GEORGIA SOCIETY FOR CLINICAL SOCIAL WORK

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CALENDAR:

December 14th: Diane Davis Lecture

January 3rd— Clinical Competency with Trans Clients

February 7th—Inner Life of the Therapist Series: "Preparing for Retirement" – Panel Discussion

March 7th—The Enneagram and Its Relevance to Psychotherapy

Reminder: Mentorship meets at 5:45 at Hillside before the Professional Ed meetings except on December 14th.

DIALECTICAL BEHAVIOR THERAPY ACCEPTANCE AND CHANGE STRATEGIES

BY: TARA ARNOLD, PHD,

One of the most effective therapies created in the last twenty years is Dialectical Behavior Therapy or DBT. DBT was created by Marsha Linehan in the 1990s. The therapy combines cognitive behavior therapy or CBT and Eastern Meditative practices. It is a manual-based treatment that has standardized modules. Originally, it was created to treat borderline personality disorder or BPD due to the difficulty in treating the population which led to increased stigmatization. The first controlled clinical trials showed that DBT was effective with borderline personality disorder, and there have now been several other populations that are shown to greatly benefit from the therapy. DBT utilizes group and individual methods for most efficacy. Both modalities are combined so that skill acquisition and personal application can be ensured creating the most efficacious therapy.

DBT combines the dialectic of acceptance and change. To enhance motivation, problem solving comes intertwined with validation in DBT. The job of the therapist is to validate for what the client is doing (acceptance), and then the therapist helps the client with problem solving techniques to develop more adaptive behavior (change). In the last article, we explored DBT validation techniques, so this article will focus on reciprocal communication as an acceptance strategy, then we will explore the change strategy of irreverent communication. (Linehan, 1993).

The first acceptance strategy in DBT is reciprocal communication. The acceptance strategies in reciprocal communication are closely related and intertwined at times. The four are discussed separately while often used in combination. Reciprocal communication is used to show the client acceptance, and it is important in any good relationship. "Reciprocal communication is the usual communication mode in DBT" (Linehan, 1993, p.372). Four basic reciprocal communication strategies are responsiveness, self-disclosure, warm engagement, and genuineness. Through responsiveness, the therapist is interested in what the patient is doing, saying, and feeling. The therapist takes her seriously versus discounting, ignoring, or overriding what she says she wants (Linehan, 1993, p. 373). There is a great deal of patience needed to be consistently responsive to clients with BPD at times, particularly when emotions are high, it is important to stay present with the client and let them work through the issue versus fixing the problem for them. A more controversial part of DBT is therapist self-disclosure. Self-disclosure in DBT comes in two forms; self- involved self disclosure (personal reactions to the patient) or personal self disclosure (information about the therapist personal life). Patients entering DBT should be oriented to the use of therapist self disclosure as many have heard it is a bad sign and will discount the therapist. There is a great deal written on the topic of therapist self disclosure that is helpful to understand appropriate use in DBT. Therapist self-disclosure is very useful to highlight DBT skill usefulness and normalize need for DBT skills. Many DBT therapists give personal examples of the ways they use DBT in their own lives. Another reciprocal communication strategy is warm

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PRESIDENT'S MESSAGE

Hello everyone!

Hi everyone. After a beautiful summer, fall is in the air, and GSCSW is back in full swing. We've already had three Thursday night Professional Education workshops, filled to capacity with attendees and also filled with stimulating, thought provoking information. We've also begun our legislative year with Town Hall presented by Wendi Clifton, Esq., which was informative but difficult, due to the state of affairs with our State budget and program funding that continues to shrink.

