GEORGIA SOCIETY FOR CLINICAL SOCIAL WORK

VOLUME 36, ISSUE 17

VOLUME 36, ISSUE 17

SPRING 2014

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CALENDAR:

May 23rd—Joint Conference with NASW-GA and GSCSW—

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

"TECHNOLGY HELPS SOCIAL WORKERS AND THEIR CLIENTS"

BY:STEPHANIE COOK, LCSW, DCC

Although technology has revolutionized most professional fields in the last few decades, the field of mental health remains largely the same. This lack of change is not surprising.

When the topic of technology comes up in conversation, many therapists understandably become skeptical or uncomfortable. Some therapists believe technology is outside the boundaries of true psychotherapy. Others have legitimate questions about the risks and pitfalls of changing our approach to clinical practice. Finally, many clinical social workers believe the benefits of applying new technology are outweighed by the cost and difficulty of incorporating it into their practice.

While these legitimate concerns make the slow adoption of technology in our field understandable, I believe there are many excellent programs and new technologies available that – with proper training and education – can greatly benefit both clients and therapists by lowering barriers to treatment and providing

better outcomes from therapy.

One good example is online video therapy. Ample research supports the idea that online video therapy is as effective as face-to-face counseling** For some clients, online therapy is even *more* effective than face-to-face sessions. For example, one of my clients struggled with shame related to entering therapy, despite considering therapy for years. With the prospect of online video therapy, this person reported feeling less shame and more hopeful than she had towards the prospect of in-person therapy. Eventually, this client transitioned towards in-person therapy sessions as the feelings of shame and anxiety lessened.

Online video therapy also has an advantage over traditional therapy in that it helps lower barriers to treatment. Unfortunately, many clients often drop out of therapy because of logistical barriers such as busy schedules, physical limitations, transportation issues, travel schedules, or distance. Online video therapy provides an easy way to overcome these obstacles by allowing therapists to meet with their clients no matter where their client may be located at the time.

For example, I regularly conduct video therapy sessions with a couple who has a young child and a limited support system. This couple is grateful that they can still "see" me for therapy using online video sessions in the evenings when their child has fallen asleep. As another example, the majority of my clients kept their appointments during the recent snow storms this winter by simply changing their in-person sessions to video sessions.

A website is another good example of helpful technology. Clinical social workers utilize many different approaches to therapy, and it is important for a potential client to understand what style a potential therapist may use, or what populations they focus on. An informative website can go a long way towards accomplishing that goal. The website for my private practice, www.counselingatl.com, provides basic information about my location, office hours, and services, as well as a detailed explanation of my therapy style and what potential clients can expect from me in therapy. By providing this information in clear manner, we can enable potential clients to choose a therapist who they believe will provide the best match for their needs, without the expense of seeing multiple therapists.

While online video therapy and informative websites can help lower barriers to treatment a client may face, other technologies can help us more effectively manage our practice.

For example, a common complaint of clinical social workers on insurance panels is the difficulty of submitting claims for reimbursement. One new online software called "Therapy Appointment" addresses this

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PRESIDENT'S MESSAGE

Spring is finally here to stay and it coincides with many of the new beginnings within GSCSW. It's inspiring to be a part of our thriving organization and the vitality of our growing membership. I have had such an enjoyable year as a new President, and it has been my honor to develop and share our expansion as we meet the needs of Clinical Social Workers. I continue to be amazed at the dedication, intellect and talent of our Board of Directors and committee members who volunteer so generously to keep GSCSW dynamic and relevant to not only our proud past but to our bright future.

One of the many wonderful things about our profession is that it is never stagnant. Our unique perspective welcomes the ever evolving dynamics of change within a system, and our organization mirrors this view. Our election process took place in March and the evolution continues as we welcome a new Executive Committee as of July 1st. Our sincere thanks and gratitude to our Secretary, Anna Galloway, who has graciously served with wisdom, competence and wry humor. Anna deserves high praise as our lead researcher into the Webinar world, and she has been especially generous of her time. It is with much enthusiasm that I welcome our President-Elect, Stacie Fitzgerald. Stacie is the quintessential Clinical Social Worker: thought-provoking, creative, ethical and committed. It has been my privilege to have known her for many years and it will be all of ours to have her as our President, July 2015. Our new Secretary is Liza Gellerstedt, and we are very lucky to have her join our ranks. Liza is very bright, engaging and detail oriented. Her presence will be a wonderful fit. Susan Vanous, who was acting in an interim capacity, will continue to serve as our Treasurer. Also someone I have known for many years, Susan is dedicated, honorable, funny, deeply kind and fiscally sound. With our new officers in place, the mission and principles of the GSCSW Constitution will continue to provide connection, professional education, supervision, mentorship, ethical guidance and support to our profession.

Our membership numbers continue to reach record highs, and attendance to our events has been outstanding. It is with heavy hearts that we offer thanks and well wishes to our Membership Chairs, Amy Keel and Rebecca Anne, who are stepping down at the end of this year. They have been very dedicated and responsible in making sure the needs of our members have been met. Amy and Becky we will miss you!! As the song says, every new beginning comes from some other beginning's end, so our Ethics Committee is making changes as well. It has been a remarkable year as they have had great success with the addition of Ethics in 3D, an informal gathering to increase our awareness and generate discussion of the ethical dilemmas we face. As one Co-Chair, Stacie Fitzgerald, moves into her new position, another, Stephanie Cook, will become our new Public Relations/Social Media Chair. We are very excited for her and for us as we know she will represent with enthusiasm and panache. Ethics Committee member, Sherri Rawsthorn, will step in as new Co-Chair. Welcome Sherri!

Our membership numbers continue to reach record highs, and attendance to our events has been outstanding.

I would be remiss if I didn't also welcome our new Clinical Page Editor, Elizabeth Eiland Figeuroa. This is her first issue and with the production help of Trisha Clymore, our outstanding Administrator, I'm sure this issue will be a most informative read. Thank you for all you do Trisha!

In continued reflection of our accomplishments this past year, I feel tremendous pride in our collaborative spirit. We have had stimulating programming, not only with our monthly workshops, Diane Davis event but with our salons and jobs panel as well-a tremendous success! Our committee members work hard to address the needs of both seasoned and new Clinical Social Workers. Our pool of Low-Cost Supervisors continues to grow thanks to the dedication of our Chair, Jamie Bray, and our Legislative committee, led by Barbara Lewison, continuously keeps us informed about the issues that affect us and the clients we serve. Lastly, I have to thank Barbara Emmanuel, past President, for her unwavering mentorship and support.

