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CALENDAR:

April 5, 2012—CEU Presentation: Trans Clients 6:30/7pm to 9pm at Hillside Hospital

April 13, 2012—Joint Springs Ethics Conference (NASW/GSCSW) 8:30/9am to 3:15 pm at Peachford Hospital

April 19, 2012—Jobs Panel at Hillside Hospital—7pm to 9pm

2nd Monday evening monthly-Mentorship Support Group in Midtown (7:30 to 9pm/ April 9, May 14)

June 9, 2012 End of the year party at the home of Sara Page—7pm

THE LEGAL AND ETHICAL JOURNEY TO PRIVATE PRACTICE

There are a myriad of issues related to starting a private practice. All social workers need to be responsible for their own legal and ethical clinical social work practice. This article provides information on the legal aspects of starting a private practice as well as where to access information about the rules surrounding private practice in Georgia. We will also raise questions about the ethics and decision making process involved in opening a private practice.

After social workers graduate with their MSW, they are often looking towards their next career step, including licensure and work options. In Georgia, obtaining one's LMSW is the initial licensing achievement. After three years of clinical practice, social workers often aim towards their LCSW as the highest level of clinical social work licensure in Georgia. New clinical social workers are often also contemplating their longer-term career plans, including whether or when to open a private practice.

Some are clear that private practice is their goal, while others explore the wide variety of other career opportunities available to clinical social workers.

Our first social work employment picks up where our master's education left off. Through this agency social work, we hopefully gain more hours of clinical work while receiving clinical supervision and continuing education focused on our professional growth. We may discover our areas of interest and expertise along with skill sets highlighting our strengths and identifying our weaknesses and areas for development.

If a clinical social worker is interested in one day opening a private practice, it is required that the social worker first practice "under direction and supervision" for two years (see below for further definition of these terms).

Two years after working under direction and supervision, the rules state that legally an LMSW may start a private practice under clinical supervision; direction is no longer required (see <http://www.sos.ga.gov/plb/counselors/>). It is important to keep in mind that this two-year time frame does not begin on the date of graduation from a CSWE-accredited MSW program nor after one has obtained their LMSW, but rather once one has started practicing clinical social work under direction and supervision. After three years of clinical practice and meeting the requirements, one is eligible to apply for the LCSW. A social worker in private practice must obtain their LCSW in order to continue in private practice. Once the LCSW has been

obtained one may legally practice without supervision. Here is how these rules are stated by the Composite Board in Chapter 135.5-.03:

"(c) Practice After Two Years of Experience. After two years of Social Work practice under direction and supervision, the licensee may engage in private practice however, a master's licensee whose practice includes counseling or psychotherapeutic techniques may only engage in such practice under supervision and only for such period of time as is prescribed for qualification to take the clinical social work licensing examination (retrieved March 7, 2012 from Chapter 135.5-.03 of the Rules - LMSW link at <http://www.naswga.org/displaycommon.cfm>)"

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PRESIDENT'S MESSAGE



Hello everyone!

2012 has dawned for GSCSW with much good news. Our membership is at an all-time record high, with 246 members. We continue to grow by leaps and bounds, thanks in large part to excellent educational programming, a strong mentorship program, outreach by our amazing LMSW committee, and new offerings such as our Salons. I am exceedingly proud of our organization and our membership; our board is excited, full of great ideas, and more positive change is on the way.

By now you've received ballots to elect a new Executive Committee for the next two years. I am thrilled beyond words that Theresa Schaffer and Anna Galloway have agreed to serve another term, Theresa as Treasurer, and Anna as Secretary. I am especially pleased that Annie Garry, a long time GSCSW member, has graciously agreed to join the board as President Elect. We will work closely over the next year towards a smooth transition to her presidency! Many of you know Annie; she is warm, funny, and committed to excellence in clinical social work. We are lucky to have her step into this new role.

Legislatively speaking, my hat is off to our Legislative Chair, Barbara Lewison, and her committee. They have worked tirelessly recently to keep us informed of legislation that can affect us greatly, both positively and negatively. This committee has made it extremely easy to contact our legislators by providing links for contacts as well as talking points. This is great social work in action! Thank you, Legislative Committee!

I cannot tell you how honored I am to be a part of this thriving organization. If I can be of help to any of you in any way, or if you have questions, suggestions, or would just like to say hello, please do not hesitate to call me.

Barbara Emmanuel, LCSW

"Our membership is at an all time record high; with 245 members."

NEWS flash from the President:

We are excited to announce that Annie Garry, LCSW has officially been elected to join the GSCSW Board as President-Elect beginning July 1, 2012. Theresa Schaffer, LCSW has been re-elected as Treasurer and Anna Galloway, LCSW has also been re-elected as Secretary. Congratulations!



cal behavior therapy strategies to use in treatment. Fred Crimi, LCSW, shares another important article about using the knowledge and insights gained from

FROM THE EDITOR

March 2012 is National Social Work Month, celebrating the achievements and contributions of more than 642,000 professional social workers in the United States (as per NASW estimates). The White House has been officially recognizing March as National Social Work month since 1984.

