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A SOCIAL WORKER REFLECTS ON THE NEWTON COUNTY SHOOTING

BY: STEPHANIE COOK, LMSW



Countless people have written about the Newtown Shooting, most with the aim of trying to explain how such a terrible event could occur or how it can be prevented in the future. I am not going to try to give an answer to such a complex question. I do, however, think it is important for us as social workers to consider how we handle tragedy in both our personal life and professional practice.

First, let me tell you about what happened to me when I first heard of the Newtown Shooting. I was driving to Tennessee for the weekend to see my sister when I turned on the radio. As soon as I heard there had been a mass shooting involving

children, I cringed. My first thought was: "How terrible" and "I can't listen to this." More than anything, I didn't want to cry. I pictured my younger sister, now twenty-six, as she was when she was six years old, asking me to brush her hair. No way was I going to listen to that on the way to see her. I immediately changed the channel.

This reaction is a pattern for me. Despite viewing myself as a relatively aware social worker who can tolerate knowing about the pain and suffering as it exists in this world, I feel embarrassed to admit that I generally avoid the news. Whether it's the daily violence described in the local media, or catastrophic disasters abroad, I tend to empathize strongly with those affected, which in turn creates emotional turmoil over events to which I have little direct connection.

While I feel that I have been able to balance empathy and professionalism in my office sitting with a client, the simple fact is that many social workers suffer from burn out, often because of the emotional toll of a profession dedicated to addressing human suffering. Consequently, while I had a twinge of guilt for changing the dial, I categorized my decision to avoid news as "self-care." By filtering my consumption of radio, television, and online articles, I give myself more choice in terms of emotional exposure.

Despite my attempt to avoid more news about the Newton Shooting, as soon as I pulled over for a cup of coffee on that same trip, while standing in line I overheard people discussing theories about the shooter. As we all know now, he was an-

other disaffected youth like so many of those before him. Everyone was reacting differently, but the main thing they all wanted to know was: why? I listened intently as I waited for my coffee thinking about how my attempt to avoid pain had been futile. When I got back on the road, I decided to turn the radio back on, and like so many other people, I tried to make sense of what happened, or how it could be prevented in the future.

The fact is that tragedy will find you no matter what you do to protect yourself. This is particularly true for social workers, who are not only exposed to tragedy in our own personal life, but also, who must repeatedly help our clients work through their own tragedies in a very personal fashion. Some days we want to

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CALENDAR:

April 4th—Complementary Addiction Treatment Modalities from a Neurobiological Perspective—Presented by Alyce E. Wellons, LCSW

Reminder: Mentorship meets at 5:45 at Hillside before the Professional Ed meetings

May 24—Spring Conference with Scott D. Miller, Ph.D. See page 8 for more information

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PRESIDENT'S MESSAGE



Hello everyone!

Hi everyone. Hard for me to believe, but my term as president of GSCSW is quickly winding down. July 1st will see Annie Garry begin her presidency and GSCSW will be so lucky to have her at the helm. Annie is positive, enthusiastic, and has been a member of GSCSW for many years; her sense of the history of our organization will add a wonderful richness to the board.

My years on the board, first as secretary for two terms and then as president, have been humbling and filled with opportunities to get to know our membership. I continue to love this organization and the wisdom and positive energy of our membership. When I came on board as president, one of my goals was to bridge the gap between our longtime members and our youngest members who are often recent graduates and new LMSWs. Our salons, held several times each year for the past three years, have been a wonderful step in helping our members across the span get to know one another in an informal setting. I'm very proud of the salons and the LMSW co-chairs who have worked hard to organize each event.

This year our spring conference branches out by bringing in a "big" name, Scott Miller, PhD. Several of our members, who saw him speak at the Psychotherapy Networker Conference last year, returned singing his praises and were thrilled that we had already booked him for this year. I hope you will all make an effort to support our annual event partnered with NASW-GA. I'm hoping for a record turnout!

Thank you for your faith in me as leader of this wonderful organization. It has truly been my honor to serve. Welcome to Annie!

Barbara Emmanuel, LCSW

President

Thank you for
your faith in me
as leader of this
wonderful
organization"



residential substance abuse treatment facility. While working as an addiction specialist at St. Jude's, I discovered what turned out to be a career-changing, two

progressing extremely well in my first year, and I look forward to a long, successful career in my home town. I also look forward to hearing from and working with all of you, my fellow Georgian clinicians!