One of our upcoming goals for GSCSW is to technologically evolve and we will continue to explore the complicated addition of Webinars. Often it can be a slow process from idea to implementation and we are committed to this educational tool to make us more accessible to our members throughout the state. However, we remain just as dedicated to doing it well, and it was only when we began the exploration that we discovered the complexities. It is a work in progress, but very important to us as we want to grow and adapt with our members. This is a priority for our Board. It remains my vision to elevate-both individually and collectively, the profession of Clinical Social Work, and I am delighted we have so much talent and dedication within our membership that keeps us thriving, vital and strong.

I look forward to seeing you all at our Spring Conference as well as our End of the Year Party, Friday June 6th, at the home of Ephrat Lipton (60 Chevaux Ct. NW, Atlanta, 30342). It is a great way to welcome our new Executive committee, as well as connect and have fun.

Please know that I love to hear from you and any way that GSCSW can meet your needs.

Once again, I thank all of our Board and committee members for your caring and dedication to GSCSW. It was a year well beyond my best hopes and only leaves me excited about our future.

Annie M. Garry, LCSW

President

FROM THE EDITOR

During March each year, National Social Work Month annually calls attention to, affirms, and celebrates our field of social work. This spring's edition of the *Clinical Page* is no exception to this excellence, with its topics reflective of our dynamic and diverse profession. This edition includes a look into technology's role in therapy, the use of Theraplay to strengthen attachment, and case studies of depth therapy's effectiveness in lieu of overmedication. This edition also pays tribute and says goodbye to a beloved friend and longtime GSCSW member, Fred Crimi, LCSW.

Additionally, it is an honor to be joining the GSCSW community in the role of Editor for our *Clinical Page*. I'd like to offer a brief introduction.

To start at the beginning, I grew up here in town as a native Atlantan. I attended Boston College, where I studied Human Development, Philosophy, and Theology; upon graduation, I moved to Seattle to work at a community mental health agency with folks living with severe and persistent mental illness. It was the relationships with my clients in Seattle that inspired me to pursue the field of social work. Thus, I left the Northwest for the Midwest, to earn my MSW at the Brown School of Social Work at Washington University in St. Louis, where I studied the intersection of clinical work and spirituality. Currently, I practice therapy at Karuna Counseling in Decatur, where I have particular interest in working with spirituality, aging and caregiving, cultivating creativity, grief and loss, and coming of age into adulthood. I truly consider it a privilege to be a clinician in our field, and I am grateful for the GSCSW community as I navigate continued development as a therapist.

It is my hope that the *Clinical Page* continues to publish thoughtful articles and diverse opinions with intentionality and rigor. Thank you for your contributions to benefit our membership, and I look forward to our work together!

Elizabeth Eiland Figueroa, LMSW, clinicalpage@gscsw.org

"TECHNOLGY HELPS SOCIAL WORKERS AND THEIR CLIENTS"

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problem by allowing therapists to immediately submit electronic billing directly to insurance companies. Additionally, "Therapy Appointment" provides online scheduling and electronic records, which helps therapists save time scheduling appointments.

Another good practice management tool is "Counsol," which is encrypted and HIPAA-compliant. "Counsol" safely stores electronic records, and provides a two-way encrypted platform for video sessions. My clients log on to the system with their own username and password to complete initial paperwork and assessments, payment, and scheduling.

Many general medical practices and insurance companies already use similar technology for scheduling, sending secure messages, and viewing test results. Thus, nearly all of my clients, ranging from age 14 to 70, have encountered similar programs before, and can easily navigate similar systems like "Counsol" intended for therapists, and generally have very positive feedback.

Finally, technology can actually help us become better therapists.

One tool I use is a software program called "MyOutcomes," which allows me to measure the progress of my clients and collect feedback about our therapeutic relationships. For in-person sessions, I hand my client my tablet at the beginning and end of each session, and the client answers some simple questions about how the session went. The entire process takes approximately one minute, and is invaluable to me in tracking whether or not I am actually helping my clients. It also provides a built-in space each session to discuss treatment goals and progress with my clients.

As clinical social workers, our values and education put us at an advantage for the use of technology in the field of mental health. We believe in reducing barriers to treatment, delivering our services effectively, and improving ourselves as therapists. We also truly value "meeting the client where the client is." Historically, we have not balked at the idea of entering a client's home when it has been

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Revitalization of the Nearly-Lost Art of Depth Psychotherapy Needed: An Antidote to Psychiatric Medication Madness ©

BY: PAMELA CHUBBUCK PHD, LICSW, LPC

[Author's Note: I am aware that even discussing psychiatric medication with professionals evokes controversy, to the point of eliciting strong emotions. I do not work in a medical facility nor work with seriously mentally ill patients in my practice. I realize that many of you have different work experiences than mine and will have differing opinions about medications. My hopes are that my case experiences and references will inspire you to learn more, and to open a dialogue among us that needs to occur. (PLC)]

Two cases in recent months of what I call "medication madness" prompted some in-depth study. Cases that could have been handled well, with better immediate outcomes, if the clients had had access to quality depth psychotherapy. We need more psychotherapists trained in how to help clients with the expression and processing of strong feelings, including having done their own deep work so that they are not afraid of deep feelings – theirs or their clients.'

These cases compelled me to research, which yielded alarming, little-known facts* about psychiatric medications. Some of you are probably more aware than I was of these facts. Psychiatrist Peter Breggin, MD, first wrote about Medication Madness in his book by the same name in 2008. Atlanta-based psychiatrist Charles Whitfield, MD, and numerous other psychiatrists and psychologists around the world have also written over the last two decades about the ill effects of psychiatric medications. (*All below is supported by hard scientific evidence, many published papers (including peer-reviewed) and books, FDA archived information and legal cases where pharmaceutical companies misled the public, caused harm to many and were ordered to pay damages. Case information is not factually altered other than for confidentiality of identities.)

Frequently colleagues send out inquiries, seeking psychiatrists for medication referrals. I was fortunate to have years of training by three psychiatrists who did not prescribe medications; instead they worked with the childhood, and other trauma, long held within, to allow a person to heal.

I have made a long career of trying my best to assist people to live well medication-free, for numerous reasons, primarily past client reports and desires. And my experience, and receiving client feedback over 30 years, that medication made it more difficult at best, to process the emotions necessary for their healing. Read below, cases exploring this difficulty.