As defined by NASW, “the primary mission of social work is to enhance human well-being and help meet the basic needs of all people, especially the most vulnerable”. Employment for social workers is predicted to steadily grow over the next decade particularly for those social workers specializing in work with the aging population. Our profession is rooted in the charitable work and advocacy of Jane Addams in the late 1800’s; it’s a profession that is truly diverse in the number of ways that each of us can make a positive impact. Although social work has been considered a “profession” for over 100 years (1898–1998), most of us would agree that the idea of assisting others in need is timeless.

Our Spring Clinical Page offers a wealth of articles that truly display the diversity of practice opportunities in our field. We’ve got articles addressing practice issues related to work with veterans, and the use of specific dialecti-

facing our own medical crises to truly empower and heal others. One of the most gratifying aspects of being a social worker can certainly involve the ability to use one’s own changing inner-self and personal experiences to enhance clinical work.

This issue also brings us a valuable article on our own readiness to begin a private practice. Beth Collins Himes, along with the input of the GSCSW Ethics Committee and consultant, Jackie Pray, effectively point out the ethical and liability issues in addition to licensure requirements that need to be closely examined before starting a practice.

Each one of us entered this field based on our own unique backgrounds, experiences, conscious (and probably not so conscious) beliefs about our lives and the lives of others. In our “From the Membership” column, a seasoned social worker with twenty years experience shares her meaningful account of facing unemployment and conflicting feelings about her own fit in this field; she offers many reflections on personal and professional growth. In our “From the Business Side” column, another experienced and entrepreneurial social worker also shares her own unique career path in this field.

Surely our social work training, experi-

ences, and knowledge can enhance the lives of others in so many exciting and diverse ways. Some of us may feel “born” to be a psychotherapist and others may evolve into using our training in venues that might include business, teaching, writing, a career in the arts or consultation, just to name a few.

Our profession is defined by “hope” and finding ways to nurture ourselves as we assist others, realizing how our skills and training can be used in so many unique ways in and out of the work place. Thank you to all who have contributed to this Spring issue and to the dedicated work of our GSCSW President and Board Members.

Tell us what you think about the articles in this Clinical Page. We want to know your ideas and appreciate your feedback! E-mail comments or questions to clinicalpage@gscsw.org

Happy Social Work Month!

Karen Tantillo, LCSW

“FROM THE THERAPIST’S CHAIR”

ATTACHMENT INFORMED VALIDATION STRATEGIES IN DBT

BY TARA ARNOLD, PHD, 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). It is a manual based, skill focused, treatment in which four modules are taught that are seen to remediate skill deficits occurring in 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, the DBT skills of 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).

As discussed in the previous Fall Clinical Page 2011 article on DBT, 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. Conversely, ambivalently attached children usually become very distressed when a parent leaves. 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. Disorganized attachment is seen to be a combination of avoidant and ambivalent attachment styles. It is helpful to identify attachment styles in order to help people learn to stay connected and deepen the relationship with the therapist for better therapeutic outcomes.

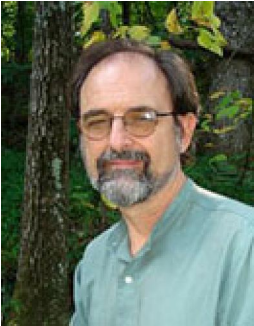
A core attachment enhancement strategy in DBT therapy is validation. Validation is believed to help to create deeper attachment bonds between client and therapist. Keeping validation in the forefront of the mind is important because it is very difficult for therapists to maintain the level of validation needed to help BPD clients. (This is a strong reason for consultation teams in DBT to prevent burnout). The amount of validation needed per unit of change varies with the client and their emotionality. For all clients, when stress increases, validation must increase. Validation is also needed for clients to learn to validate themselves. It is believed that client “exaggerations of events is often an attempt to obtain validation for an original, quite valid perspective on events” (Linehan, 1993, p.226). Effective use of validation occurs when the therapist knows when to use it and when to cut it off, particularly when intense emotions are present. The focus has to shift from emoting (if the client is overly emotional) to problem solving in order to make progress in the therapy. This balance can be difficult to strike. (Linehan, 1993).

It is helpful to identify attachment styles in order to help people learn to stay connected and deepen the relationship with the therapist for better therapeutic outcomes.

“FROM THE MEMBERSHIP”

FACING A MEDICAL CRISIS

BY: FRED CRIMI, LCSW



All of us need understanding and support when we face the fear, anxiety and depression associated with the diagnosis of a chronic or life-threatening illness.

The first priority in facing a medical crisis is finding a doctor who has the medical training and the practice skills necessary for your care. You may want to consider how your medical team supports your involvement in creating an action plan. Will your medical professionals support your desire to seek allied professionals who can enhance the team's medical intervention? The more you and your support system get involved, the greater the chance you have to get well.

Ask your doctor to help you create a sound nutritional plan which can maximize your body's ability to heal. You are what you eat: proper food selection can help you manage your health issues.

