma is also seen to have a great impact on the development of attachment and attachment related constructs for children. Attachment, trauma and reflective self-function are seen to be highly correlated. Most people with BPD lack skills that are involved with insight and self awareness. "Research based on attachment theory is beginning to elucidate the links between

“THE BUSINESS SIDE”

BY MARGO GELLER, LCSW



Add Value... Be More Loving!

It's a new world where added value rules! In order to have more of what we want or what brings more satisfaction and success into our work life, we have to love others and ourselves with an entrepreneurial spirit. Think differently and go outside the box. Be more creative and collaborative when solving problems or dealing with a difficult issue. Over the past many months, I am acutely aware of how much emphasis is put on websites and technology. Now mind you, I'm not saying that these aren't important tools for building your business and having more success and satisfaction. On the other side of the coin is something called caring! We forget that what really matters is showing someone you care about them, first and foremost. It is such an easy thing to do and how lucky we are that the cost is remarkably reasonable and many times free! How do you show that you care? What are some simple ways to do it? I have some suggestions and I encourage you to come up with more! There are endless ways to show that you care and have the best interest of others at heart.

It is so important to remember that it starts with you! We will have a better business or work life when we acknowledge and appreciate our “big picture” value. What do I mean? It's so easy to focus on the negatives or times when you felt bad. Do you end up feeling worse (a loaded question)? Naturally! How can you help yourself see the bigger picture? How can you slowly stop focusing on what you don't have (a “wow” website, an easy way to get more clients, a personal partner, more money in the bank...)? Here are a few of my favorite tips...

Share a positive story

Give 3 A's every day (attention, affection, appreciation)

Keep a feelings journal

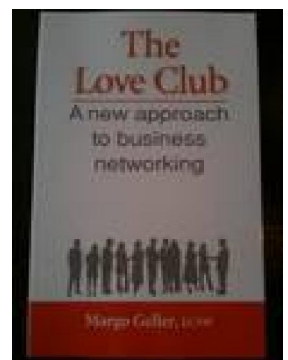
Share a positive story with yourself. Think about something that happened the day before that you feel good about. It helps to acknowledge when you are proud of yourself. Come up with something, even if it is small. Say to yourself... “Tell me more!”

Pay attention to yourself. Know when you are stressed and take a few deep breaths. You will be amazed at how helpful it is to take 3 slow (sipping) breaths. Inhale a little bit at a time getting in every last drop of breath, then hold for a few seconds and then exhale very slowly, letting all the air out and hold again. Repeat at least two more times.

Try journaling with a structure. Look back over the last day. When did you feel good, okay and not good? What was going on when you felt good? What were you doing? Who were you with? You were probably using a top talent and engaging with someone you like, trust and respect. Give the most attention and fill in the details with the “feel good” experiences. Recognize the “feel ok's” and even more the “feel bad” ones. It will help you stay away from what makes you feel bad and make better choices going forward. I swear it works! I've been doing it for several years and am so pleased with the positive changes in my life, both in business and my personal life.

Now that I've shared some of my top tips, I'd love to hear from you. More collaboration and creativity will bring us better results and more peace within and throughout the world. Own your “big picture” value as you prepare to give and receive more love, help and support. Write it down. It helps to have it in writing so you can re-read it later. How easy it is to forget! We are all in this together, and we need each other more now than ever.

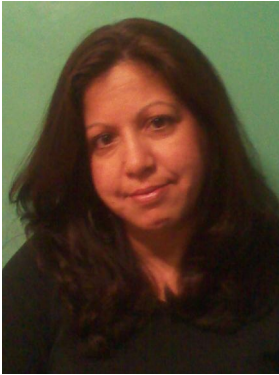
"The Love Club: A new approach to business networking" by Margo Geller, LCSW and Entrepreneur is for the self-employed professional, business owner or entrepreneur who is tired of networking and not getting "good" results. Learn how to create a more effective way to get clients, and make more money by maximizing your business development budget and your time! Margo is passionate about her philosophy... "It's all about relationships, it's all about love, and it starts with you." Gain greater clarity about what you love to do and who you truly love working with. Focus on your 7 to 10's! Now you will need to read the book to know what that means! Margo can be reached at margogeller@gmail.com