Case 1: Ten years ago, Angie consulted me after 4 emergency room admissions for abdominal pain. Nothing had been found wrong medically. Some physicians thought Angie was "making this up", but had no suggestions about how to heal other than psychiatric medications. Referred to me by a friend - during our first hour together we discovered the root of the problem and began to move the energy that had been stuck in her bodymind for 20 years. Her sister had died when Angie was 14 and upon receiving the news Angie collapsed on the floor and started crying loudly. A doctor was summoned. Angie was immediately put on tranquilizing medications for several weeks. Her sister's death was never discussed. Two years later Angie's mother died. This time Angie had well learned to suppress all her feelings and the same dynamics occurred – no one processed Mom's death. Ever. Now at age 34 Angie's bodymind could no longer hold the emotions; what emerged was the prior somatization of her deep grief compounded by anger that no one had allowed her to express her feelings.

Clearly, it is not helpful to medicate someone experiencing deep emotions - feelings that need to be expressed. This is often done because the family and/or therapist cannot tolerate deep emotions - theirs or others. Angie did wonderfully with supportive skills to express, process and integrate her repressed emotions. After 3 sessions her physical symptoms abated, never to return in these years she has stayed in touch with me.

> *Recommending medication in a crisis in effect says to the patient,* 'You and I cannot handle this. We need to do something to your brain.' *Instead of growing through the crisis, the person succumbs to the crisis. A great opportunity for learning and self-transformation is wasted."* ~ Psychiatrist, Peter R. Breggin MD

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Introduction to Theraplay®

By: Jamie Bray, LCSW, Christina Fiddes, LCSW, Katie Alioto, LCSW and Keri Smith, LMSW

During the last 25 years, more and more emphasis on the study of attachment in children and adults has occurred. We are all aware of Bowlby and Ainsworth's formative works. Their efforts have been expanded by others: Main, Hesse, Fonagy, and Belsky to name just a few. Further, the role trauma plays on attachment has been studied by many, including Perry, Crittendon, and Hughes.

As a team of clinicians working predominantly, with children, adolescents and their families in a residential program and more recently an outpatient program, our interests in attachment have grown over the years as well. Specifically, working with many youth from the foster system such as those who have spent years in foster homes, been adopted, and even those who have been adopted and then back into the foster care system, has influenced our curiosity about attachments and interventions relevant to repair. It was in this vein that we began our exploration of Theraplay ® as a model for working with children and their families. Over the last 2 years, several clinicians here at Hillside, have been moving toward certification in the model.

Although Theraplay ® has been around since the 1970's and was used in the Chicago Head Start program with high risk children, it has evolved since that time to be used with varying populations and age groups. It can be used both in group and in families. it is most often utilized with children up to age twelve. There are some practitioners however using Theraplay ® with adolescents, older adults and even couples. The focus of Theraplay is on building , strengthening, and enhancing the quality of interaction between the child and his/her caregiver. In its accomplishment of this, Theraplay draws on four core elements/ dimensions:

Nurture–- assists the child in getting his needs for physical contact met in a caring and safe context.

Structure—assists in establishing boundaries and limits that are part of ensuring physical safety as well as emotional security.

Engagement—relates to ways in which the caretaker is truly present with the child, drawing them out in a manner that is playful, yet promoting a sense of connection.

Challenge—this is the efforts of the caretaker to encourage the child to expand and stretch their comfort zone into areas that may be more difficult in some ways, but doing so in a manner that builds confidence and competency in the child and in the parent/child relationship.

Overall, the use of these activities within the sessions offer interaction, fun, and attuned moments for the child and his/her parent. Thus, it strengthens attachment with the caregiver, and offers repair of the bond if needed. The goals of the sessions over time are not only to facilitate attachment, but also to increase self regulation, and to promote trust within the relationship. In other words, the play activities replicate the healthy parent –child bond. Indeed, theraplay's core concepts place emphasis on the parent/child relationship in an interactive manner, being focused on the here and now, activities that are guided by the adult, in a way that provides attunement, and is geared toward preverbal interactions, i.e. communication is achieved through eye contact, pacing, touch, and intensity.

Theraplay® is ideal for children and families with attachment problems. The course of treatment is typically short term (24 weeks) and actively involves the parent/caregiver. Here at Hillside, we have successfully utilized Theraplay® in both our inpatient and outpatient programs. The following case description is an example of this (and is used with permission).

Joseph is an 8 year old boy who came into DFCS care when he was 7 years old). Before coming into DFCS custody, he had lived with his birth mother and multiple siblings in a hotel. Because his mom was having difficulty providing for her children, she gave guardianship of Joseph to a woman she knew. Although, the guardianship arrangement was to be temporary, ultimately the woman retained guardianship of Joseph from the time he was 2 until age 7. The woman and her husband had been an approved foster home in her local county, and she had multiple foster children living in the home with Joseph. Although this home was an approved foster home, Joseph was there by arrangement between his birth mom and foster mom. When Joseph was 7 he was removed from this home, as DFCS closed the home, for reasons unknown. Joseph was then placed into another home, but began to show signs of aggression to peers and adults, as well as emotion dysregulation at home and school for prolonged periods of time resulting in extended tantrums

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REVITALIZATION OF THE NEARLY-LOST ART OF DEPTH PSYCHOTHERAPY NEEDED: AN ANTIDOTE TO PSYCHIATRIC MEDICATION MADNESS ©

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The dramatic increase of medications routinely suggested or prescribed in recent years is profoundly disturbing. Our country seems to have gone mad about psychiatric drugs. Consumers, therapists, physicians and drug companies have all become "mad" – in the old meaning of the word - that is – "not always sane, grounded, realistic" - about taking, suggesting or prescribing psychiatric medications. Regarding over-prescribing of medication, psychiatrist Charles Whitfield, MD wrote, "When the only tool you have in your toolbox is a hammer, everything looks like a nail."

We too often passively accept huge drug company campaigns to sell the idea to patients, prescribers, psychiatrists and psychotherapists alike, that their products are the answers to problems and will "cure" people of life's hard issues.

Cymbalta and other drugs are advertised on TV prime time, and we laugh off the lengthy lists of side effects, which are *not really side effects* at all but actually *effects*. Drug companies are certainly mad, but also cunning - they know what they are doing – making money - and risking many people's health by altering brain chemistry (cashing in on misinformation about "chemical imbalances" and arguments such as "Just like a diabetic needs insulin…" is all clever fraud**). Millions of children are being diagnosed with ADHD and prescribed stimulant drugs such as Ritalin when the efficacy, safety, and long-term effects of such drugs are now seriously in doubt.

We all know the tobacco industry deceived the American public for decades causing horrific damage and deaths to tens of thousands of people. Recently in the news has been Toyota's negligence regarding a problem with one model of their cars that became a death-trap. No surprise then, that Big Pharma sells us propaganda that psychiatric drugs are safe and effective, all the while concealing hard evidence to the contrary, including burying information about "unsuccessful" drug trials. All in pursuit of money.