Engage a psychotherapist who has the training and the clinical experience to work with you. Our brains are hard wired as a result of our relationships with family, friends and community. (See articles attached to my web site entitled *Developing through Relationships* and a *General Theory of Love*). Medical problems sometimes make us focus on ourselves in ways we could never imagine. By exploring the mind-body connection, psychotherapy can open doors to an unknown inner self and facilitate healing.

Depending on the severity of your situation, you may need to engage the services of a psychiatrist to help you manage emerging emotions. For instance if you are diagnosed with cancer you can expect to be depressed for the first three to six months. Depression shuts down your immune system and proper medication will make a major difference in how you handle difficult and scary thoughts. Some people recoil from the idea of medication for emotional problems. Don't be heroic; accept support to manage emotions which are certain to impact you. Make sure your primary care physician is consulted once you and your psychiatrist agree on the medication.

You have power to help yourself heal. I will be happy to discuss many allied healing tools which can help to make a difference. Research suggests that there can be major benefits in meditation, prayer, positive affirmations, Qi Gong, Ti Chi, and yoga. The use of sound such as Tibetan singing bowls, chanting and laughter are a few examples of ways you can augment your medical healing. It is most important to reach out and connect. Becoming part of a support group or spiritual community can be beneficial.

Fred Crimi, LCSW, has over 36 years of diverse professional experience working in the mental health field providing psychotherapy for men, women, and couples. Check out Fred's website at www.fredcrimi.com to find out more about working with issues related to facing a medical crisis.

“FROM THE MEMBERSHIP”

15 YEARS LATER: A SUPERVISION GROUP HAS A REUNION!

BY: POLLY HART, LCSW

The year, 1997. Their name on my computer, Super 1. And here they were 15 years later – tried and true friends, getting together for old times sake and to say hello again to Stacie Fitzgerald who just moved back to town. But this group has kept in touch off and on for all these years. First they met as a supervision group, then studied together for their licensing exam. Then there were children arriving, family deaths, relocations, job changes, divorces and so many times they kept in touch and each time Sherri remembers, “It was just like time stood still.” Amy McAdams went to Portland, Kathy McCabe to Florida, but the group continued to meet for almost 7 years. Then less often, but always the occasional events that brought them together again. This recent reunion was clearly a time for catching up, sharing the latest, confirming their friendships and their importance to each other.

Memories? One remembered my comfy office furniture and books. Another loved how everyone worked in different settings and how interesting it was listening to different types of cases, hearing individual perspectives as members shared themselves as well as their learning. And all valued above all, their relationships – thankful that way back then they just seemed to “click.”

Beth Himes is looking forward to rejoining the work world as her youngest enters kindergarten. Stacie has a new job at Families First, having been in town only 3 weeks. Sherri has a private practice as do Annie Garry and Mindy Jewett. Mary Lea works in a macro practice serving three Medicaid regions in Georgia.

I was so pleased to see them all and to know I was there from the beginning. Stacie got the group together this round. Stacie, dear to my heart, having found me in the Yellow Pages when I never knew I had such a listing! What joy to be a part of such a long-lasting serendipitous happening!

Polly Hart, Friend and Fan/Super 1



On February 3, 2012...a supervision group reunited after 15 years to share some collegiality and clinical memories!

L. to Rt. Back Row Mindy Jewett, Stacie Fitzgerald, Beth Himes, Sherri Rawsthorn

L. to Rt. Front Row Mary Lea Quinn, Polly Hart, Annie Garry

“FROM THE MEMBERSHIP”

RAMBLINGS OF AN UNEMPLOYED SOCIAL WORKER; WHAT DO I REALLY WANT TO BE WHEN I GROW UP, AND HOW DO I GET THERE?

BY: STEPHANIE BARNHART, LCSW



After a few years of seeing news stories about the declining economy and countless silent prayers of thanks that even though I didn't like my job, at least I was employed, it finally happened to me. On January 17, 2012, I became one of "those" people.....the lazy, good for nothing, sucking the government out of all of their funds (at least according to some people).....Unemployed. (GASP!!!) Not that I was all that shocked, as the agency was making a lot of changes, and I couldn't see how they would continue to fund my position, but still.....nobody wants to be told they're not wanted, regardless of the reasons given. Truth be told, I'm really glad I'm out of there. I was miserable, and had become a seriously stressed out and unpleasant person. After I was liberated, (yes, liberated) my stress level went down by 99%. I don't yell at the pets or my husband anymore, and I have a certain glow that only one who has survived a minefield can have.

All that's great, but at the end of the day, what am I going to do? I have bills which must be paid, pets who must be fed, a gas tank which must be filled, and a dance addiction which must be financed. I've been in the field almost 20 years, and like so many other veteran social workers, I've been thinking about leaving the field because, frankly, I'm tired. I'm tired of worrying about whether or not my agency has money, tired of jumping through hoops just to get the basics for me and my staff, and tired of trying to make sense out of thousands of pages of sometimes...well, let's be honest....often....contradictory regulatory guidelines. There are tons of jobs available that I could do with both hands tied behind my back, a blindfold over my eyes, and walking backwards, and they don't interest me at all. I know what I don't want to do.... but what do I want to do? Aye, Hamlet, there's the rub. So what is the answer? In the past, it has always been, "I guess I'll just keep doing what I've always done." But not this time. No. I just can't do it to myself again. I don't want to be another 20 years down the road still having this conversation with myself. I want my next gig to be something that fits my lifestyle and my personality.