“FROM THE MEMBERSHIP”

A GSCSW SALON: CAREER DEVELOPMENT IN SOCIAL WORK

BY: ENID ORTEGA-GOGGINS, MSW



How excited was I to have renewed my GSCSW membership just in time for the Fall Salon held on October 2nd. The topic “*Career Development in Social Work*” was just what this Social Worker needed. One of my goals is to start private practice, a goal, which somehow I seem to have buried deep in the pile of things to do. How timely this opportunity was for me. I looked forward to attending a salon where seasoned Social Workers shared, not only, their experiences before their work in private practice, but also some advice on reaching that goal.

In a warm, comfortable setting, Social Workers gathered for a panel discussion with Margaret Gunn, Barbara Martin, Nancy Hickman, and Helen Coale. These are Social Workers who have worked in private and public sectors, and for profit and non-profit organizations, just like many of those in attendance. Margaret Gunn, who graciously offered her home for us to gather in, has over 18 years of experience in the field of Social Work. Her work includes counseling with individuals, couples and families on issues affecting relationships and marriage, such as depression, divorce, grief and abuse. With over 25 years in the field, Barbara Martin’s work involves assisting people in resolving trauma, such as abuse and neglect. Nancy Hickman has over 30 years of experience and has served as the Chair of the Georgia Chapter of the National Association of Social Workers Ethics committee. Helen Coale has trained with many of the founders of family therapy from all over the world. Helen has over 40 years in the field. She has authored two books and numerous professional journal articles. I certainly cannot do justice to the experiences and advice shared by the panel in this short article.

A couple of tips I picked up included, obtaining psychotherapy for ourselves, so that our own issues do not interfere in our work with clients and how clinical experience gained from working in an agency is beneficial to your own private practice. Finally, I will not forget the importance of maintaining supervision and case consultation. This salon not only encouraged me to start moving toward my goal of private practice, but it excited the Social Worker in me. There is so much work to be done and so many possibilities for Social Workers. I cannot wait for the next salon and look forward to meeting other GSCSW members.

Enid received her MSW from Clark Atlanta University in 2009 and is a Medical Social Worker at Emory University Hospital Midtown for the past 2 years.



THE ETHICS OF CLIENT RETENTION

What are the ethical considerations for social workers navigating the intersections of agency and private practice? There are many social work positions that may involve a social worker crossing between agency and private practice, such as Residencies, Internships, Fellowships and Contractor Positions. In all such positions social workers are likely to find themselves entering into agreements with agencies and health care professionals in regards to client treatment, payment for services, and what happens to the client/clinical social worker relationship when the agency agreement ends (e.g., termination, referral to another, referral to own private practice).

There is a standard history of treatment that once a set amount of time has passed clinical social workers may “take clients with them” to continue seeing them in a private practice. There are also situations where the agreement is that clients will remain “clients of the agency or other health care professional”. Not unexpectedly, there often are ethical issues and gray areas that arise when treatment is put into practice.

What if there is not a set agreement prior to a clinical social worker leaving an agency and entering into a private practice? What if the clinical social worker wants to continue treatment with clients who started treatment with him/her at the agency?

What if an agency presents an ultimatum to a client making him/her choose between continuing treatment with the clinical social worker (now entering private practice) and continuing to receive services from the agency?

Both sides have a give and take relationship in which the client is involved: clients to treat while under the umbrella of an agency or health care professional, a percentage of payment, supervision/continuing education, new energy and ideas from recent graduates. When addressed professionally and ethically, these situations can serve as a win/win for both parties. Yet various professions' Codes of Ethics may lead to different priorities in terms of what is in the best interest of the client. Financial priorities are often an issue for both parties and may present a conflict around the best interest of the client. Providers on both sides need to be aware of the power dynamic and risk of clients feeling coerced into choosing one professional or agency over another.

Some things to consider before entering into such agreements include:

If you are on either side of this issue, be certain to have a written contract along with a conversation about the expectations and parameters of the agreement.