Case 2: A mother contacted me, desperate for help while her 20 year old daughter was hospitalized after attempting suicide. The mother felt the hospital was not providing effective help and a friend of hers recommended a Psycho-Spiritual Personal Intensive with me. Her daughter Jessica, a junior in college, had swallowed her entire Cymbalta supply and some thumb tacks, and then went to the hospital; where she later made a second "attempt." Jessica had a history of multiple brain surgeries for a benign brain tumor starting at age 12. The surgeries left her partially, permanently hemiplegic. Certainly Jessica had PTSD from the surgeries and hospitalizations. I am hesitant to work with people on medication due to the interfering emotional blunting, but upon hearing mom's story, I agreed.

I found Jessica to be delightful, ready and not only willing, but eager to do the deep work in her Personal Intensive. A psychology major in college, Jessica had interesting insights, and I trusted her observations about her recent hospitalization, such as being medicated more and told not to cry in her hospital room, which just made her feel worse. Jessica said that although sometimes sad or angry, she had never felt suicidal before; she woke up feeling badly depressed and thought killing herself was "*a good thing to do*." She explained that the second "attempt", while hospitalized, was a call for further help. Jessica laughed that if she really wanted to kill herself she would not try it in the hospital.

Jessica began Cymbalta ten days before the first attempt. She had told her family physician she was stressed out from school pressures and a relationship turned sour. (Typical college student stressors.) There was no time taken or simple counseling by the physician, nor suggestion to seek therapy. Just "take this drug…it will help." As I got to know Jessica better and saw her medication history, I suspected that the psychotropic medication prescribed just before her suicide attempt may have something to do with the attempt itself; as it seemed completely out of character for this young woman, both as mom described her, and as I encountered her. Jessica said she did not want to be on any psychiatric medications.

Research led me to psychiatrist Peter Breggin. I started with *Your Drug May be Your Problem, Revised Edition: How & Why to Stop Taking Psychiatric Medications (*by Peter Breggin, MD and David Cohen, PhD), which I recommended to Jessica's parents. Further reading of Dr Breggin's accounts of his many legal consultation clients doing bizarre things influenced by prescribed psychotropic medications (as well as numerous courts agreeing with his findings and awarding some publicized but most unpublicized hefty payments for damages by the pharmaceutical companies), it seemed more likely that Jessica's suicide attempt was related to the psychotropic medication. I knew we had to have assistance in weaning her off and started seeking competent medical help.

Peter Breggin MD is lauded by many of his peers in a 444-page book, *The Conscience of Psychiatry: The Reform Work of Peter R. Breggin, MD*. Breggin has written extensively about psychotropics' failure to do what their developers and manufacturers claim, and how they can and sometimes do cause great harm, even when taken short-term. The pressure to medicate which parents, in particular, hear regarding

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Introduction to Theraplay®

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and generally disruptive behavior. This behavior caused him to move several times until he was placed in residential care.

After gaining more stability in his behavior, a foster home was identified for him. An introductory meeting was held and it was decided that the rate of transition would be slow, while Joseph and his foster mom began theraplay® sessions. Through the use of the Theraplay® sessions, (and theraplay ® homework outside of the sessions), Joseph and his foster mother were able to build a relationship and strengthen it over time. He began to initiate more and more contact with her via telephone and then began to visit her in her home as well. His foster mom was provided information and instruction on the way Joseph's behavior reflected his early upbringing and attachments. This allowed her to understand the need for more flexibility and playfulness with him outside of the sessions. During the sessions, she was able to see how his eye contact improved, he smiled more, and he was engaged during the activities with her. Practice in activities along the structure dimension occurred within the sessions, with the goal of helping him be more secure in the attachment as he spent more time in her home, and limits were given to him while there. Joseph did not need to be afraid that enforcement of rules and limits would be synomous with rejection. Over the course of 6 months, Joseph moved from residential care into his foster mother's home, began a summer camp, and was abel to make friends there. He and his foster mother continued to participate in theraplay sessions after his move, on an outpatient basis. Although his foster mom had entered into his care looking to foster only, after one year of Joseph living in her home, she decided to adopt him.

While not every situation will end with this type of success, the use of Theraplay ® to promote attachment assists in the " development of a therapeutic environment for cognitive, emotional, behavioral and interpersonal change". (Jernberg & Booth, p. 331,1999) It allows for "moments of meeting" and connection that we all know is important in correcting negative experiences.

If you have questions about the use of Theraplay® in our program, you may call Jamie Bray, at 404-875-4551 x241. If you would like to explore additional training for yourself, contact The Theraplay Institute, in Chicago, IL or www.theraplay.org.

"TECHNOLGY HELPS SOCIAL WORKERS AND THEIR CLIENTS"

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therapeutic, such as with hospice, child welfare, or family preservation work.

In the coming years, I believe clinical social workers will continue this pattern by being pioneers in the adoption of new technology, because doing so is not only in line with our historic mission, but also because it will help our clients receive better treatment.

Finally, a word of caution: as mentioned at the beginning of this article, using technology requires proper training and knowledge about potential pitfalls, including privacy concerns, proper treatment delivery, and client education. Fortunately, there are ample resources available on these issues. I have listed a few below this article. If you are interested in learning more about how you can integrate the use of technology into your clinical work, or various resources available for training, please feel free to contact me.

**A listing of research on this subject can be found at http://construct.haifa.ac.il/~azy/refthrp.htm

Stephanie Cook, LCSW, DCC, Individual, Couples, and Family Counseling, *In Person • Online*

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Read more here: http://www.bradenton.com/2012/11/06/4267019/therapy-via-skype-more-therapists.htm

NASW & ASWB Standards for Technology and Social Work Practice (2005): https://www.socialworkers.org/practice/standards/NASWTechnologyStandards.pdf

Internet-Assisted Therapy & Counseling: http://construct.haifa.ac.il/~azy/refthrp.htm

Ethical Framework for the Use of Technology in Mental Health (2009): http://onlinetherapyinstitute.com/ethical-training/

A TRIBUTE TO FRED CRIMI, LCSW

BY: HANNAH GARRICK, LCSW

I am immensely grateful for a whole host of reasons. One of these is having had the extraordinary Fred Crimi in my life for eighteen years. In 1996, Fred and I met in a running training group, and our friendship became very solid and meaningful to me. As I knew Fred more and more, through sharing our personal narratives, through doing the Portland, Oregon marathon together (truly as fellow sufferers), and through learning about the ways and means of Fred as a superb friend and exceptional clinician, my respect for Fred grew exponentially. I am entirely honored to have been invited to share a few words about Fred.