Since I have some time on my hands as well as a small income thanks to unemployment insurance, I'm taking the time to enjoy myself, and I'm taking advantage of this period of rest. I mean, really— we all know that self-care is important and that the serious work we do requires us to recharge our batteries, but who usually gets this kind of opportunity? I, for one, can't remember the last time I had a really good break. So I sleep late. I go shopping. (Window shopping, of course— I'm unemployed and broke, remember?) I go to estate sales with my mother-in-law. I'm spending more time nurturing my relationships with my friends. I am finally tackling the third bedroom of our house which still has boxes from when we moved in 2 ½ years ago. I'm refinishing a dresser I've been wanting to paint for years. I rehearse my dance numbers for upcoming shows. But it's not all fun and games. I look for jobs online. I network with colleagues. I submit my resume all over the city. And I meet with a job coach. Okay....that last one doesn't count. The job coach is my friend, Mary. But she really is a job coach, and she really does help me stay on track. You can find me most days in my new office at the Decatur library, making ample use of my tax-dollar funded wireless access. I think they may start charging me rent. Or maybe if I'm lucky, they'll offer me a job.

This job search has been difficult for me. In fact, at first, I was all over the place, applying for anything I was remotely qualified for which piqued my interest in any way, frantically trying to figure out how I was going to pay bills, and desperately hoping I didn't get calls for interviews because deep down, I knew I didn't want the job, and I certainly wasn't ready to go back to work. I needed time to recoup. Then I met with a friend of mine, also an LCSW, who has known me through my many social work incarnations. She cautioned me not to jump into a job out of fear that I wouldn't get anything else. She also encouraged me to follow what my heart told me to do. So I asked.....and then I listened. And then I went to Kroger and got a piece of poster board. Bright pink. So bright, in fact, that it practically glows.And I wrote. I kept that piece of bright pink poster board in my living room. Any time I thought of something which was important to me for my next job, I wrote it down. And I kept writing. I wrote whatever occurred to me, no matter how much it didn't make sense.

Over time, it became abundantly clear to me that what I value in a job is reduced stress, increased flexibility, and being around animals. I don't even really care about the money. Well, I do care, but I care about other things more. I want to look forward to coming to work. I want to be relaxed enough when I get home to enjoy my husband and my pets. I want to be able to allow myself more time to indulge in my favorite hobby, dancing, which reduces my stress and fuels my inner diva. All of this makes me feel good about myself, and I like feeling good about myself. I want to do more of it. I also discovered that I wanted to do something that involves animals. They are my passion. Some people melt when they see babies. Not me. But give something furry, and I'm all about it. So it's important to me to work that in as

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RAMBLINGS OF AN UNEMPLOYED SOCIAL WORKER; WHAT DO I REALLY WANT TO BE WHEN I GROW UP, AND HOW DO I GET THERE?

(CONTINUED FROM PAGE 8)

well. It's not necessary that they be part of my paid income, but if I have more flexibility in my schedule, I can have the time and energy to volunteer for animal-related causes and to provide equine-assisted therapy in a local therapeutic program. If I get fortunate enough to find something which pays me for that—all the better.

So I'm still on the search for my perfect career. Deep down, I really don't want to leave the field. Doing something meaningful with my life is too important to me. At this point, I'm leaning heavily towards a private practice which involves a little bit of a lot of different stuff—therapy, clinical supervision, cross-cultural training, and consultation with organizations going through change. I've got a new piece of poster board now—light blue this time. In the meantime, I still have bills to pay, so I continue to apply for jobs, only this time, I'm making sure that they meet my needs. You might see my resume come across your desk. Give it a look. I'm very talented. And I still have that dance addiction.

Stephanie Barnhart, LCSW

Stephanie Barnhart, LCSW lives in Decatur with her husband and a menagerie of pets. She has been a GSCSW member for several years and currently serves on the Board as the CEU Committee chair, having previously served as the Legislative Committee chair. These days you can find her at the library or acting out her dance addiction in various venues around the city. She can be reached at 678-517-7327 or atbarnhartsteph@yahoo.com.

THE LEGAL AND ETHICAL JOURNEY TO PRIVATE PRACTICE

(CONTINUED FROM PAGE 1)

What is the definition of *direction* and a *director*?

According to the Georgia Composite Board *Rules*, an individual who has administrative oversight on all dimensions of a practice is known as the director. That person can hire and fire, monitor and manage all billing, review all case notes, and ensure the quality of all services provided. Individuals under *direction* may be employed or under a contract, but full administrative oversight is required.

What is the definition of *supervision* and a *supervisor*?

In Georgia, Board-qualified clinical supervision by an LCSW can be provided by an individual who has held the LCSW credential for a minimum of two years. This does not necessarily mean that after two years with full licensure, all LCSW clinicians are qualified for or comprehend the scope of issues related to supervision or practice. In fact, some states require continuing education specifically related to clinical supervision, minimum hours of practice, and previous supervisory experience for individuals to be approved to provide supervision for the purposes of licensure.