While a clear agreement may be in place, each client's case presents with gray areas necessitating a thoughtful conversation about the best decision for the clinical treatment of each client.

Consult the NASW Code of Ethics <http://www.socialworkers.org/pubs/code/code.asp> and the Clinical Social Work Association Code of Ethics <http://www.clinicalsocialworkassociation.org/about-us/ethics-code> which both validate a number of the points discussed.

Please remember that Ethics Committee members are available for confidential consultation regarding members' ethical concerns.

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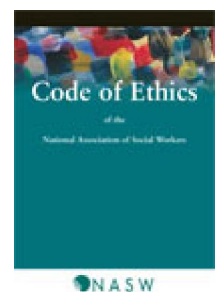
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BOOK REVIEW

BY: POLLY HART, LCSW

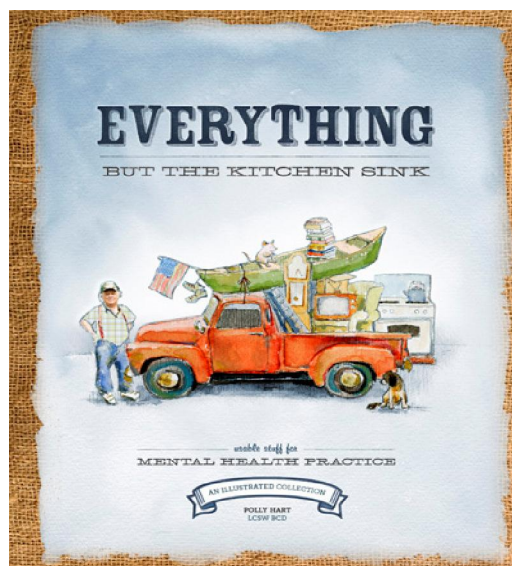


Up and Coming . . . A Resource Book for Mental Health Supervisors and Supervisees

Polly Hart LCSW,BCD has just completed the “feedback” exercise for her book *Everything But the Kitchen Sink: Usable Stuff for Mental Health Practice*. She provided “Editorial Copies” to more than 30 practitioners for their suggestions and evaluation. Currently working on a final edit, she hopes this resource notebook covering the pragmatics of clinical practice will be ready for prime time soon. Ten very full chapters provide everything from serious information about the underpinnings of human behavior, to essays, jokes, photos and quotes with an emphasis on practical ideas for those in the first years of learning mental health practice. The collection contains much that comes from experience, and is useful in supervision as a guide for discussion between supervisee and supervisor as typical practice issues arise. A preview of the content and feedback can be viewed on Polly’s web-site, www.pollyhartLCSW.com She’s looking forward to finishing up her cherished project which grew much larger than first envisioned and anticipates the notebook’s official debut next year. The book’s content is also used in her “A Conversation on Supervision” Workshop, designed with a small group format, to be held for its second year this coming January/February.

Watch for an announcement with place, date, and time.

Of related interest, the Clinical Society committee on low-cost supervision under the direction of Jamie Bray, LCSW, is facilitating increased communication and sharing among its supervisors. Today’s marketplace combined with Social Work’s long tradition of supervision for clinical licensing makes for both renewed interest and many questions about what’s up in the world of supervision. **Stay tuned for more . . .**



MOVIE REVIEW

BY: CHRISTIN POST, LMSW, ACSW



Beginners (2010)

In an industry in which films about aging populations do not often command profits, it is rare to find a movie about a minority aging male and it is especially rare for the type of minority to be homosexual. Most aging males are depicted as white, upper-middle class with children and a spouse of the opposite sex. If there is a focus at all on the aging population, it typically isn't a coming out story of an elderly gay man who passes away 5 years after acknowledging his true self.