Fred's dedication to personal and professional development was steadfast and unwavering. His love of internal exploration and dynamics, as well as excavating what was going on in the folks he treated, was remarkable. He was an enthusiastic life learner, and cherished the excursion into all sides of himself as well as the 'good, the bad and the ugly' of those he treated. His wife, Jennie, has shared with me that Fred "always knew the right thing to say". Jennie further added, "If I had not been married to Fred, I would have wanted him to be my therapist" ! Now, how many folks can say that?!

Fred was well known for both the individual work he did, as well as the groups that he had. Groups in his office. Group retreats for men by their mountain home. Their home so nourished him, because of his relationship with Jennie, and, additionally, due to the haven of being in the woods, by the trees, and in the magic of their magnificent surroundings. I have learned recently that people in Japan refer to the healing, prescriptive benefits of hiking in the woods as “Forest bathing” Oh, how Fred loved 'forest bathing'! Jennie's daughter, Helen, refers to her own immense growth/evolution stemming from her numerous rich conversations and longstanding, meaningful connection with Fred.

Fred was masterful at concentrating on the importance of mind /body/ soul work. He cherished researching to help him be the best possible therapist he could be. He felt confident in his abilities to help people undo their harmful approaches and patterns. He grabbed on to all the literature he could ....especially with regard to neuro-biological advances in rewiring the brain. Fred so enjoyed writing a number of professional articles. He often consulted and collaborated with colleagues. He put all of himself into his relationships, both personal and therapeutic. He was, indeed, and in deed, a transformer on a neuronal level. He filled, fueled, fed, and impacted so many lives.

Another fabulous truth about Fred: he practiced what he preached. When he learned about his illness, he went about doing everything possible, both with traditional and complementary approaches. Creative, purposeful dedicated, determined. No accident that Fred's quality of life throughout his illness was as good as it was. In our lengthy runs years back, Fred had frequently uttered, "There are no coincidences". Fred continued working in his practice until a few days prior to his death. After his last therapy phone appointment, he sat with his appointment book open for hours, said Jennie.

Yes, I am deeply grateful to have been gifted with such a rich, deep, and superb relationship with Fred, and I write confidently that I am joined by many others who feel very similarly. Fred, you are humongously cherished, and humongously missed.

Fred Crimi, LCSW was a long time member of GSCSW and served as Editor of The Clinical Page for a few years.

REVITALIZATION OF THE NEARLY-LOST ART OF DEPTH PSYCHOTHERAPY NEEDED: AN ANTIDOTE TO PSYCHIATRIC MEDICATION MADNESS ☺

CONTINUED FROM PAGE 7

their child's inconvenient, "problematic" behaviors: "There's no harm in giving medication a try" is false!

Jessica is now nearly weaned off Cymbalta with my support and the assistance of a caring, knowledgeable psychiatrist. She looks great and has more energy to put toward her very creative nature. Of course she still works to resolve the PTSD from her many surgeries and hospitalizations. And with fewer drugs in her system she is much better able to actively participate in, and handle, her healing work. Daily diligent work such as physical grounding and learning to deal with feelings is needed but Jessica reports feeling better than ever and continues to prefer feeling self-empowered.

Case 3: A few months ago, Marta, an intelligent woman with a young child, came to me for Intensive psychotherapy, saying she really needed help. Her family as she described it is extremely controlling and that was no longer acceptable to her**.** Within our first couple of hours together she told me that she had been prescribed 4 psychiatric medications by a psychiatrist – "Mother's friend" - when Marta's mother had called him and said her daughter was acting "crazy" and needed to be medicated. Marta told me she had been on these medications for over 5 years, and did not want to be on any! She had already begun to decrease them on her own. While medicated Marta could see some of the harm her family was creating in her life but she did not have the energy or proper brain function to change much. Marta said she had asked her physician several times, but he never explained her diagnoses or why he was prescribing the drugs. It seemed clear to me that Marta's mother, perhaps unconsciously, wanted to control her and medications were a way to do that.

It may seem shocking that a physician would go along with this but after much research I now know that doctors, including psychiatrists can also be taken in by Big Pharma's advertising and other motivating techniques, which strongly encourage the writing of prescriptions.

As Marta is weaning off the medications she can recognize more clearly what is happening and has more ability to be her own person. She feels quite a bit better now, three months into her slow weaning process.

Psychiatrists originally were psychoanalysts or psychotherapists, spending time and listening to clients, but now most are trained virtually all in chemical medicine and the prescription of such drugs. They typically spend an average of 13 minutes with each patient, partially due to insurance guidelines. Counselors, psychotherapists, and social workers are often partially trained, influenced and sometimes employed by psychiatrists who are often paid by pharmaceutical companies to give Continuing Education trainings about psychiatric medications.

We psychotherapists have become afraid *not* to refer for medications; our basic education does not train us to practice in-depth psychotherapy, or how to be most helpful with issues of real trauma. Again perhaps because of insurance guidelines we feel we cannot take the time to sit and listen for the lengthy periods needed to best help someone in distress.

We have been taught to be afraid. What if we shifted that paradigm radically:

"Emotional suffering is inevitable in life. But it has meaning - a purpose. Suffering is a signal that life matters. Specifically, it is usually a signal that something in our lives that matters a great deal needs to be addressed. Depression, guilt, anxiety, shame, chronic anger, emotional numbing - all of these reactions signal that something is amiss and requires special attention. The depth of suffering is a sign of the soul's desire for a better, more creative, more principled life." (Your Drug May Be Your Problem, Revised Edition: How & Why to Stop Taking Psychiatric Medications by Peter R Breggin, MD & David Cohen, PhD, 2007, pg 21).

Another recent experience bears telling. Randy became ill and was diagnosed with Adrenal Fatigue – symptoms included high anxiety due to cortisol being dumped into his system at seemingly random times.

It is now clear that his illness erupted 45 years after a six month suppression of a huge emotional outburst at age 16. A good kid, into sports and doing well in school, but the son of an alcoholic father and a very shaming, demanding mother - suddenly Randy started crying all day, every day. Hospitalized for a week, he was given drugs to "calm him down" and to help him sleep. He basically slept through the next six months.

No real psychotherapy was pursued and the family never discussed his experience. Similar to Angie's experience, his bodymind eventually could no longer hold the emotion and it came out as a physical illness. Now he knows he learned to repress his feelings and is in process of going back to express the emotions that were blocked by medicating him into a zombie-like sleep state as a teenager – especially

CONTINUED ON PAGE 11

REVITALIZATION OF THE NEARLY-LOST ART OF DEPTH PSYCHOTHERAPY NEEDED: AN ANTIDOTE TO PSYCHIATRIC MEDICATION MADNESS ©

CONTINUED FROM PAGE 10

problematic during vital years of brain and self-image development.