Exciting news: first, we welcome Annie Garry as our President Elect, and we welcome Amy Keel, Rebecca Anne, Stacie Fitzgerald, Danna Lipton, Jessica Alexander, and Allison Sweeney to our board. The board of GSCSW volunteers time and energy throughout the year to keep our organization running behind the scenes: planning professional ed events, granting CEUs, running mentorship groups and overseeing our low cost supervisor program, reaching out to new LMSWs and future social workers, editing the Clinical Page, providing ethical consultation, keeping our membership rolls active and feeding us at meetings, and keeping us informed about legislative issues, to name some of the duties of our board. When you next talk with a board member, please thank them for their time and effort on behalf of GSCSW.

"Please visit our new revamped website at www.gscsw.org

Also, we revamped our website over the summer. I am especially proud of the look of our new calendar page, our reading/book list with a link to Amazon, and the possibility of study/reading groups. I love the look and user-friendly aspects of our updated site, and I hope you will enjoy it! Please visit www.gscsw.org

Upcoming news: our annual Diane Davis lecture will take place on Friday, December 14, and will feature Judith Kaye Nelson, PhD, MSW whose topic is Crying and Laughter as Attachment Behaviors. Our Spring Conference features Scott Miller, PhD whose topic is Supershrinks; May 24.

We have an exciting and informative year lined up; I hope to see you at events throughout the year. As always, if you have questions or concerns, please feel free to contact me.

Barbara Emmanuel, LCSW

President

MEET OUR PRESIDENT-ELECT

Greetings to all. I could not be more delighted in my new role as President-Elect. I am humbled to walk in the shadow of our current and previous presidents whose leadership I have so admired and can only hope to emulate. By way of introducing myself, I came to the field of Social Work as a Baccalaureate. I remember being astounded there was actually a profession so in keeping with my personal life philosophy and world view. It has fit for me hand to glove. My BSW was acquired in 1986, well before the current licensure requirements, and great emphasis was placed by my professors on getting work experience before obtaining a Masters Degree. Luckily, I did not have difficulty obtaining employment and training in a variety of settings with diverse populations. I moved several times from my original home in Buffalo and worked in family service agencies, chemical dependency treatment centers, juvenile detention, foster care and adoptions until I received my MSW 9 years later from the University of South Carolina. It was during my first post Master's job at a psychiatric facility that I was introduced to the SC Clinical Society and I transferred my membership when I moved to Georgia 16 years ago. Luckily for me, I met a friendly face at my first meeting and was quickly recruited to the Professional Education Committee and to a supervision group to help me acquire my LCSW. The Clinical Society became my personal and professional lifeline and has remained a source of connection and community, professional development and growth. I served on the Professional Education committee for at least 7-8 years, and had the opportunity to work with many talented and dedicated members. Happily, the relationships developed from this and our original supervision group remain close and we have seen each other through many life changes. With the bustle of starting my own private practice 11 years ago and child rearing, I had stepped back from involvement in the Society beyond attending educational events. It was shortly after a major life change of my own that I was approached to consider taking the role of President. Although no one was more surprised than me, I felt a major shift within myself to answer the call of leadership and to attempt to give back to the organization that had benefited me in such a meaningful way. It is truly my privilege to have such a wonderful opportunity as GSCSW is more vital than ever and our work so important.

"The Clinical Society became my personal and professional lifeline and has remained a source of connection and community, professional development and growth"

Annie Garry, LCSW

President-Elect

BOOK REVIEW

MUSINGS ON THE GIFTS OF IMPERFECTION

BY: REBECCA ANNE, M.DIV, MSW, LCSW

"Owning our story can be hard but not nearly as difficult as spending our lives running from it. Embracing our vulnerabilities is risky but not nearly as dangerous as giving up on love and belonging and joy – the experiences that make us the most vulnerable. Only when we are brave enough to explore the darkness will we discover the infinite power of our light." Brené Brown, Ph.D., L.M.S.W. – The Gifts of Imperfection: Let Go of Who You Think You're Supposed to Be and Embrace Who You Are, p.6