The movie, *Beginners*, written and directed by Mike Mills in 2010, opens doors (and closets) that are rarely opened in our modern theaters. Mills paints a lovely yet disheartening picture of a man who uses his last years of life to repair the integrity of his ego. Having been bereaved of his wife and (consequently) his inauthentic life, Hal comes out to his only son at the age of 75. Hal (portrayed by Christopher Plummer) becomes active in the gay community and falls in love with a much younger man. For the first time in his life, he is happy, free, and truly living. In a dramatic twist, though, Mills condemns this newly freed character to death, forcing the character and the audience to confront the truth that one never knows how short one's opportunities to live authentically truly are.

The movie is told from the viewpoint of the protagonist's 38 year old son, Oliver, played by Ewan McGregor. I believe that using a younger male to tell the story of his aging father helps younger viewers to grasp the perspective of an elderly man who has lived his life conforming to society's acceptable roles of a husband and father. Also, by wrapping the story around the heterosexual love life of Oliver, the audience is better able to comprehend the concepts and difficulties that were, and still are, faced when coming out in contemporary society.

In flashback, Mills creates a world in which Oliver's recently deceased mother always knew her son's father was gay. Oliver's mother hoped the benefits of a heterosexual life would eventually convert Hal. Hal remained in the marriage, but he met with men in public restrooms to fulfill his sexual needs when he was not obsessively working at his job as a museum curator. Oliver, knowing none of the details of Hal's conflict, only felt the absence of his father through his youth.

The movie explains the political and emotional history of what life was like in the 1950's for gay men. It takes us on a journey through Hal's process of aging, from young adulthood when Hal married, to having his first child and then not being around to care for his child and wife in a healthy manner. During the late stage of Hal's life, the audience observes his process of introspection and reminiscence of his life while his son sits by and takes it in with the audience.

Hal is diagnosed with end-stage cancer and must attend treatment and take multiple pills daily. He displays an attitude of fearlessness and even tells his friends that he is pulling through despite knowing the truth. Hal throws parties with his gay friends and joins advocacy groups and book clubs all while attending treatment for cancer. His son is in awe of his father and is touched by the fact that for the first time, his father is truly living.

The story also follows Oliver as he evaluates his past failed relationships and navigates a new relationship at the same time as grieving his father's death. He goes on to discover that he too lost the ability to connect and attach with love interests, not unlike his ailing dad. Oliver learns that he can begin again and that there is beauty in stepping out into the unknown, no matter what age it is that you begin.

Theoretically, the main character is in the late stage of Erikson's psychosocial cycle of life. He, in my opinion, strives and excels with integrity during the last years of his life. Hal was able to develop, in his final stage of life, a place in the gay community as well as model to his own son what true love looks like. He also was able to face death in a graceful way, despite struggling with a terminal disease. This movie displayed a sense of hope to a community and a growing population of closeted homosexuals, that no matter what age, development and growth and happiness can be obtained.

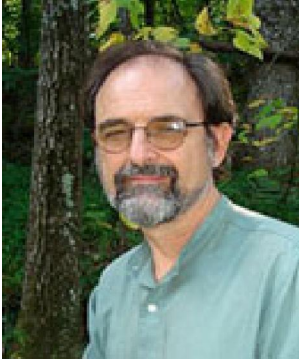
This movie is a great representation of the need for clinicians to evaluate people integratively and across all contexts of their life,

....."This movie displays a sense of hope..that no matter what age, development and growth and happiness can be obtained."

Continued on page 11

THE CHALLENGE FOR CLINICAL SOCIAL WORKERS

CONTINUED FROM PAGE 1



came from those same roots).

Currently I am realistically optimistic. What do I mean by this? In spite of the overwhelming evidence that points to social and economic meltdown, I remain committed to soldiering on. If you had a child with an illness that may not have a cure you would not stop doing whatever you could to protect and care for her needs in spite of the prognosis. With this in mind, I would like to suggest reading two books which give me glimmer of hope.

The first is by David Brooks, syndicated columnist for the *New York Times* and commentator for NPR and the PBS news hour. *The Social Animal* is an easy to read work discussing how we live our lives unaware of an unconscious narrative buried deep, which dictates much of our behavior. The author creates two fictitious characters, tracing their lives from childhood through to old age. This book is well- documented and

gives us hope that his efforts will strike a note of enlightenment for millions of people.