Can a *supervisor* also be a *director*?

These are two distinct roles, but they can be held by the same person, as long as all parties are acting within their ethical and legal boundaries and within the definitions of those two separate roles. Someone who is a director in a private practice setting must engage in full administrative oversight (i.e., orchestrates billing, conducts case record reviews, establishes and enforces administrative expectations and sanctions related to performance). According to the *Rules* of the Georgia Composite Board, the first two years of practice as an MSW must be under *direction* AND *supervision*.

While the above information clarifies the rules leading up to private practice, one also needs to consider that he/she is opening a business. On the business side of opening a private practice it is important for social workers to protect themselves. If clinicians are not incorporated, their personal assets and wealth are at risk. Social workers must be prudent. It only takes one client to challenge a clinician and put a clinician's personal wealth on the line. Jackie Pray, Ph.D., LCSW advises all private practitioners to be prudent – incorporating with the State, obtaining business licenses from the county in which the practice is located, and obtaining malpractice insurance. Furthermore,

“THE BUSINESS SIDE”

BY MARGO GELLER, LCSW



The Road Less Traveled.....

Most clinical social workers go to college, get a masters degree in social work and later become a LCSW! For many it is a first career and for others it may be a second or even third one. It's logical and the path is well worn. Now it is 2012 and the world has changed. It is the age of entrepreneurialism. It's about thinking outside the box and taking the less well-worn road. Social workers are being more innovative and creative about their career choices than ever before.

The excellent editor of our newsletter, Karen Tantillo, asked me to write about my career journey. Not my first pick. I said “sure”, after all I am still a social worker! I too have the “hard to say no syndrome”.

So yes, I have always taken the road less traveled. I had my first business in elementary school. I sold “homemade” cinnamon toothpicks. They were hot! When I tell people what I do, I start with entrepreneur and then say licensed clinical social worker. Being a “full fledged” entrepreneur is exciting and fun, but the ride is also a bit bumpy. Lots of changes, frequent falls and some very satisfying successes!

During the course of my career, I've worked as an employee several times, but only for two to three years at a time. It's not the work per se, but I have an idea that starts screaming to be implemented. There is an energy force that runs rampant. I've been a self-employed professional (clinical social worker) and an entrepreneur each two times, since I got my MSW in 1982.

Timeline... 1982 till 2012

Employed social worker for 2 years

Entrepreneur for 4 years (started, built and sold a catering business)

Employed clinical social worker for 3 years

Self-employed LCSW part-time and stay at home mom for 8 years

Employed as a personal and business development counselor/coach for 3 years... family biz!

Entrepreneur and Self-employed professional for past 10 years!

On one hand it looks like I've finally settled into something, but it has definitely been the bumpiest period in my career. The recession has required me to make unexpected changes to my business model. Each change takes time, money and energy to implement. My clients, closest colleagues and friends know how I've struggled to figure out what to call myself. I wear several hats. I'm a clinical social worker/therapist/counselor, entrepreneur coach and a business development/networking teacher and coach. My ideal client is a stressed or slightly depressed entrepreneur or self-employed (fulltime or part-time) professional. Transitioning from employee to self-employed is trying, in so many ways. I've done it, so I really, really get it. As a professional, my clients would say I'm a therapist who uses a coaching approach and knows business. They love the combo and agree that it's hard to know whether to call me a counselor, coach and/or consultant. That's because I'm an entrepreneur first and foremost!

What I've learned...

Paving a new path or taking the road less traveled is what entrepreneurs do, not professionals. Professionals can be entrepreneurial and need to be.

THE LEGAL AND ETHICAL JOURNEY TO PRIVATE PRACTICE (CONTINUED FROM PAGE 9)

obtaining a tax id number and opening separate financial accounts for the practice is advisable and affordable.

Finally and most importantly, there are many ethical issues to consider before starting private practice.

- Why do I want to be in private practice?
- How do I know that I am ready for private practice?
- How long should I wait before starting a private practice?
- What supervision and supports do I have in place for once I begin my practice?
- How do my clinical supervisor(s) and other professional supports view my readiness for private practice?
- Am I qualified and prepared (clinically and legally) to provide for private clients' clinical needs?

The bottom line is that you do not need to be alone in navigating the road to private practice. Talk with your supervisor(s) and colleagues as you make the decision to enter private practice. One of the greatest benefits of being a member of GSCSW is our community of clinical social workers. You have access to knowledgeable, supportive and experienced clinical social workers. You also have access to clinical social workers who are experiencing the same part of the journey as you are – wherever that may be! Navigating this process reminds me of a great class title taught by Gerry Schamess, MSS at Smith College School of Social Work “Knowing, Not Knowing and Muddling Through.” Thank goodness we can all muddle through together.

Additional Resources

NASW Code of Ethics <http://www.naswdc.org/pubs/code/default.asp>

Composite Board Code of Ethics and Rules found at the Georgia Composite Board of Professional Counselors, Social Workers, Marriage and Family Therapists website <http://www.sos.ga.gov/plb/counselors/> under the tab, “Laws, Policies and Rules”.