It is clear that we need more training to deal with the thousands of people who have had trauma and have overwhelming feelings that must be expressed with professionals who are not frightened by strong feelings. Good therapy takes more than being OK with feelings; we also need to understand developmental stages and challenges, and how to more effectively support and empower someone to truly heal. We need to be versed in the art of being grounded, expansive helpers to support each individual to find their truth and vital health. Let's go get that training. Possibilities for training include Dr Peter Levine, USABP (United States Association for Body Psychotherapy), David Bercelli PhD, Bioenergetics Analysis, Vitally Alive Core Energetics Institute, Psychosynthesis, among others. We must also be vigilant and do our own therapy so we may stay clear of the countertransference traps that scare us into hair-trigger medication madness ...that has us referring clients for questionable medication

**In one of the most egregious examples of fraudulent marketing, '*In the case of Paxil, prosecutors claim GlaxoSmithKline employed several tactics aimed at promoting the use of the drug in children, including helping to publish a medical journal article that misreported data from a clinical trial,'* [according to *The New York Times*]."

Pamela L Chubbuck PhD, LICSW, LPC, is a holistic psychotherapist with over 30 years of experience; International supervisor and trainer of therapists; Director of Vitally Alive Core Energetics; part of GA Emergency Disaster Team; creator Psycho-Spiritual Personal Intensives, published author and grandmother. www.VitallyAlive.com **Contact:** Info@VitallyAlive.com **or 770-388-0086**

Recommended References/Resources:

Unstuck: Your Guide to the Seven-Stage Journey Out of Depression by James S. Gordon, MD (2008)

Your Drug May Be Your Problem, Revised Edition: How & Why to Stop Taking Psychiatric Medications by Peter Breggin, MD & David Cohen, PhD (2007)

Medication Madness: A Psychiatrist Exposes the Dangers of Mood-Altering Medications by Peter Breggin, MD (2008)

Psychiatric Drug Withdrawal: A Guide for Prescribers, Therapists & Their Families by Peter Breggin MD (2013)

Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America by Robert Whitaker (2011)

Not Crazy: You May Not be Mentally Ill by Charles Whitfield, MD (2011)
Ritalin is Not The Answer: A Drug Free, Practical Program for Children Diagnosed with ADD or ADHD by David B. Stein, PhD (1999)

Dosed: The Medication Generation Grows Up by Kaitlin Bell Barnett (2012)**

The Trauma Spectrum: Hidden Wounds and Human Resiliency by Robert Scaer, MD (2005)

Somatic Experiencing: The Trauma Institute www.TraumaHealing.com
Center for the Study of Empathic Therapy, Education & Living www.EmpathicTherapy.org
Vitally Alive Core Energetics Institute South www.VitallyAlive.com
United States Association for Body Psychotherapy www.USABP.org

JOINT CONFERENCE WITH NASW-GA and GSCSW

TECHNOLOGY, PROFESSIONAL ETHICS, AND LICENSURE: *MANAGING ETHICAL ISSUES IN AN ENVIRONMENT OF RAPID CHANGE*

FRIDAY, MAY 23, 2014 - 9:00 am - 3:00 pm

Peachford Hospital Conference Center, 2151 Peachford Road – Atlanta, GA

JAN LIGON, PH.D, LCSW

is an Associate Professor of Social Work at Georgia State University in Atlanta.

He served as a member of the Georgia Composite Board for eight years and is currently a member of Georgia's Behavioral Health and Disabilities Board. He is a frequent presenter on the topic of professional ethics as well as for work shops about the effects of substance abuse on families and significant others.

OVERVIEW:

With the rapid expansion of technology, the options for delivering services have expanded along with shifts in preferences by consumers of services. The ability to identify as an ethical professional is significantly challenged by the sheer pace of change that is occurring. For example, the use of technology, including social media, has generated concerns about the ethical and professional delivery of services. Following an overview of current issues and trends, this workshop will use case examples to address such topics as "online" therapy, services that cross state or international lines, contracted services, the use of social media, and how state licensure boards factor into new and different ways of providing services and connecting with people.

EDUCATIONAL OBJECTIVES:.

- Comprehend how three current issues related to social media and technology that challenge our ethical and professional views as service providers.
- Through case examples, view the use technology as being both beneficial and potentially detrimental to human services professionals.
- Understand how state licensure boards serve as an integral part of professional and ethical decision making in a changing environment that is moving rapidly towards the inclusion of technology and social media in client services.

5 ETHICS CEUs

5 hours of CE Continental Breakfast, lunch and refreshments included.

Fees, *we are happy to offer an Early Bird rate...REGISTER EARLY - space is limited!*

Members of both GSCSW and NASW: Postmarked by May 1st - $100; After-$120

Members of either GSCSW or NASW: Postmarked by May 1st - $110; After -$130

Non-Members: Postmarked by May 1st - $145; After -$165

Students: Postmarked by May 1st - $60; After -$70

FOR MORE INFO AND TO REGISTER ON LINE - http://nasw-ga.affiniscape.com/cde.cfm?event=421714

COMMITTEE REPORTS

PROFESSIONAL EDUCATION COMMITTEE

GSCSW's spring conference will be held on Friday May 23rd, from 9am-3pm at Peachford Hospital. Our presenter is Jan Ligon, Ph.D, LCSW, who will present on "Technology, Ethics and Professional Licensure: Managing Ethical Issues in a Rapid Time of Change." Registration can be found on the GSCSW website. We're excited to release the line-up for our 2014/2015 Thursday night workshop series in the coming months!

Katie Alioto, LCSW and Lena Franklin, LMSW— You can contact us at professionaled@gscsw.org

ETHICS COMMITTEE

The Ethics Committee recently held our newest event in our member series, Ethics in 3-D event: Dinner, Dilemmas, and Dessert, on Thursday, March 13, 2014. The theme was "BYOD" or "Bring Your Own Dilemma." Committee members and several GSCSW members gathered together at Manuel's Tavern in a private room for an informal discussion of common ethical dilemmas faced in our clinical work. Everyone brought their own dilemmas and questions with them, and appetites!

The conversation was lively, the food was great, and we all learned a lot from one another as we shared common ethical dilemmas we face today. The cost of dinner and dessert was covered for members, included in annual membership dues. Everyone who attended had very positive feedback; one GSCSW member said,

"It is so good to gather together with other social workers and talk about real ethical problems we face today. Everyone had unique insights and ways of thinking about ethical issues that I had not considered."