The other work is by David Eagleman entitled *Incognito*. Simply put, the author states that our brains are incognito; we are not conscious of the information that drives our decision making and our actions. Because of the results of his research, he suggests we are missing the mark on understanding how and why people end up within the criminal justice system. He by no means forgives their behavior, but he does speak to the need for re-evaluating how we manage a very broken system for the development for treatment and realistic guidelines for programs of incarceration.

Reading these books helped me to feel hopeful that maybe we are becoming more conscious.

Fred Crimi, LCSW, has over 36 years of diverse professional experience working in the mental health field providing psychotherapy for men, women, and couples.

MOVIE REVIEW

CONTINUED FROM PAGE 10

even when it might be easy to believe the end of life does not bring major changes.

This movie touched on two very important topics that as described above are often overlooked in society, aging and homosexuality. The protagonist grew up in the 40's and 50's when gay was considered a mental illness. Hal is a positive reflection of the difficult process of coming out to society. The movie shows examples of Hal being away most of the time when his son was younger; this displayed an example of that emotional and physical disconnect that many LGBT persons feel throughout their lives.

Another example of loss that was displayed in this film was the loss of identity within the culture. The film did a nice job of educating the viewers on the historical culture of gay rights. In one scene Hal was having a viewing party of a documentary on Harvey Milk. Hal asked his son if he knew who this leader was and his son replied, of course. There was also a scene where Hal took out a rainbow sticker from a book and told him that this meant gay pride. When his son said that everyone knew that, Hal was surprised. He had been so sheltered from the community for so long that he was surprised others were aware of the symbol.

Therapists benefit from considering this film as the plot helps us confront biases, assumptions, and anxieties about the elderly and their sex lives. Most importantly, we must make space for and accept that at a later age major realizations about sex and personhood can happen, which add to and further complicate impending death. For Hal, he knew his days were limited, but he desired growth in the direction of who he truly was. The depth and bravery of that character would be welcomed in session. Hal and Oliver teach us about resilience. Most poignantly, the director draws on his own personal life with this work, recalling how his own father outed himself in his final years. By adapting this true life event (with a little Hollywood glam and finesse), the true to life events make the story that much more beautiful and relevant to our work.

Christin is a Social Worker for Sibley Heart Center Cardiology. She assists children, prenatal mothers, and their families as they cope with the diagnosis of a heart condition. In addition to her Masters degree in Social Work, she is working towards a Masters degree in Marriage and Family Therapy, where her focus is on the integration of behavioral health collaboration in the medical field. Christin can be reached at postc@kidsheart.com

FROM THE THERAPISTS CHAIR**CONTINUED FROM PAGE 5**

<http://psychology.about.com/od/loveandattraction/ss/attachmentstyle.htm> on 9/29/11).

Four types of attachment have been discussed; secure, ambivalent, disorganized, and avoidant. Characteristics of the different types of attachment are important to distinguish the types of attachment. Securely attached children exhibit distress when separated from caregivers and are happy when their caregiver returns. Remember, these children feel secure and able to depend on their adult caregivers. When the adult leaves, the child may be upset, but he or she feels assured that the parent or caregiver will return. When frightened, securely attached children will seek comfort from caregivers. These children know their parent or caregiver will provide comfort and reassurance, so they are comfortable seeking them out in times of need. Characteristics of ambivalent attachment are that ambivalently attached children usually become very distressed when a parent leaves. This attachment style is considered relatively uncommon, affecting an estimated 7-15% of U.S. children. Research suggests that ambivalent attachment is a result of poor maternal availability. These children cannot depend on their mother (or caregiver) to be there when the child is in need. Children with an avoidant attachment tend to avoid parents or caregivers. When offered a choice, these children will show no preference between a caregiver and a complete stranger. Research has suggested that this attachment style might be a result of abusive or neglectful caregivers. Children who are punished for relying on a caregiver will learn to avoid seeking help in the future. Disorganized attachment is seen to be a combination of avoidant and ambivalent attachment styles. (Cited from about.com 9/29/11).