*Jan Ligon, Ph.D., LCSW, a former member of the Composite Board, recently released from this responsibility by Governor Deal, has internal expertise from his service on the Board. jligon@gsu.edu Phone: 404-413-1066 Fax: 404-413-1075

*Jackie Pray, Ph.D., LCSW, also has expertise in this area. phone: 678.473.9353 email: info@socialworkunlimited.com

*Both are available for consultation, though fees may be charged depending on the situation.

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

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BOOK REVIEW

BY: BARBARA EMMANUEL, LCSW

Making Peace with the Warriors Among Us: Working with Returning Veterans

Last year, I had the honor of working with a veteran whose life was spinning out of control; the traumas of war were surfacing and making life unbearable. I felt unprepared and apprehensive, because what do I know of the horrors of war? What do I know about a soldier's journey? I turned to the work of Edward Tick, PhD, who has written War and the Soul: Healing Our Nation's Veterans from Post-traumatic Stress Disorder. I have now been lucky enough to attend two trainings with Ed, and his views on working with vets are life changing.

In this paradigm, we throw out what is known about PTSD via the DSM. Instead, PTSD is viewed as a traumatic wounding of the soul (a traumatic soul distress) that can best be healed by truth telling. This work is of a spiritual, transformative nature. The term "Soldier's Heart", a term from the Civil War, indicates a heart that has been changed by war; Tick prefers it to PTSD. He has worked with veterans since the 1970s, and in that time he has studied warriors in cultures across the globe and across the span of the ages. He has come to understand that PTSD is not a necessary, unavoidable by-product of war. Instead, it has much to do with the prevailing culture's views of war, their nurture (or not) of the returning soldiers, and the ability of a culture to bear witness to stories of war that must be told upon the return of the warriors in order for them to heal.

Imagine this: in cultures past and present, soldiers can be seen as the "skin" that protects society. They surround us, take up arms to protect us, and leave the safety of their homes and families to serve us all, at our calling, in the name of our country. In many cultures, upon return, soldiers are gathered into the very center of society and nurtured and protected by the society at large, provided a place of safety. They are honored. They protected us, now it is our turn to protect and surround them with safety. In some cultures, returning soldiers were asked to tell the story of what they had experienced in war, and the people listened, sometimes for days, until the entire story was told. The culture took on responsibility for the soldier's actions, because the actions were done in the name of the culture. Tick would say it is in this telling, and in the society's listening and accepting and not turning away, accepting responsibility, that begins the healing.

How can we help? Currently, our veterans are wounded and suffering; the VA estimates that eighteen veterans commit suicide daily. How can this be? And how do we, as clinical social workers, answer the call? There is the irony that many of us are people of peace; hawks usually do not seek out social work as a profession. And yet. There is much pain and suffering, and what we know is that the healing comes in listening without judgment, and that is something that we do very well. Truth telling and witnessing.

Veteran's Heart Georgia is a non-profit that exists to provide nurture and healing to veterans and their families in the metro area. They are in the process of forming a therapist group who are willing to work together to offer a safe place for the healing to begin. They also sponsor regular Listening Circles where veterans and citizens come together. Vets tell their stories and we listen, take it in, and accept. I encourage each of you to attend a Listening Circle; it will change you. Kaye Coker, LCSW, is a member of GSCSW and the co-director of Veteran's Heart Georgia. For more information, you can call Kaye at 770-338-7463.

MOVIE REVIEW

BY: KAREN TANTILLO, LCSW



The Descendants is a movie that takes on some of the most challenging and stressful issues that a family can experience – grieving the loss of a loved one, working through the anger and betrayal of an affair, and facing the knowledge of becoming a single parent after the death of a spouse.

Based upon the novel written by Kauai Hart Hemmings, *The Descendants* is an emotionally rich film centered around a man named Matt King, expertly portrayed by actor George Clooney. Matt King is a real-estate lawyer currently tangled in a messy dispute over a family land inheritance. He is also a self-described “indifferent” husband to his wife Elizabeth and a “back-up parent” to his two daughters – 17-year old rebellious Alex, living away at a boarding school and 10- year old precocious and acting-out Scottie. Matt has been forced to re-evaluate his life after a tragic boating accident has left his wife comatose in a hospital bed. He soon learns that Elizabeth’s coma of 23 days is irreversible and that she will be removed from life support and die. He has just a short period of time to pick up his 17- year old daughter from boarding school and help his children say goodbye. Alex then informs her father that she’s been keeping a secret; her mother has been having an extra-marital affair. At this revelation, the story really gets started.

Battling the complex emotions of learning about a spouse’s infidelity , coupled with the knowledge that this spouse will soon die is certainly a complicated process full of angst. Throughout *The Descendants*, it is remarkable to watch the relationship between Matt and his 17 year old daughter deepen and develop. This angry and hostile teen allows her father to lean on her for support as he begins to make sense of the confusing conflicts that he now battles related to Elizabeth’s affair. We begin to recognize his daughter's strength as she offers comfort to her father and also works through some of her own resentments towards both of her parents. George Clooney truly becomes Matt King on screen as he takes each emotional hurdle and pushes forward to process his grief and feelings of betrayal.