FROM THE EDITOR

Hello! I am very proud to be the new editor of The Clinical Page. I would love to hear from any of my readers with comments/suggestions to make The Clinical Page as informative, interesting, and useful as possible.

By way of a more personal introduction, after receiving my MSW, in 2006, I worked abroad for a year in London in a social work capacity helping to link individuals with physical disabilities with the services that they required. Upon returning to Atlanta in 2007, I worked in various capacities doing discharge planning in a hospital setting and in a group home for adolescents in the DFACS system. Through those prior experiences, I was fortunate to be led to the perfect position for me at that time - clinician at St. Jude's Recovery Center, a

year program, Spirit to Spirit, which enabled me to obtain my Certification in Trauma Therapy. This certification allowed me to do in-depth trauma work with my clients at SJRC and gave me a solid foundation on which to specialize in my future private practice. After 4 wonderful years at SJRC, a place where I was able to accomplish many of my own personal and professional goals, I felt that it was time to spread my wings and start my own practice. In June 2012, I opened my private office in Midtown Atlanta. The population with whom I primarily work includes men suffering from addiction principally as a result of unresolved trauma. I also treat populations with process addictions, Anxiety, depression, relationship issues, and women with a history of unresolved trauma. Things are

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“FROM THE MEMBERSHIP” ATTACHMENT FOCUSED THERAPY

BY: FRED CRIMI, LCSW



Men choose women from an unconscious script buried deep within their brains. This neural blueprint is created as a result of early childhood attachment to primary caregivers. Most men are unaware of why they make choices concerning whom they love. David Eagleton suggests that “...our brains run the show incognito...The conscious mind is not the center of the action in the brain; instead, it is far out on a distant edge hearing but whispers of the activity.” (I personally like the line from Pink Floyd’s album *The Dark Side of the Moon*: “There is someone in my head, but it’s not me.”) Are we then doomed to be a slave to our childhood experiences? Is there hope of changing this hardwired brain?

Attachment

This hardwiring, or neurological map, is created by attachment experiences with our primary caregiver who should make us feel secure and loved. For men and women this blue print will determine our actions, allowing us to seek positive and emotionally fulfilling relationships. However, an insecure attachment with a caregiver who was dismissive, preoccupied, or disorganized will likely lead to unsatisfying intimate relationships for us as adults. One may not comprehend the extent of the unhappiness until the afterglow of a relationship diminishes. According to David Wallin, there is a “self perpetuating quality of these early childhood working models.”

Attachment studies authored by Bowlby, Ainsworth, Main, and Fonagy detail the different attachment styles and how these early childhood experiences establish a pattern for relationships. Social neurobiologists Daniel Siegel and Louis Cozolino point to neurological research connecting individual attachment experiences to the development of the brain. These studies illustrate how the brain is formed as a result of these different attachment styles. Men chose emotionally unresponsive women because their brains are wired to do so. All this happens outside of their conscious awareness. Jung said, “The other in my head is making the decisions for us.”

Attachment Focused Therapy

As social scientists we should understand current attachment studies as well as the latest social neurobiological research. For practitioners the real challenge lies in how to create a therapeutic alliance that will facilitate this re-wiring process. Our clients have lived in a neurological hardwired prison for many years, so changing their brain structure is a formidable undertaking. Fortunately, because of the brain’s plasticity, changing the brain’s blueprint is possible. Be aware that this is not an easy task; it will take time.

It is important for the practitioner to create with the client an environment that provides safety as well as a commitment by the therapist to actively include herself in the therapeutic transactions. David Wallin suggests that a relational/emotional/reflective process is at the heart of an attachment focused therapy. The therapeutic alliance has the potential to become a new relationship of attachment presenting the opportunity to create a parallel learning experience. Staying in the here and now will facilitate access to unconscious developmental information. We want to support an interactive, inter-subjective and bi-directional relationship with our client to create an attuned, attentive, caring and mindful alliance. Self-knowledge is critical in the process, and as practitioners we must be willing to make an ongoing commitment to do our own work.

Of course these clinical concepts also apply to women and the men they find themselves attracted to. Since my practice consists mostly of men, that focus is reflected here.