Shame is an emotion with which I am all too familiar. Not familiar in the mindful, friendly, accepting, "Hello shame, here you are again. Welcome. What can I learn from you today?" – sort of way. Rather I am familiar with shame in the mindless, panic-stricken, "Oh my God, not you again! I hate you and will do just about anything to try to avoid feeling you!" - type of way. In particular I'm very practiced with the shame storm around my work as a therapist. It shows up in the constant question, "Am I doing enough?" This question is, of course, a variation of "Am I enough?". Of course, shame's consistent answer to this question is a resounding "NO!" And shame's other answer is: "And you're the only one who ever feels this way." My shame uses the reality that I very seldom hear other therapists talking about shame around "being enough" as evidence that I am alone with this struggle – and therefore it MUST be true.

This struggle is why, when Brené Brown's work on shame kept popping up – in conversations, on list-serves, and then finally in a workshop, I pretty much listened to, watched, read, and talked about anything I could find that she had created. Her work focuses on how shame, if bought into, can keep us from living wholeheartedly. But, on the other hand, she writes that we can, when we experience shame, choose to allow shame to be the bearer of gifts – gifts of imperfection she calls them. These gifts are named courage, compassion, and connection. And choosing them over their opposites: fear, judgment, and isolation is called building "shame resilience".

However, my fantasy upon initially stumbling onto her work had nothing to do with shame resilience and more to do with shame avoidance. "I will finally never have to feel shame again – and then I won't be so fearful and anxious – and all will be well." The reality, instead, was that working on shame resilience – how to get through those moments of the incessant questioning "Am I enough" and come out on the other side – was the experience she offered. And that all would be well, but things would be well through (and probably because of) the experience of shame, if I could allow my shame to be transformed. That transformation happens by choosing courage over fear, compassion over judgment, and connection over isolation.

In her work, Brown describes a way of living – whole hearted living – which she envisions as living our lives from a place of worthiness. This is, of course, the opposite of living our lives from a place of shame . The voice of shame says – I'm not worthy, I am bad, I'm not good enough. And it is her proposal that we grow our own worthiness by practicing courage, compassion, and connection. Not courage, compassion, and connection as lofty ideals, more goals to attain, more perfection to strive for, but rather as daily practices, moment-by-moment choices.

This truth – that it is our shame, our imperfection, our vulnerabilities that give us the opportunity to make these daily decisions to choose courage, to choose compassion, to choose connection – and then that the courage, compassion and connection are actually the balm to the pain of the shame – is not rocket science, and is in fact nothing new. But, I gotta tell you, when I'm in the midst of the shame storm – about not knowing what to say, about not knowing whether or how to push, about being sure I'm a fraud, about being sure I'm not enough, - that truth, that courage, compassion, and connection are the answers - feels so foreign and like anything BUT the truth. So, I need reminders of the truth, or as a wise woman once told me, I need to "unforget" the truth that the solution to shame is not hiding, is not judgment of myself, is not secrecy and silence.

Of course, if we look at shame from a survival perspective, the whole purpose of the emotion of shame is to urge us to hide those things about us that could get us booted out of the tribe. This is why courage is crucial. Brown defines courage basically as speaking

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"FROM THE MEMBERSHIP"

THE ETHICS OF SELF-CARE

BY: STACIE FITZGERALD, LCSW

Burn out.....compassion fatigue.....no time to prepare for a session....staying late for that client that needs the extra help....working two jobs to make ends meet....asking our clients "What are you doing to take care of yourself?", while trying to remember the last time we did the same. All of us have experienced some or all of the above. How often do you pause to take care of you?!!!!

Years ago the classic therapeutic metaphor about the oxygen mask was shared with me in my early training. I am sure many of us have used it in treatment to help direct clients toward self-care, empowering them to give themselves permission to focus on taking care of themselves.