Along with the caregiver, trauma is also seen to have a great impact on the development of attachment and attachment related constructs for children. Attachment, trauma and reflective self-function are seen to be highly correlated. Most people with BPD lack skills that are involved with insight and self awareness. "Research based on attachment theory is beginning to elucidate the links between childhood trauma and the capacity to think about oneself and others. Borderline patients are typically preoccupied with their disturbed early relationships yet unable to give a coherent account of them (Patrick et al, 1994; Fonagy et al, 1996). Severe childhood trauma in these patients appears to result in a specific inability to think about their own thoughts and feelings, as well as those of others. "This finding is consistent with the observation that maltreated children have difficulty in expressing both negative and positive feelings. As well as contributing to problems in interpersonal relationships, the inability to think about feelings may combine with defective affect regulation to produce the impulsivity which is so characteristic of borderline patients". Possible effects of childhood trauma in borderline personality disorder (behaviors DBT targets); self-mutilation, defective affect regulation, lack of reflective capacity, dissociation, impulsivity, and disturbed interpersonal relationships. (Cited from Advances in Psychiatric Treatment <http://apt.rcpsych.org/content/6/3/211.full> 9/30/11).

Often in therapy, people are coming in therapy, particularly DBT, for struggles in their interpersonal relationships that often have roots in their attachment styles and/or trauma. When people struggle with attachment in their relationships in the outside world, the struggle often arises in the therapeutic relationship as well. DBT makes attempts to address attachment enhancing strategies in the therapy from the beginning. Inherent in the acceptance and change dialectic of DBT, the therapist emphasizes the validation of behaviors as they are i.e. 'doing the best we can with what we have', while combining the technology of change with technology of acceptance. Therapists directly identify and treat therapy interfering behaviors of client and therapist. This is thought to be similar to the psychodynamic world of transference and counter transference. In DBT, therapy and attachment interfering behaviors addressed are; butterfly attachment versus intense attachment; non-attentive behaviors such as missing appointments, non-collaborative behaviors such as fighting with the therapist, and non-compliant behaviors such as not being active are all monitored. DBT also emphasizes therapeutic relationship as essential to treatment and focuses heavily on other attachment enhancing strategies to strengthen the therapeutic alliance.

In summary, DBT is an attachment informed therapeutic intervention in which the attachment style of our clients is important to understand. In addition, attending to the attachment between client and therapist is of utmost importance for effective therapy. DBT strategies are often useful in maintaining attachment with the consistent focus on acceptance and change when working with the

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FROM THE THERAPISTS CHAIR CONTINUED FROM PAGE 12

clients trying to let go of maladaptive behaviors.

References:

Dimeff, L. & Koerner, K. (2008). DBT in Clinical Practice: Applications Across Disorders and Settings, Guilford: New York.

Flores, P. (2004). Addiction as an Attachment Disorder, Aronson: Maryland.

Linehan, M. (1993). Cognitive-Behavioral Treatment of Borderline Personality Disorder. Guilford: New York.

Linehan, M. (1993). Skills Training Manual for Treating Borderline Personality Disorder. Guilford: New York.

Cited from about.com 9/29/11

Cited from Advances in Psychiatric Treatment <http://apt.rcpsych.org/content/6/3/211.full> 9/30/11

Cited from www.behavioraltech.com 9/29/11

Cited from the Menninger website <http://www.menningerclinic.com/treatment/psychoeducational.htm> 9/30/11

Cited from http://www.radkid.org/types_of_attachment.html 9/29/11

In her practice, Tara focuses on individuals, couples, families, and groups and specializes in eating disorders and dual diagnoses.

LEGISLATIVE COMMITTEE: A CALL TO ACTION

Welcome to the FY2011-2012 Legislative Session! On September 29th, 2011 the GSCSW annual Town Hall presentation was led by Jennifer Moore, LCSW, the NASW-GA Board of Directors President. Jennifer updated the membership about several current issues, as summarized below.

Georgia State Budget

The current GA State Budget is calling for a 2% across the board cut, however; Education and Medicare are exempt (50% of the budget). Transportation is expected to be an important issue in the budget this session. Increasing mass transit will provide jobs state-wide, increase access to services, and benefit the environment.