Case Study

Henry has been a long term client. His own words refer to our relationship as a father-son connection. After a failed first marriage he moved into his own apartment and soon found himself dating a woman. Early on the relationship was one of frustration; she just didn’t give me what I wanted. The sex was sometimes good but he wasn’t happy. He reported the woman was very demanding, at times critical, and the relationship was punctuated by verbal conflict. He made many compromises, and he realized that he was trying to buy his way into being loved. He married this woman in spite of an off- and- on courtship. He reported her unwillingness to look at what issues she may have

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“FROM THE MEMBERSHIP”

IN HONOR OF SUPERVISORS, MENTORS & GUIDES OF ALL KINDS (SMALL LESSONS, LASTING MEMORIES)

BY POLLY HART, LCSW



Often mental health professionals are not aware of who they've touched or how when in the roles of supervisor, mentor, colleague, teacher or boss. The following stories demonstrate how some of the most important learning in our business happens outside of formally scheduled meetings and with no discussion at all. Some lessons are drawn mostly from observation and often these origins are forgotten. The ability to share with those less experienced, or those anxiously in start-up mode as beginning mental health professionals is quite a gift.

Jamie Bray, LCSW, Chair of the Supervision Committee of GSCSW, shared her own thoughts about how important it is to have good supervisors, and how she values the supervisors she works with in our organization.

Anna, LCSW, received two calls over the holidays both asking for same-day service. After initial irritation about the intrusion, a little voice from her training reminded her about “true emergencies” and “felt emergencies.” After careful listening, she visited the isolated, newly post-partum mother with significant depression and a history of impulsivity. She then scheduled the demanding New Year’s Eve caller for early the following week. Both decisions were made with a feeling of quiet confidence thanks to that voice.

LeNora, MD, an experienced supervisor of pediatric fellows from Emory Medical School, Dept. of Psychiatry, smiled when the subject of early lessons came up. When asked about her own child psychiatry training, she remembered observing specific supervisors and learning a lot about what not to do, which turned out to be just as important as learning what to do. She chose a specific memory about “process recordings,” a lesson which ended up coming full circle. Already an educator, and knowledgeable about the fallibility of memory, she had decided that this way of learning was flawed from the start. While having been designed to teach many things, very few would be of actual help to the patient. About a year after much required note taking with a particular gentleman, she saw him in the local Kroger, approached him with an apology, and admitted that without the notes she may have been more helpful to him. He accepted her apology, and she was glad to have had the opportunity to right what she felt was a wrong. She now passes along this opinion to her supervisees so that they, too, can begin determining which clinical tools work best for them, individually.

Davena, LCSW remembered her early days in a school setting with many homeless families who were always moving and always in crises. She worked with a very experienced teacher who provided a memorable lesson. On one of those days going from crisis to crisis, this teacher noticed her distress and said, ‘Honey, just you remember, they didn’t get that way in 15 minutes, and you’re not going to fix them in 15 minutes. So just keep truckin,’ but don’t get yourself all worked up!’ This piece of wisdom was remembered many years after she had moved on from school social work to another field. I’m sure the teacher never thought twice about her gift of life experience.

An important lesson reported by Laura, LMSW, could be bottom-lined as, “sometimes, to learn a lesson, you have to stop and master detailed ‘how-tos’ when general rules and supportive statements won’t do.” The issue was her never ending struggle to keep up with paperwork. A more experienced colleague helped her by taking line by line of a typical clinical case recording and re-doing it with short-cuts, such as medical notations, which are not usually taught to social workers. Laura thought the concrete help was amazingly useful. Her helpful peer never thought twice about the gift of “how to” she had given, or that it might be a subject in the “memorable lesson department.” Laura later let her colleague know how valuable this assistance had been. These short-cuts greatly changed her attitudes about work.

Katie, LMSW knew immediately that the lesson that stuck in her brain was from an undergraduate professor in a Personality Psychology class. She remembered being told that since humans are creatures of habit, establishing new habits and getting rid of old ones takes practice. Specifically, the new skill must be practiced twenty-one times. That’s it. Twenty-one times, and you’ll be on your way. Not to question such words of wisdom from such a person of authority, Katie took the idea to heart, and in her social work practicum found this intervention widely useful. She counted with many clients, in many situations, keeping them on track until they reached the golden number. Eventually, the question arose: was there research on this? In her own experience, reaching twenty-one helped several clients learn to make changes. Then, with even more clinical experience, she concluded that research is great, but when something works, she’ll use it!