The metaphor goes something like....have you ever been on an airplane when they are reviewing safety procedures prior to take off and they say...."Should there be a loss in cabin pressure, oxygen masks will be released. Please place your own mask on before assisting those around you." For those of us who have children or loved ones we care for, it is difficult to imagine any other action than helping them first....especially when those loved ones often are unable at the time to care of themselves and depend on us. However as the example goes, the lesson is that if we don't take care of ourselves first, we are often unable to help others. In the plane a person with oxygen can then help several around them, instead of passing out and being unable to serve.

So, many of us have used this story to help advise our clients, however how often do we apply this to our own self care. We need to give ourselves permission to focus on doing things that we are passionate about, that give us energy, that renew our spirits. Many practice meditation, or regular exercise, but sometimes we undervalue the moment spent savoring the scent of our favorite candle (that we actually light), or drinking that first sip of mint tea or flavored coffee, or taking an extra minute before getting out of our cars to finish listening to our favorite song. In order to empower your clients to be the best they can be, you need to be at your best.

I challenge you during the upcoming holiday season to give your self a gift...the gift of an oxygen mask!

Stacie Fitzgerald, LCSW is the Co-Chair for the GSCSW Ethics Committee. She works as Counseling Program Manager at Families First and can be reached at sfitzgerald@familiesfirst.org or (404) 853-2811

A HUGE THANK YOU TO KAREN TANTILLO!!

After years of dedicated service to GSCSW, Karen Tantillo is stepping down from editorship of our Clinical Page. Karen was a big part of the CP during the leadership of Fred Crimi, and stepped in as editor several years ago. Karen has been diligent, thoughtful, resourceful, ethical, and an amazing editor and board member. I will miss having Karen as a part of our board. Karen, I wish you well as you move on to new endeavor, and know that you will be missed!

Barbara Emmanuel, LCSW

President

DIALECTICAL BEHAVIOR THERAPY ACCEPTANCE AND CHANGE STRATEGIES

(CONTINUED FROM PAGE 1)

engagement. "Interpersonal warmth and therapeutic friendliness are related to positive outcome in the research literature on psychotherapy…this is at least as true with borderline patients as with other populations" (Linehan, 1993, p. 383). The BPD clients can create very positive and very negative reactions from therapists. There are many specific interpersonal issues addressed in DBT such as therapist feelings towards the client. No matter how stressful the relationship becomes, warmth and engagement have to be maintained for effective DBT treatment. Genuineness is important with BPD clients, and yet it can be exhausting. People with Borderline personality read emotions well, so being honest and real is important for the development of trust and change. The more authentic the relationship, the more change in the relationship that can occur. Genuineness is different than acting as a mirror for clients to work out their transference in more psychodynamically oriented therapies. The acceptance strategies of reciprocal communication are responsiveness, self-disclosure, warm engagement, and genuineness, and they are used to connect with the client to develop close bonds which enhance therapy effectiveness and outcomes (Linehan, 1993). Two of the change strategies of DBT are irreverent communication and problem solving. One of Linehan's most popular quotes is a form of irreverent communication called reframing in an unorthodox way- the patient says, "I'm going to kill myself" and therapist says, "I thought you agreed not to drop out of therapy". These skills must be used only by trained professionals with strong awareness and discernment in the clinical understanding of suicide risk and assessment of suicidality. Irreverent communication balances reciprocal communication in DBT. Irreverent communication techniques are: plunging in where angels fear to tread, using a confrontational tone, calling the patients bluff, oscillating intensity and using silence, and omnipotence and impotence. Many of the dialectical strategies are irreverent in nature. Irreverence is used in combination with reciprocity. If irreverence is used alone or not from the therapist's center, it can seem too mean or even cruel. It is imperative that irreverence is not to be used in a mean spirited or rigid way or without awareness of the effects on the client (Linehan, 1993). Irreverent responses are not what the client is expecting; therefore, it takes them off balance. Irreverence can allow more footing by the therapist to create change in the system. The irreverent technique of reframing in an unorthodox manner surprises the client by choosing to focus on a part of the behavior that the client does not expect. By using a confrontational tone, the irreverent therapist handles maladaptive behavior directly and at times blatantly; e.g. "Are you getting irrational on me again?" or "Oh no, another soap opera" (Linehan, 1993). Another irreverent communication technique is calling the patient's bluff, and it is an extending strategy in which the therapist takes the clients more seriously than she wants to be taken. If the client says "I'm quitting therapy", the therapist says, "Would you like a referral?" (Linehan, 1993). It is imperative that the therapist provides a way out when the patient's bluff is called. In plunging in where angels fear to tread, we communicate with the patient in the same way that they interact with others, which is a straightforward, direct, and clear way. We "call a spade a spade". Therapist plunges in calmly and resolutely (not gingerly) addressing sensitive topics head on and calmly. Linehan compares this strategy to a firefighter throwing the fire victim out the window or a lifeguard saving a drowning victim. When the pain is intense, time is of the essence.