Redistricting

Governor Nathan Deal signed the current redistricting proposal into law on September 7th, 2011. There are questions and concerns about Gerrymandering and whether it is equal. The proposal still must be approved by the Department of Justice under the Voting Rights Act.

Juvenile Code

Senate Bill 127 significantly revised and updates Georgia's 40 year old Juvenile Code. This will be a multi-year project, taking ~\$7 million to implement. The legality of certain issues is currently under debate (e.g., "Is it legal for a probation office to arrest and charge kids?"). For more information about SB127 and the juvenile code, go to: <http://www.legis.ga.gov/legislation/en-US/display/SB/127>

LCSW Diagnosing Progress & Call to Action

The diagnosing bill looks very promising according to our lobbyist, Wendi Clifton, Esq., who has gotten support from key legislators. To affect change, we need to make a widespread effort to contact our elected legislative officials in December and January, before the session begins. We will send out informational updates and talking points to assist with this huge call to action. Please begin to prepare for this by discussing and educating your colleagues, friends and family members. Social workers are the largest providers of mental health services, and it is a priority for our clinical profession to re-establish the ability for LCSWs to diagnose Medicaid recipients who have been greatly affected by this in the past several years.

In the meantime, we can prepare for the FY 2011-2012 Legislative Session by knowing who to contact. To find your U.S. and State elected legislators you may go to the following NASW website: <http://capwiz.com/socialworkers/ga/home/>

Finally, I would like to welcome 2 new members to the Legislative Committee: Phyllis Rosen, LCSW and Alyssa Dimatteo, LMSW. Phyllis Rosen LCSW has been working in public Mental Health at Emory University and Grady Hospital for many years. She is interested and involved in advocacy for people with severe and persistent mental illness, which is how she got involved in legislative issues. Alyssa Dimatteo, LMSW has practiced at Pathways Transition Programs, Inc. and Children's Healthcare of Atlanta. These agencies have encouraged her to continue to follow the impacts of social policy in the clinical setting. Alyssa specifically is interested in policy reform as it relates to advocacy for family structures in healthcare and sexual assault survivors' rights during investigation and litigation. I am really excited to work with and collaborate with them this year to promote legislative advocacy and interest within our membership.

Thank you so much for your interest and support of the legislative issues that are so important to our profession and our clients! Remember, change can, and does happen with each and every one of us, so let's be the catalysts for change!

Sincerely,

Barbara Lewison, LMSW - legislative@gscsw.org

GSCSW Legislative Committee Chair

COMMITTEE REPORTS

TREASURER

I am in the second year of my term as your Treasurer and I am happy to report that we made a small profit from the Spring Conference this year. The Diane Davis workshop continues to be funded by the interest from an interest-bearing CD. This year I will be investigating other funds to move our money market funds too.

As always, thanks to Trisha Clymore, Administrator for all of her help.

If you have any questions, please feel free to contact me at: treasurer@gscsw.com

LMSW

The LMSW Committee has kicked off the new season of GSCSW with a bang! We have been busy building connections with new social workers at various Atlanta area universities. Thanks to the help of our committee members and student representatives, we have met with current MSW students at Kennesaw University and the University of Georgia to share the mission of GSCSW. We are working to understand the needs of each student body, and as always, welcome any clinical voices from students at Clark Atlanta University! We hope to spread the legacy of GSCSW to new and current students throughout the area during this fall season.

Our Facebook page "LMSWs and MSWs of Georgia Society for Clinical Social Work" continues to be a forum for social workers to post ideas, questions, and connect. It has allowed students and newcomers to Atlanta to find community on the web, as well as learn about upcoming GSCSW events. Check us out!

Margaret Gunn generously hosted our Fall Salon on October 2, 2011. Salon panelists included colleagues and seasoned social workers Margaret Gunn, Helen Coale, Nancy Hickman, and Barbara Martin. We discussed career development and the possibilities as a professional in this field. There was a great turnout, and there continues to be a lot of enthusiasm with each meeting. We will be escaping the big city for our winter salon in a couple of months at the home of GSCSW member Chris Curry in Zebulon, Georgia—so stay tuned!!