Lyndon, MD was in his psychiatric training in supervision with a well known psychiatrist, Aaron T. Beck, known by his residents as Tem.

SAVE THE DATE FOR THE SPRING CONFERENCE MAY 24TH WITH SCOTT MILLER, PHD!!

We are getting very excited for this year's Joint GSCSW/NASW-GA Spring Conference, which will be held on Friday, May 24th from 8:30-3:00. Our featured speaker will be the renowned Scott Miller, Ph.D.! Dr. Miller will be presenting: **"Supershrinks: Learning from the Field's Most Effective Practitioners."** We will provide 5 Core CEUs for this event as well as breakfast and lunch! We are thrilled to be able to offer such a quality workshop to our members and to the clinical community of Atlanta. For more information on this event and how to register (before seats sell out!), please see brochure below or visit the GSCSW website at www.gscsw.org. See you there!

We are happy to offer an Early Bird rate... So register early – space is limited!

To register: <http://tinyurl.com/d2kvfkz>

- Members of both GSCSW and NASW: Postmarked by May 1st – \$95; After-\$115
- Members of either GSCSW or NASW: Postmarked by May 1st – \$105; After -\$125
- Non-Members: Postmarked by May 1st – \$140; After -\$160
- Students: Postmarked by May 1st – \$55; After -\$65

Overview:

Thanks to a number of recent studies, there is now solid empirical evidence for what distinguishes highly effective therapists. In this workshop, participants will learn in detail the qualities and practices that separate the great from the good. Participants will also find out about a system of feedback procedures that can be used to develop a profile of their most and least effective moments in therapy—what works and what doesn't. Not only will attendees get a far more exact idea of their clinical strengths and weaknesses and how to use the findings in to improve their own practice, but they will also come away with concrete tools that will immediately boost clinical abilities and effectiveness



Educational Objectives:

- Participants will learn four specific practices employed by highly effective therapists
- Participants will learn a method for determining the overall success rate of their clinical work
- Participants will learn a method for identifying cases at risk for dropping out of treatment or experiencing a negative or null outcome
- Participants will learn a method for identifying and improving areas of weakness in their clinical work

IN MEMORIAM

Frank Pitman MD, passed away this past November. He was a respected family/marital therapist in Atlanta as well as a long time movie critic for the Psychotherapy Networker. He was also an author. His book *Men's Enough* was well used within the men's field of psychotherapy. Dr. Pitman and GSCSW member, Fred Crimi, LCSW, led a workshop together on Men's issues a few years ago.

The Atlanta professional community will miss Frank.

A SOCIAL WORKER REFLECTS ON THE NEWTON COUNTY SHOOTING CONTINUED FROM PAGE 1

avoid it or we do not want to be mindful of it. Whatever we do, however, we will face suffering.

This should not be a cause for despair; this desire to help ease the suffering of others is part of the reason why we were attracted to our field. Although we can never expect to fully prevent or perfectly address tragedy in our personal or professional lives, as social workers, we are uniquely equipped to make a positive difference in the lives of others. Whether we help a client work through serious and life-threatening depression or provide a family with the guidance needed to develop a healthy dynamic, we are helping to ease suffering. Therefore, we should not view tragedy as something to be avoided, but as a reminder of why our service is needed perhaps now more than ever.

Finally, while I may have expressed some embarrassment over my initial reaction to the Newton Shooting, I do not want to downplay the reality of how being exposed to tragedy on a daily basis affects social workers. We must be mindful of how our ability to serve others can only go as far as our care for ourselves. Burn-out is a real risk in our profession, and it is critical that we make the time and decisions needed for healthy self-care. Just like the Newton Shooting, there is no simple answer or explanation of how we should do this, but only by recognizing the problem, can we begin to address it.

Consequently, I hope that in reading my reflection on this particularly terrible event, you also did your own reflecting, and you asked yourself how this tragedy impacted you and how you are caring for yourself so that you may continue to help other people.