Irreverent communication can help get out of emotion and decrease intensity. It is balanced with validation. It's not unemotional. (Linehan, 1993). In summary, DBT is a widely useful therapy. Clients who benefit most from DBT have had less validation in their lives and struggle with attachment and sense of self. Therefore, application of the DBT skills utilizes the acceptance and change model for dialectical persuasion to get client off center and motivated for change while feeling understood and empathized with by the therapist to help maintain the therapeutic relationship. From that place, the skills can be learned more readily to modulate skill deficits. Irreverent communication helps clients change along with problem solving. Overall, the dialectical parts of DBT are very helpful in motivating people while, understanding, and changing personality traits that at times undermine therapy.

References:

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

Tara Arnold, Phd. has a private practice in Smyrna where she leads DBT groups for women and adolescents. She also presents about DBT many times a year to help clinicians learn more about DBT. If you have questions about DBT or DBT referrals, please call Tara Arnold, PhD at 404-964-6629. You can also like her on Facebook to learn about upcoming trainings and her practice at Tara Arnold, PhD psychotherapy.

TOWN HALL MEETING SUMMARY

LEGISLATIVE COMMITTEE

Welcome to the FY2012-2013 Legislative Session! On September 5, 2012 we held the annual GSCSW Town Hall Meeting with our Legislative Lobbyist, Wendi Clifton, Esq., at the NASW GA Chapter's office with Executive Director, Sue Fort. Wendi applauded our efforts to get the HB434 diagnosing legislation passed, and we extended our gratitude to her for all of her assistance. We also want to thank all of the other social workers who worked diligently over the past several years to accomplish this goal. Great work!

Unfortunately, the Town Hall Meeting was yet another reality check with regard to the FY2012-2013 GA State Budget. The three main topics discuss at Town Hall were 1) Healthcare, 2) Education and Charter Schools, and 3) Ethics for legislators. As we enter into the new legislative session, GA is once again faced with more state budget cuts and continues to face another year of uncertainty about how social service programs will be funded. GA is already $436 million in the hole as of 35 days into the Legislative Session and Governor Deal requested a 3% cut in the state budget. It was predicted that more rural hospitals will close and we will see patients who won't receive care (in addition to all of the other unintended consequences). To review Georgia's budget proposals, please see the Georgia Department of Community Health's website: http://dch.georgia.gov/budget-information

Governor Nathan Deal rejected the expansion of Medicaid, which would have funded 650,000 patients with Medicaid under the Affordable Care Act: http://www.ajc.com/news/news/state-regional-govt-politics/deal-rejects-expansion-of-medicaid/nRMfK/

To read more about the issues discussed at Town Hall, please see the following websites:

Affordable Care Act:

http://www.ajc.com/news/news/local/georgia-pins-hopes-on-healthcare-acts-repeal/nQWsb/