Laura Carmody, LMSW and Stephanie Beatty, LMSW email: lmsw@gscsw.org

MENTORING

The GSCSW's Mentorship Program continues to match experienced clinicians with those newer to the field. We encourage those seeking to be matched with a mentor to attend the free monthly mentorship group meeting before completing an application. All mentorship meetings take place at the Midtown office of Physllis Glass, LCSW and Sharon Harp, LMSW located at 1904 Monroe Drive, Suite 120, Atlanta, GA 30324 from 7:30pm to 9pm. These dates include Nov. 14, Dec. 12, Jan. 9, Feb. 13, March 12, and April 19. The final group of the season will be on May 9th from 7:30pm to 9pm



COMMITTEE REPORTS

ETHICS

We would like to welcome Manuel Sanchez-Mejorada back to Atlanta and the Ethics Committee! We are excited to have his wisdom and experience as a part of our committee. The Ethics Committee has seen an increase in ethics consultation requests over the past few months and we appreciate the opportunity to be a support and resource for GSCSW members.

We continue to look forward to hearing from our members whenever an ethics dilemma arises. Please feel free to contact us at ethics@gscsw.org

Emily Gosterisli, LCSW and Beth Collins Himes, LCSW , Co-chairs

PROFESSIONAL EDUCATION

The 2011-2012 Professional Education year is off to a great start! Our Thursday night workshop series began with our Annual Town Hall Meeting and an inspiring presentation by Sue Fort, Board President for the Georgia Chapter of the NASW. Sue discussed progress made in the last legislative season and provided a roadmap for how we can get involved and advocate for current social justice issues affecting our membership and our clients. Notes from the meeting were provided to those that could not attend through our GSCSW listserv. In our October's workshop "Psychotropic Medications 101", Brent Wilson, MD, covered the broad classes of psychotropic medications in order to more effectively support our clients who are taking psychopharmacologies. In our last workshop of 2011, Holli Richey, a clinical herbalist and social worker, will present on a topic that can provide support for both our clients and ourselves by discussing the physiology of stress and the mechanisms of several herbs that can help manage stress and anxiety. The Thursday night series will begin again in January and will cover a diverse collection of topics including Animal-Assisted Therapy, Dialectical Behavior Therapy, Neurobiology and PTSD. Also, in March, we will have the first installment in an annual series called "The Inner Life of the Therapist," which will explore how a therapist's private life and changing inner-self affect clinical work and professional development.

We are also busily gearing up for our next annual Diane Davis Seminar on Friday, December 2nd, and it is one not to miss! Our previously scheduled speaker, Dennis Miehl, Ph.D., had to cancel his presentation due to unforeseen circumstances, and we were incredibly lucky that GSCSW's own Past President, Stephanie Swann, Ph.D., agreed to step in to share her expertise on the topic of neurobiology and attachment. Dr. Swann will present "Minding Our Brains: Neuroscience, Attachment, and Psychotherapy," which is designed for clinical social workers as an introduction to neuroscience, contemporary attachment theory and psychotherapy. In this workshop, Dr. Swann will explore the concepts of brain integration, coherence of mind, and attachment as they relate to the practice of psychological development and, ultimately, psychotherapy. We are so very grateful for this opportunity to learn about a topic so intriguing, timely, and incredibly relevant to our work as clinicians. This was the first year that we have offered 5 student scholarships for the Diane Davis Seminar, and the response was fantastic! We were thrilled to see how active and engaged our student members are, and we look forward to having a large number in attendance at this year's event. If you haven't already registered for this event, do so soon – before all seats are sold! Trisha Clymore, GSCSW's Administrator Extraordinaire, did great work in designing our first online registration portal. It's so easy to use! For a link to the portal, or to download a copy of the event brochure for mail-in registration, please visit www.gscsw.org. We look forward to seeing you on December 2nd!



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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

Sample email:

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

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

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