Stephanie Cook, LMSW

ATTACHMENT FOCUSED THERAPY CONTINUED FROM PAGE 5

brought to their relationship, and unfortunately she had a very negative view of therapy. They sought out marital counseling, but the experiences produced no insight.

In our clinical process, the client had just returned from a two month break. This example of rupture and repair proved to be instrumental in our continued work. Upon his return Henry expressed a desire and commitment to understanding why he found himself in this unsatisfying relationship: what am I doing to support this unfulfilling relationship? It is wonderful when a client opens this door to self-exploration and asks that question. *very little or maybe at times nothing*. At this point we ended our session and I was pleased to have offered him the few minutes of calm he experienced.

Use of the here and now as a tool to enter the unconscious

As a typical session began, I watched Henry very closely. I observed him being restless, taking shallow breaths, and leaning from left to right. When he leaned to my left I asked him to stop, remain in that position and be aware of his breath. I further suggested he take a number of deep breaths, in and out. He reported feeling less anxious and a bit calmer. He then started to wonder what I was doing and how this would help him. I suggested we not worry about that now (my attempt to stay out of the cognitive and stay in the here and now), rather trust our relationship and just be aware of how he felt. I encouraged him to take a few more breaths, which he did.

At this point the client threw his head back and sank down into the couch. He said it has been a very long time since I was able to just relax and feel this much peace. I nodded, smiled, and stayed silent for a time. Then I again suggested that he take a few more breaths.

I was aware of Henry's childhood attachment experiences. His mother had been preoccupied with her ill husband; as a result the client did not have a secure attachment to her, and their emotional connection was minimal. *She just wasn't emotionally available and I felt*

**IN HONOR OF SUPERVISORS, MENTORS & GUIDES OF ALL KINDS
(SMALL LESSONS, LASTING MEMORIES)****CONTINUED FROM PAGE 6**

He was assigned a young woman presenting with rather severe OCD, specifically obsessions of murderous rage toward her husband, which were followed by dramatic thoughts of self hatred and self-destructive acts. His dilemma was how much to follow his own ideas about how to intervene versus following what he thought his famous and august supervisor would want. Lyndon decided to have the patient count each obsessive thought, determine which kind of thought it was, self or other directed, and to observe when it occurred. The data collected revealed an increased number of thoughts prior to the start of weekends. The therapist recognized that the couple's togetherness on the weekends might reveal marital issues. He proceeded to address their marriage in therapy, wrought with religious differences. They were two Jewish individuals with very different ideas about religious observance and other aspects of religious life. He proceeded to follow his hunch, gathering concrete data, and this led him to create a treatment plan with appropriate interventions. Ultimately, his advisor showed great curiosity in how he came up with this method, and Lyndon interpreted that as supervisory approval of this chosen technique. The lesson taken from his experience of supervisory acceptance grew into an awareness that patients, too, must take similar risks if they have their own ideas for their therapy and recovery. The, too, must remain true to themselves while hoping to obtain their doctor's positive regard. This parallel, the supervisee seeking approval from the supervisor and the patient seeking approval from the therapist, while not the lesson intended, provided another career-long lesson.

Now, here is what got me to thinking about all of this. Answering the phone one day recently, I heard a familiar voice. A former supervisee was in town and wanted to get together. There she was, smiling and waving, and immediately she launched into "do you know what I remembered yesterday? Remember that time the guy yelling in the waiting room was looking for you? Do you remember what you said?" I laughed, somewhat uneasily, wondering what in the world I could have said, worried how unprofessional it might have been. What she then reported was certainly not noteworthy to me, and, in fact, I did not remember her description of the incident. Apparently I greeted the guy like a long lost friend. He was most likely an old timer at the clinic. But what she concluded from her observation that day was about what acting professionally means and how there are many ways this can be accomplished. She remembered my casual greeting, "Hey Mike, where you been?" She decided that the relationship trumps worrying about acting professionally or formally. It was how I said what I said that became a lesson to which she gave quite a bit of meaning. It was useful in that it allowed her a wider range of ways to relate to those she would serve. I would never have guessed any of this.

Social Work's long history of hands on guidance to those mastering their professional foundations is a tradition worth nurturing. Many of us remember those people wiser and more assured, those who wanted to see us do well, and those who helped us along when we were seeking answers. Hence, if the mood strikes you, consider honoring those who were helpful to you by passing what you know forward. We all can make a difference.