Although the themes of this movie are tragic and disturbing particularly as the camera spends a fair amount of time on close-ups of the bed-ridden, intubated and deathly Elizabeth, the story itself takes place amidst the beautiful flora and warm waters of Hawaii. The contrast of a gorgeous tropical paradise with the heaviness of a devastated family is powerful and well-done. In addition to the irony of the setting, the movie mixes in plenty of humor. 17- year old Alex’s teenage friend Sid adds some truly funny moments to several heavy scenes, almost giving the audience a little extra support to endure the darkness on screen.

The Descendants was a film definitely worthy of the Academy Award nomination for Best Picture. Although the movie feels somewhat lengthy and unstructured at times, the unhurried pace actually gives the viewer some time to process and work through the messy issues that the main characters face. Out of a story of death and infidelity comes a deeper drama about the love, joy, and personal growth that can come out of family relationships.

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FROM THE THERAPIST'S CHAIR

CONTINUED FROM PAGE 5

DBT strongly emphasizes validation of behaviors. Validation can be done through; active observing, reflection, and direct validation. Through active observing, the therapist is awake to client feelings and experiences versus theory. Reflection is done in a non-judgmental way, as the therapist reflects back client thoughts and feelings. In reflection, the therapist is mirroring with accurate emotional empathy, and she is often asking "Is that right?". Direct validation of the client occurs when the therapist looks for and reflects the wisdom and validity of client's response and reflects their understanding. "The search for validity is dialectical in that the therapist must find the grain of wisdom and authenticity in a patient's responses that on the whole may have been dysfunctional" (Linehan, 1993, p. 224). This search for wisdom is compared to finding "...a nugget of gold in the sand. There is seen to be a nugget of gold in every cup of sand (inherent validity in every response). Attention to the nugget does not preclude the attention to the sand" (Linehan, 1993, p. 224). DBT emphasizes that often it is challenging to find the wisdom in seemingly dysfunctional behavior, so therapists are encouraged to validate what is true to the person, then validate what is absolutely true (reality focus). Other simple forms of validation that are helpful after the above mentioned forms are cheerleading, complimenting, and finding agreement with client. (Linehan, 1993).

Four other validation strategies in DBT are emotional validation, behavioral validation, cognitive validation, and cheerleading. Through emotional validation therapists provide opportunities for emotional expression, observing and labeling the feelings for the client, reading emotions, and communicating that emotions are valid. Behavioral validation is used to analyze what the client is actually doing in a concrete sense. The diary card, a DBT assessment tool, is a helpful method to describe the target behaviors used throughout the week by labeling each DBT skill and encouraging daily use of the skills. Through behavioral validation, we observe and describe behavior, identify the "should" (shame inducing demands on self), counter the "should", and accept the behavior. Cognitive validation is used to observe and describe thought processes, differentiate events from interpretations of events (non-judgmentally), search for kernel of truth, acknowledge wise mind, and respect different values. Cheerleading teaches clients to validate their inherent capabilities. Cheerleading also communicates the belief that the person is doing their best, encourages and expresses hope, focuses on capabilities,

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THE BUSINESS SIDE

CONTINUED FROM PAGE 10

There are no detailed directions to follow. It's a constant education process. So what is it again that you do? I've never heard of that. They look at you with skepticism, smile and say good luck!

Most of all, I've learned how to make it easier to work for me!

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Happy Spring!

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FROM THE THERAPISTS CHAIR

CONTINUED FROM PAGE 5

modulates external criticism (not hopeless), praises and reassures, and stays near in a crisis. (Linehan,1993).

As the name implies, through acceptance and change, 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). Basic DBT problem solving has five steps. First, we perform a functional behavior chain analysis of the problem behavior by looking at the precipitating events with awareness to thoughts, feelings, behaviors, and consequences of behaviors to enhance skills and avoid consequences. Then, a solution analysis is used to find alternate behavioral responses. Third, we orient the client to the proposed treatment solution. Then, we solicit commitment to the change. Last, we apply the treatment plan with the client to solicit the target behavior with the use of DBT skills. Problem solving techniques are emphasized to help the client create and utilize more adaptive skills to handle their problems in living.

In summary, DBT is a widely useful therapy. The DBT therapists' skills of validation and problem solving are very useful to engage and help clients heal. Clients who benefit most from DBT have had less validation in their lives and struggle with attachment and sense of self. 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.

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In her practice, Tara focuses on individuals, couples, families, and groups and specializes in eating disorders and dual diagnoses. For more information on her practice, check out Tara's website at www.taraarnoldinc.com



What if today, we were just
grateful for everything?