We encourage any interested members to join us for our next Ethics in 3-D event, which is scheduled for early Summer 2014! Look forward to seeing you next time!

As always, we encourage members to send any ethical question, dilemmas, or situations to us at ethics@gscsw.org

Your GSCSW Ethics Committee Chairs

Stephanie Cook, LMSW and Stacie Fitzgerald, LCSW—ethics@gscsw.org

MENTORSHIP COMMITTEE

The mentorship groups on Thursday nights continue to be well attended and feature lively conversation about getting settled in the field. We've been hard at work planning the jobs panel and hope to see many of you there on April 24th at 7PM at Hillside.

Danna Lipton, LCSW - mentorship@gscsw.org

PUBLIC RELATIONS COMMITTEE

The Georgia Society for Clinical Social Work has historically had a Public Relations committee, whose chair is a member of the GSCSW board. For several years, this committee has remained inactive. The primary role of the Public Relations committee has been to promote and increase the professional and public awareness of our organization. On March 17, 2014, the Board elected Stephanie Cook, LCSW, to chair the committee. As committee roles have changed and social media has become a part of everyday life, we have expanded the PR committee to include social media, which encompass updating and monitoring our Facebook page and keeping informed regarding the aspects of social media which are appropriate for GSCSW for the dissemination of current news, updates, and upcoming events.

COMMITTEE REPORTS

LEGISLATIVE COMMITTEE

Historically, the GSCSW Legislative Committee reports information regarding Georgia's legislative session to the membership that we receive from the NASW-GA Chapter. This year, there were a few changes in leadership within the NASW-GA Chapter, therefore we did some research ourselves, and will report any changes to the final outcome of this legislative session. We also welcome and look forward to meeting the new NASW-GA Director, Cheryl Bonneau Harris, MSW, JD!

The NASW Student Lobby Day was a success on February 18, 2014. Over 500 students, faculty members and volunteers from Georgia and other Schools of Social Work participated in this legislative event. NASW-GA Interim Director, Susan Fort, MSW and Legislative Committee Chair, Dawn Howerton, LMSW provided information on the status of Senate Bill 211 (Professions/Businesses; provide definition for "psychological testing"), Senate Bill 350 (Human Services, Dept. of; bidding out of child welfare services state wide through contracts with community based providers), and House Bill 990 (Social services; expansion of Medicaid eligibility through increase in income threshold without prior legislative approval; prohibit).

Listed below are some bills that we were watching this session. To read more about each bill, go to the GA General Assembly's Website: http://www.legis.ga.gov

SB 65: Mental Health; authorize licensed professional counselor to perform certain acts; secure certification. *Relating to mental health, so as to authorize a licensed professional counselor to perform certain acts which physicians, psychologists, and others are authorized to perform regarding emergency examinations of persons who are mentally ill or alcoholic or drug dependent; to define certain terms; to require a licensed professional counselor to secure certification to perform certain acts from the Department of Behavioral Health and Developmental Disabilities; to provide for related matters; to repeal conflicting laws; and for other purposes.*

Supported by the Department of Behavioral Health and Developmental Disabilities (DBHDD). After the Dept. of Justice lawsuit and settlement due to patients being held in the hospital too long, there was an agreement that there were to be mobile crisis teams with clinicians to assess patients. This also means that we need clinicians to 1013 patients to the ER for medical clearance prior to being sent to an inpatient psychiatric unit. Georgia has a shortage of clinicians in the rural areas. Therefore, with LPCs being able to write 1013s, clients will receive the care they need without requiring sheriffs to complete many 1013s. **Passed; Senate sent to Governor on 3-26-14.**

SB 292: To create a statewide Alzheimer's disease registry to gather data on the disease. *Relating to the Department of Public Health, so as to establish within the Department of Public Health the Alzheimer's Disease Registry; to provide for the purpose of the registry; to provide for promulgation and criteria of rules; to provide for confidentiality of data; to provide for compliance with P. L. 104-191, the federal Health Insurance Portability and Accountability Act of 1996; to provide for related matters; to repeal conflicting laws; and for other purposes.*

The House amended it to include language from HB 707, making the bill more controversial. **Did it pass?** No, but the Alzherimer's registry language to HB 966 did pass.

HB 966: To establish within the Department of Public Health the Alzheimer's Disease Registry. *To provide for the purpose of the registry; to provide for promulgation and criteria of rules; to provide for confidentiality of data; to provide for compliance with P.L. 104-191, the federal Health Insurance Portability and Accountability Act of 1996; to provide for related matters; to repeal conflicting laws; and for other purposes.*

This bill originally started as a bill "relating to pharmacies, so as to authorize licensed health practitioners to prescribe opioid antagonists to certain individuals and entities pursuant to a protocol…," as you can see if you check the information on the Georgia General Assembly's website, and open the modifications of this bill. **Passed; House sent to Governor on 3-26-14.**

HB 826: Crimes and offenses; carrying weapons within certain school safety zones and at school functions; change provisions. *Relating to dangerous instrumentalities and practices and public school disciplinary tribunals, respectively, so as to change provisions relating to carrying weapons within certain school safety zones and at school functions; to amend Chapter 11 of Title 15, Title 16, Chapter 2 of Title 20, and Code Section 40-5-22 of the O.C.G.A., relating to the Juvenile Code, crimes and offenses, elementary and secondary education, and persons not to be licensed, minimum ages for licensees, and school attendance requirements, respectively, so as to correct cross-references; to provide for related matters; to repeal conflicting laws; and for other purposes.* **Passed; House sent to Governor on 3-27-14.**

HB 911: Crimes and offenses; strangulation as aggravated assault; add provisions

Relating to assault and battery, so as to add provisions regarding strangulation as an aggravated assault; to amend Chapter 11 of Title 15 of the Official Code of Georgia Annotated, relating to juvenile proceedings, so as to fix cross-references; to provide for related matters; to repeal conflicting laws; and for other purposes. **Passed; House sent to Governor on 3-25-14.**

HB 923: Journey Ann Cowart Act; enact. *Relating to the "Georgia Child Advocate for the Protection of Children Act," child abuse, and general provisions for the Georgia Bureau of Investigation; to amend Code Section 49-5-41 of the Official Code of Georgia Annotated, relating to persons and agencies permitted access to child abuse and dependency records, so as to clarify defined terms and change*

LEGISTLATIVE COMMITTEE REPORT CONTINUED ON PAGE 19

COMMITTEE REPORTS

LMSW COMMITTEE

2014 has been off to a great start for the LMSW Committee. We were pleased to have hosted two informative and thought-provoking salons. The January salon was centered on the topic of "LCSW Licensure Q&A," in which our panelists provided feedback on supervision, test preparation and the licensure process. We extend much gratitude to our gracious host, Sara Page, and our panelists, Anna Galloway and Laura Adilman. Our March salon, "Issues in Private Practice," was an insightful discussion in which panelists offered us their wisdom and experience surrounding various challenges in private practice, such as ethics, legal issues and role transitions. Much gratitude is owed to our host and panelist, Tricia Anbinder, as well as Stephanie Cook and Phyllis Glass.