Polly Hart, LCSW

ATTACHMENT FOCUSED THERAPY
CONTINUED FROM PAGE 8

alone. His father was even less available after he suffered a heart attack, a heart transplant, and finally a fatal heart attack.

Returning to the session I suggested perhaps his current unhappy relationship was what he had learned to accept as normal. I received very little or maybe at times nothing. At this point we ended our session and I was pleased to have offered him the few minutes of calm he experienced.

Results of our session

Together we created a moment of peace, which for him was a very different experience from feeling so alone as a child. My focusing on the breath helped him feel himself. He became mindful of his inner calm, and together we created for him a self-soothing experience, which an attentive mother might have done. As a child, his insecure attachment experience of missing a parent who was supposed to soothe, calm, and provide containment and safety, left him emotionally compromised. The loving gaze of a parent helps the child feel felt. Perhaps my caring gaze helped him feel acknowledged.

I believe our therapeutic alliance can satisfy the client's unmet need; within those few minutes the client may have unconsciously remembered a childhood event. Perhaps his awareness of how alone he feels in his current relationship is the emergence of a conscious memory from his childhood. The golden nugget from our time together is his experience of total relaxation.

The physical experience of feeling relaxed in session can contribute to the rewiring of a client's brain. Our positive parallel attachment facilitates healing in his experience of being alone in childhood. I believe his conscious awareness of isolation, which is mindfulness, within his current relationship, has the opportunity to facilitate a very different outcome for him and his wife. The practice of being mindful provides the client with a better understanding of the origin of his anxiety, another example of rewiring the brain.

This session exemplifies a co-created therapeutic secure attachment experience. Having Henry breathe, relax, and simply feel helps establish the relational, emotional, and reflective qualities of attachment- focused therapy.

Fred Crimi, LCSW

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COMMITTEE REPORTS

PROFESSIONAL EDUCATION

Our Professional Education Thursday Night Workshop Series has had a tremendous year, with dynamic speakers and record attendance. We kicked off the new year in January with a presentation that provided an overview of the clinical competencies required to work effectively with transgender clients. In our February workshop, we had the second installment in “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 year's panel generated real and thoughtful conversations around the question of how to prepare for retirement from our clinical profession. We look forward to hearing from our members about ideas for future dialogues, including the already suggested topics of how family illness can affect ones practice or the emotional and psychological experience of working with suicidal clients. In March, we introduced the concept of the Enneagram and learned how this knowledge can help us to depathologize our clients and instead find strengths in our personality differences. Our final workshop of the year was on April 4th, former GSCSW Board Chairwoman, Alyce E. Wellons, LCSW presented on the topic: “Complementary Treatment Modalities for Addiction from a Neurobiological Perspective.” This workshop provided participants with the opportunity to increase their knowledge of several treatment options from CBT to Mindfulness and engaged participants in several experiential exercises that demonstrated addiction treatment options that treat the brain directly and are used in direct work with clients. Lastly, we have already begun contacting speakers for next year's Thursday night series, which will cover a diverse group of topics, including bullying through the life span, nutrition, and the best practices of ethical supervision - stay tuned!

Kathleen Hodgson, LMSW and Tricia Anbinder, LCSW — Professional Education Co-Chairs

You can contact us at professionaled@gscsw.org

MENTORSHIP COMMITTEE

The mentorship committee is a part of the clinical society that helps to match social work mentors with newer social workers in need of a mentor. The committee also facilitates a group that meets regularly to discuss issues in the field for new social workers. The group explores issues related to licensure, job search process, professional identity, what to expect in the first 2 years in the field, networking, and peer support.

We are continuing to have great success with our change in meeting time which is immediately prior to the continuing education workshops. We are also busy planning the Jobs Panel in conjunction with the LMSW Committee. We look forward to a great panel discussion on April 18th!

Danna Lipton, LCSW, Chair mentorship@gscsw.org

MEMBERSHIP COMMITTEE

We are thankful to continue to be able to provide food for our members and guests at the Thursday night CEU events. We are pleased that attendance has been so great. If anyone has suggestions or requests for us, we are open to hearing them.