DSH (Disproportional Share Hospital) Funding – set up a couple of decades ago to help hospitals that deal with a disproportionate amount of indigent patients:

http://www.hhs.gov/recovery/cms/dsh.html

History of the 2009 Georgia Hospital Bed Tax:

http://www.macon.com/2010/03/24/1070420/lawmakers-pass-hospital-tax.html

GA Hospital Association Proposal (keep HBT)

http://www.ajc.com/news/news/local/charity-care-hospital-regulations-scrutinized/nQKQd/

In the November election, 2012, we have the vote on Charter School Amendment, which only affects metro Atlanta:

http://chronicle.augusta.com/news/education/2012-08-01/democratic-voters-say-no-charter-school-amendment

Ethics for legislators and the disclosure process about per diem expenditures:

http://ethics.ga.gov/wp-content/uploads/2012/04/Summary-of-Motions-Made-at-the-4-20-12-Commission-Meeting.pdf

Please also check out the GSCSW website, and click on the "Legislative Action" tab at the top of the home page. You will find information on how to get involved in the legislative process, the areas that GSCSW focuses on for advocacy, links to finding your legislator as well as voting/election information. To learn about how you match up with each candidate, check out the NASW election guide at: http://ga.socialworkers.capwiz.com/election/guide/ga or the interactive Project Vote Smart site, which both give information about each candidate as well as how they've voted and responded on various issues: https:// www.votesmart.org/

We can get involved in the legislative process by contacting our Senators and State Representatives, and the time to get to know your legislators is NOW, as they are extremely busy during the session. For those who might be phone-shy, please know that sending an email or letter is also effective. To find your U.S. and State elected officials you may go to the following NASW website: http://capwiz.com/socialworkers/ga/home/

Once you know your elected officials, you may print this out or record it for future reference. There are several ways to get involved. You

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TOWN HALL MEETING

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may also go to the Senator or Representative's website, sign up for their newsletters, and/or be informed of their schedules and attendances at Town Hall/community meetings and other political meetings. Finally, you may call to request their campaign information. Legislators appreciate volunteer time and contributions, no matter how little we can donate.

Wendi Clifton will assist us later in the session by providing us with talking points on important issues, and then we will provide that information to you via the GSCSW listserv email. Until then, we urge you to make the effort to contact your state senators and representatives to voice your concerns and suggestions about those issues important to you and Georgia's residents.

Remember that change can and does happen with each and every one of us. This is our opportunity to have our voices heard and to show our commitment as social workers by advocating for our clients, our communities, and our profession!

Finally, please welcome Alexandra Pajak to the Legislative Committee this year. Alexandra earned her LMSW in 2011 after graduating from the University of Georgia, where she earned her Masters of Social Work. She has social work experience with the mentally ill among incarcerated individuals and with an inner-city community. Alexandra also earned a Masters of Science degree in the History and Sociology of Technology and Science and a B.A. from Agnes Scott College. She is excited to be a part of GSCSW and the Legislative Committee!

Our Legislative Committee will continue to establish and maintain relationships with NASW and work to educate our membership about legislative issues that directly affect our work. If you have an interest in joining the legislative committee, please feel free to contact us. We would be grateful for any assistance and/or suggestions that you may have and welcome our memberships' involvement in the legislative process.

Thank you so much for your interest and support of the legislative issues that are so important to our profession and our clients!

Barbara Lewison, LMSW

Legislative Committee Chair

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Alexandra Pajak

Committee Member

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BOOK REVIEW

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basically as speaking one's truth – like, the real truth. My whole body might be screaming at me – don't write this article, don't reveal that, don't tell that colleague how you really feel. Because of course some may be so uncomfortable with their own shame that they do not allow themselves to see it, to know it, to acknowledge it. And for anyone like this, my self-revelation might stir up some painful feelings. In these situations, we're generally pretty good at blame and judgment and seeing "other". So, speaking the truth about shame – or any vulnerability - takes great courage. Speaking the truth is taking a risk that I will not, despite what the shame storm might be telling me, be excommunicated from the tribe. And choosing courage builds shame resilience because shame cannot survive being shared.