COMMITTEE REPORTS

PROFESSIONAL EDUCATION

Our Professional Education workshop series began in January with a presentation on animal-assisted therapy and the creative opportunities this emergent field can provide to enrich and grow our clinical practice. In our February workshop, GSCSW Board Member and Ethics Committee Co-chair Emily Gosterisli presented on “Multi-Family Dialectical Behavior Therapy” to a packed audience. In March, we debuted our series called “The Inner Life of the Therapist”, which explores how a therapist’s private life and changing inner-self affect clinical work and professional development through the format of a panel discussion with our experienced peers. This first installment in our annual series was a huge success, generating real and thoughtful conversation around the question of how pregnancy can affect so many internal and external aspects of clinical practice. We look forward to hearing from our members about ideas for future dialogues, including the already suggested topics of how to navigate the road to retirement or how our own grief and loss can affect our practice. For our final workshop of the year on April 5th we’ve had an exciting change in schedule; Dr Faughn Adams from Emory University will be presenting on “Clinical Competencies with Trans Clients.” This important and relevant workshop will provide participants with the opportunity to increase their knowledge of and comfort with gender variance while exploring their own philosophical paradigms with regard to gender and treatment.

Also in April, we will be partnering with NASW-GA to provide our annual Spring Conference. Held on April 13th at Peachford Hospital, this year’s conference will host Laura Brown, PhD, who will present “Swimming in Murky Ethical Waters: Using Principles of Social Justice and Therapist Self-Care as Guides to Safe Shores.” Dr. Brown is an internationally renowned feminist theorist, clinical and forensic psychologist, and prolific author. In this workshop, she will use two over-arching ethical principles, social justice and self-care for the therapist, focusing on strategies that will shed light on ethical decision-making when in gray areas. Issues of vicarious traumatization and intersectionalities of identity will be highlighted. Attendees will receive 5 Ethics or Core CEUs – just in time for licensure renewal! This anticipated conference promises to be very well-attended, so register soon! For more information and to register for this event, please visit NASW-GA’s website at www.naswga.org.

SAVE THE DATE FOR OUR ANNUAL JOINT CONFERENCE WITH NASW ON APRIL 13TH

SWIMMING IN MURKY ETHICAL WATERS: USING PRINCIPLES OF SOCIAL JUSTICE AND THERAPIST SELF-CARE AS GUIDES TO SAFE SHORES

PRESENTER: LAURA S. BROWN, PH.D., ABPP



Dr. Laura Brown is a clinical and forensic psychologist in independent practice in Seattle. A prolific writer and presenter on feminist therapy theory and practice, she has published extensively on such topics as trauma treatment, LGBT issues, cultural competence in psychotherapy, ethics, and assessment and diagnosis. She has been active in social justice movements since high school and has become a forensic expert consulting and providing testimony on issues of trauma, abuse, and discrimination.

Please plan on joining us. You can register at <http://www.naswga.org>

LMSW COMMITTEE

The LMSW Committee is pleased to report that 2012 has already gotten off to a great start! We gathered for our first salon of the year on January, 22, 2012 in Zebulon, GA, where Chris Curry, LCSW, hosted us at her bookstore, "A Novel Experience". Chris shared wisdom from her 25 year career as a therapist and her experience living in Zebulon, GA and owning a bookstore there. As always, the salon involved lively discussion, good food, and great company!

In other news, the LMSW committee continues to spread the word about GSCSW to new social workers through the use of technology. Since the creation of a Facebook page last Fall, 140 people have joined the page. We changed the name of GSCSW's Facebook page from "LMSWs and MSWs of Georgia Society for Clinical Social Work" to "Georgia Society for Clinical Social Work" to be more inclusive of our entire membership. Through the Facebook page, we hoped to encourage social workers in Georgia to connect, exchange information, network, and learn more about GSCSW membership. So far, the page has been widely used by members to post GSCSW events, ask questions, and post articles. Student committee members at local schools of social work have helped us to inform and invite students to attend an upcoming GSCSW meeting to learn more about membership.

This will be our last term serving on the LMSW Committee, and we are currently accepting applicants for committee chairs. Anyone interested in an opportunity to serve GSCSW are encouraged to apply.

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



L to R Polly Hart, Carla Bauer, Chris Curry, Kristen Runge, Theresa Schaffer and Barbara Emmanuel

COMMITTEE REPORTS

MENTORING

The Mentorship and LMSW committees are thrilled to announce the upcoming Job Panel on April 19, 2012 from 7:00pm-9:00pm at Hillside Hospital. The panel is held annually to provide LMSWs, new LCSWs and anyone in a career transition the opportunity to hear information and ask questions related to positions in a variety of social work settings. As in the past, panel presenters will represent fields such as medical, school, mental health, hospital and private practice. Panelists will provide information about their specialty while discussing their career paths leading them to their current positions. They will also offer resume, networking and career planning and negotiating strategies. It is a great opportunity to network and gather information regarding a wide variety of social work careers. We hope you all can make it. A complimentary light meal will be served before the program.

The monthly mentorship meetings continue to be held on the 2nd Monday of the month at 1904 Monroe Dr, Ste 120 Atlanta 30324 from 7:30pm-9pm. The remaining meeting dates before summer are April 9, and May 9. These groups are for new social workers who need assistance in navigating their personal and professional social work role as they move towards their LCSW. We continue to have well attended groups with thoughtful discussions and opportunities for informal mentoring and networking. The Mentorship Committee members have begun rotating facilitation of the group to allow for an even broader exposure to fields and levels of experience.

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