Also, I would like to extend an invitation to anyone interested in joining a committee to consider the Membership Committee. We are always looking for new members. Being on the membership committee is a great way to meet new people, network, and really get to know the inner workings of GSCSW. If anyone is interested or has any questions about what it means to be a part of the committee, they can contact either Amy Keel or Becky Anne at membership@gscsw.org

COMMITTEE REPORTS

LMSW COMMITTEE

The LMSW Committee has had a great start to our first term this fall with GSCSW! We have continued on with great events crafted by our predecessors including the LMSW Salons. We hosted the first Salon “Applying Your Degree: Career Paths in Clinical Social Work” in January 2013. Each of our panelists shared their own professional journey and reiterated how the field of social work offers us opportunity and professional growth in both expected and unexpected ways. This March, we successfully hosted the second LMSW Salon “Private Practice: What You Want to Know from Practicing Clinicians.” Our generous panelists offered us their wisdom, guidance, and lessons learned for young social workers looking to eventually branch into private practice. We would like to thank our gracious hosts and panelists for offering their homes, time, and knowledge. We couldn’t have done it without you!

The LMSW Committee has been fortunate to have three additional members volunteer their time as part of the committee. We have continued student outreach projects as well. The LMSW committee successfully met with a UGA social work class to provide students with GSCSW and membership information. We plan to make additional visits like these to other social work programs in Georgia to hopefully inspire and encourage involvement of the next generation of professional social workers.

The LMSW Committee is excited to have such a great start and look forward to our third and final salon of the year.

Jessica Alexander, LMSW and Allison Sweenie, LMSW lmsw@gscsw.org

LOW COST SUPERVISION COMMITTEE

The Low Cost supervision committee is made up of 21 experienced LCSW’s who have a wide variety of expertise and specialties in which they are able to facilitate supervision. Supervision formats may be single individual, shared individual, or group supervision, depending on the needs of the supervisee. Thanks to all of those who are continuing to provide such a wonderful service to new LMSW’s and our organization! Please feel free to contact Jamie Bray with any questions/concerns or if you would like to be a part of this generous group.

Jamie Bray, Chair

supervision@gscsw.org

404-875-4551 x241

LEGISLATIVE COMMITTEE

The Legislative Committee members, Barbara and Alexandra, got together with GSCSW President, Barbara Emmanuel, to handwrite thank you notes to the main legislative representatives supporting HB434, the bill that allows social workers to diagnose again, after several years of hard work on this bill.

The legislative committee works diligently at informing and educating the GSCSW membership about legislative issues that we are watching, and getting the membership more involved in the legislative process through advocacy and action, and establishing and maintaining relationships with NASW members.

We are participating in weekly conference calls, sending out the Legislative emails, keeping up with the bills that we are watching and supporting, as well as the additional bills that members express interest in, and sending out “Calls to Action” with talking-point information when action is needed.

At a recent GSCSW board meeting, Annie Garry mentioned Tarasoff-related information being discussed on the MATN listserv and brought up the possibility of legislation being introduced. This is a topic our incoming president, Annie Garry, may choose to continue to monitor and put forth for our membership.

Catherine Ivy, new Director of NASW-GA, will work with our shared lobbyist, Wendi Clifton, regarding arranging either a Fall Town Hall meeting for GSCSW membership or an end-of-the-legislative-session wrap-up.

Barbara Lewison, LMSW, Legislative Committee Chair

COMMITTEE REPORTS

ETHICS COMMITTEE

The Ethics Committee is happy to welcome one new member, Sherri Rawsthorn, LCSW. We are currently recruiting new committee members, so please email us if you are interested in joining us. We have received three ethics inquiries from members since last quarter. Since one of the functions of the Ethics Committee is to raise issues which are important when we are providing services to clients, we invite you to suggest topics that you would like for us to address in future articles. Also, if you have an ethical concern, please contact us.

Stephanie Cook, LMSW and Stacie Fitzgerald, LCSW

ethics@gscsw.org

TREASURER'S REPORT

It's a pleasure to continue serving as your Treasurer in 2013. I would like to thank Trisha Clymore, Administrator, for all of her help since I took office. We continue to maintain a healthy portfolio of accounts which include checking and money market accounts and a CD. Our membership dues continue to enable us to provide quality CEU opportunities for members.

Please feel free to contact me with any questions that you have.

Theresa Schaffer, LCSW

treasurer@gscsw.org

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!

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