She defines compassion as full acceptance of ourselves. What? Yep. If you are like me, you may have had to re-read that sentence after thinking something like – I think that may have been a typo there. Full acceptance of ourselves? Radical concept, I know. What about improvement, striving, "hustling" for worthiness as Brown calls it? Acceptance of ourselves, of course, includes full acceptance of our shame. Not acceptance as buying into it, obeying it, seeing it as truth. Acceptance more as welcoming. Not – as I am prone to do - running away from it, flailing around in it, or pretending it's not there. For when I'm not practicing radical acceptance of my shame, I use the reality that I'm experiencing shame as further reason to feel shame. So, my shame tells me - the fact that I'm so insecure around my work and my "being enough" means that I am indeed the worst therapist in the world.

Brown defines connection as "the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship." (p. 19). I know what connection feels like, I have felt in my body the relief of a colleague hearing me – and saying "I know, I do that to myself too."

And I tell you, even though there are moments of healing and sweet relief any time I peel back the tape on the gift of courage, give and accept from myself the gift compassion, and unwrap with another the gift of connection, every time shame visits, I forget about these experiences. Brown's work reminds me. And reminds me again. And again. And I hope that if you are in need of a reminder yourself from time to time, that she might remind you too. I share my musings on Brown's work with you as an act of shame resilience – an act of courage, compassion, and connection. And because I am deeply aware of how embracing and living out these truths could radically change my life, and maybe your life - and of course the lives of many of our clients.

Rebecca Anne, M.Div, MSW, LCSW is the co-chair of the Membership Committee. She can be reached at membership@gscsw.org

SAVE THE DATE FOR THE DIANE DAVIS LECTURE ON DECEMBER 14TH

Our Professional Education committee has an intriguing speaker and topic lined up for our annual Diane Davis lecture. This year we are lucky to have Judith Kay Nelson, MSW, PhD presenting on An Attachment Perspective on Laughter and Crying. Please save the date of Friday, December 14 on your calendar for a very special half day lecture. The event will take place at Ridgeview Institute.

Here is more on Dr. Nelson:

Judith Kay Nelson, Ph.D. is Dean Emeritus and on the core faculty of The Sanville Institute for Clinical Social Work and teaches at Smith College School for Social Work and at Portland State University. She is the author of Seeing through tears: Crying and attachment and What made Freud laugh: An attachment perspective on laughter and co-editor of Adult Attachment in Clinical Social Work. She has also written numerous articles and chapters on attachment, crying, grief, global grief, and laughter and has lectured in the United States and internationally. She practiced psychotherapy in California.

COMMITTEE REPORTS

PROFESSIONAL EDUCATION

The 2012-2013 Professional Education workshop series has begun with fantastic attendance and exciting topics - from Mindfulness to Sex Addiction. In December, we will host this year's Diane Davis Seminar, which will focus on a truly fascinating and universal topic! Judith Kay Nelson, Ph.D., MSW will be traveling from Portland, OR, to present "An Attachment Perspective on Laughter and Crying." Dr. Nelson is Dean Emeritus and on the core faculty of The Sanville Institute for Clinical Social Work, and she teaches at both Smith College School for Social Work and Portland State University. She is the author of Seeing Through Tears: Crying and Attachment and What Made Freud Laugh: An Attachment Perspective on Laughter, and she is co-editor of Adult Attachment in Clinical Social Work. In this seminar, Dr. Nelson will explore both laughter and crying from an attachment perspective, illuminate how different patterns of each can represent secure, preoccupied, or dismissing attachment styles in both adults and children, and apply these styles to the current therapeutic attachment bond or relationship. The seminar will be held on Friday, December 14th at Ridgeview Institute, from 8:30 until 12:00. Three core CEU hours will be provided. For more information and to register for this event, please visit our website!

Our Thursday night workshop series will begin again in January and cover a diverse collection of topics including "Clinical Competencies with Trans Clients", "The Wisdom of Enneagrams", and "the Neurobiology of Addiction". Also, in February, we will have our second 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, focusing this year on the topic of "Preparing for Retirement". We are also thrilled to share that GSCSW and NASW-GA will again be partnering in 2013 to provide a fantastic Spring Conference, featuring Scott Miller, Ph.D.! Dr. Miller will be presenting "Supershrinks" on Friday, May 14th. Be on the lookout for more information about this exciting opportunity to learn from an internationally renowned speaker and clinician! We look forward to your attendance at all our professional education events in 2012-2013! You can contact us at professionaled@gscsw.org

Kathleen S. Hodgson, LMSW , Co-chair

Professional Education Committee

MENTORSHIP COMMITTEE

The mentorship committee started the year out with a big change. We have moved our monthly mentorship groups from Monday evenings to the first Thursday of the month to be aligned with the monthly continuing education workshops. This change offers greater networking opportunities for newer clinicians. So far, the feedback has been great. Monthly mentorship groups are co-led by mentorship committee members. We look forward to seeing you at the next meeting! Danna Lipton, LCSW, Chair mentorship@gscsw.org

MEMBERSHIP COMMITTEE

This year the Membership Committee would like to thank Thom Anderson for his years of service and introduce two new co-chairs: Rebecca Anne and Amy Keel. We welcome back Timothy McDaniel and Catherine Wirth as committee members. We are eager to welcome new faces and to visit with old friends. The membership committee has gotten off to a great start providing delicious food and yummy treats for the monthly event attendees. We are open to suggestions about new foods to try and ways in which we can create a warm, open environment. Please feel free to contact either of the co-chairs with questions or just to introduce yourselves at membership@gscsw.org Hope to see you at the next meeting!

LMSW COMMITTEE

We are pleased to report that the LMSW Committee added three new members this fall. We continue to seek student representatives to join our committee and are working on outreach at local universities. We plan to continue the tradition of hosting Salons, with our first to be scheduled in early 2013. We also plan to host *Lunch and Learns* at Universities and an event in the spring to assist MSW's with preparing for the LMSW exam. If you have any questions please contact us at lmsw@gscsw.org

COMMITTEE REPORTS

ETHICS COMMITTEE

We are both so excited to begin serving GSCSW members as the two new co-chairs for the Ethics Committee! Our wise and experienced predecessors, Emily Gosterisli, LCSW, and Beth Collins Himes, LCSW, have paved the way for us and have left a legacy behind promoting ethical dialogue among our members. We would like to continue contributing to ethical discussions and providing this valuable supportive service to our membership. We are available for confidential consultation regarding GSCSW members' ethical concerns. Last year, the Ethics Committee saw an increase in ethics consultation requests and we welcome new opportunities from all of you in this upcoming year. We look forward to hearing from our members whenever an ethics dilemma arises.

We are currently recruiting members for our Ethics Committee. Committee members meet quarterly and discuss members' ethical concerns and dilemmas.

Also, if you have any particular topics that you are interested in hearing about, we would be happy to research and write future articles for the clinical page on various ethical topics. Please feel free to contact us at ethics@gscsw.org
Stephanie Cook, LMSW and Stacie Fitzgerald, LCSW

TREASURER'S REPORT

It's a pleasure to continue serving as your Treasurer in 2012. I would like to thank Trisha Clymore, Administrative Assistant, for all of her help since I took office in 2010. We continue to maintain a healthy portfolio of accounts which include checking and money market accounts and a CD. Our membership dues continue to allow us to host fantastic speakers for the Spring Conference and to have great food at our other CEU events.

Please feel free to contact me with any questions that you have at treasurer@gscsw.org

Theresa Schaffer, LCSW

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

$15 Members

$25 Non-Members

HALF PAGE

FULL PAGE

$90 Members

$100 Non-Members

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