Please mark your calendars for our next salon, "Supervision: A Professional Journey," in which several seasoned members will share their experiences with supervision throughout their professional journeys. Event date TBD. Please see GSCSW.org for updated information.

The LMSW Committee continues student outreach projects with local universities with the goal of inspiring and encouraging involvement of the next generation of professional social workers. If you are affiliated with a GA social work program and wish to inquire about bringing one of our committee members to speak at your location, please contact us at LMSW@GSCSW.org. We are also seeking student representatives to help us connect with MSW students.

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

LOW COST SUPERVISION COMMITTEE

The low cost supervision committee is thriving. We have 26 low cost supervisors who are willing to offer clinical supervision on a low cost basis. For those members who are interested in applying to become a low cost supervisor, the process is as follows: application, proof of liability insurance, and 2 references. Supervisees are often picking their supervisors directly from our website.

One of our supervisors, Polly Hart, has been avidly keeping up with the use of media/technology in social work supervision. The licensing board just recently shared its position on using media and technology for SUPERVISION purposes. Per the licensing board, they are reviewing this topic, however, for now, supervision should occur "in person, face to face."

Many of us recently attended a seminar offered by the UGA School of Social work, Ethics in Supervision.

Anyone having questions related to this committee, please call Jamie Bray, 404-875-4551 x241—supervision@gscsw.org

CLINICAL PAGE

The Clinical Page continues to be published twice yearly, once in the fall and once in the spring. We welcome submissions for consideration throughout the year. Authors are invited to submit an article, book or movie review, an ethical study, use of treatment modality, or practice narrative that would be of interest to other social workers in our community about any aspect of practicing clinical social work. Over the next few months, we are considering some new features and ideas, so feel free to email with any questions or suggestions. Thanks in advance to making the Clinical Page a valuable resource to our membership!

Elizabeth Eiland Figueroa, LMSW

clinicalpage@gscsw.org

MEMBERSHIP COMMITTEE

Thanks for another great season. We look forward to seeing everyone in the 2014-2015 season. As always, please feel free to provide thoughts and suggestions about membership needs. Please consider joining the committee as we could use extra hands. This committee is a great way to meet new people and network!

Amy Keel, LCSW and Rebecca Anne, LCSW—Chairs

COMMITTEE REPORTS

LEGISLATIVE COMMITTEE REPORT CONTINUED

provisions relating to disclosure; to provide for related matters; to repeal conflicting laws; and for other purposes.

This bill requires greater transparency from the Division of Family and Children Services in cases of child deaths and move the Child Fatality Review Panel to the GBI. It was one of the governor's priorities. **Did it pass?** No, but its language was added to SB 365, dealing with offender re-entry programs (see below).

SB 365: Fair Business Practices Act; To enact offender reentry reforms as recommended by the Georgia Council on Criminal Justice Reform. *Relating to the Fair Business Practices Act, delinquency proceedings in juvenile court, suspension of driver's license for certain drug offenses, the Board and Department of Corrections, and general tort provisions, respectively, so as to enact offender reentry reforms as recommended by the Georgia Council on Criminal Justice Reform; to provide for related matters; to repeal conflicting laws; and for other purposes.*

Passed; Senate sent to Governor on 3-26-14.

HB 511: State employees' health insurance plan; pilot program to provide coverage for bariatric surgical procedures for treatment and management of obesity; provide. *Relating to the state employees' health insurance plan, so as to provide for a pilot program to provide coverage for bariatric surgical procedures for the treatment and management of obesity and related conditions; to provide for eligibility; to provide for requirements; to provide for a review panel; to provide for an evaluation report on the pilot program; to provide for automatic repeal; to provide for related matters; to repeal conflicting laws; and for other purposes.* **Passed; House sent to Governor on 3-26-14.**

HB 772: Public assistance; drug testing for applicants for food stamps; require. *Relating to public assistance, so as to require drug testing for applicants for food stamps; to provide requirements; to provide that any person who fails such drug test shall be ineligible to receive food stamps; to provide for reapplication; to provide for children's food stamps; to provide for confidentiality of records; to provide for related matters; to repeal conflicting laws; and for other purposes.* The final version of the bill requires state employees to determine whether an individual must be tested. **Passed; House sent to Governor on 3-27-14.**

HB 885: Medical cannabis; continuing research into benefits to treat certain conditions; provisions. *Relating to the use of cannabis for treatment of cancer and glaucoma, so as to provide for continuing research into the benefits of medical cannabis to treat certain conditions; to provide for the continuation of the Controlled Substances Therapeutic Research Program; to provide for selection of academic medical centers to conduct the research; to provide for expansion of the review board and its duties; to establish the responsibilities of academic medical centers; to provide for the testing, storing, and dispensing by the Georgia Drugs and Narcotics Agency; to provide for immunity; to provide for related matters; to repeal conflicting laws; and for other purposes.*

Section 3 of this bill is related to Autism and insurance coverage, as in SB 397. Senate Passed/Adopted By Substitute. **Did not pass, and the language was also substituted into SB 291, which also did not pass.**

HB 990: Social services; expansion of Medicaid eligibility through increase in income threshold without prior legislative approval; prohibit. *To prohibit the expansion of Medicaid eligibility through an increase in the income threshold without prior legislative approval; to provide for legislative findings; to provide for related matters; to repeal conflicting laws; and for other purposes.* It would require an act of the Legislature before Medicaid could be expanded via the Affordable Care Act. **Passed; House sent to Governor on 3-26-14.**

Other Notable bills that NOT pass:

HB 290: To allow employees use sick leave for care of immediate family members. *Relating to general provisions relative to labor and industrial relations, so as to allow employees to use sick leave for the care of immediate family members; to provide for definitions; to provide for conditions to take leave; to provide that retaliatory actions are unlawful; to provide for related matters; to repeal conflicting laws; and for other purposes.* **Did not make crossover day.**

HB 707: The Georgia Health Care Freedom and ACA Noncompliance Act; enact. *Relating to general provisions regarding health, to the state or any political subdivision, from engaging in an activity that aids in the enforcement of the federal Patient Protection and Affordable Care Act of 2010; to endow the Attorney General with authority to bring suit to enjoin violations of such prohibition and issue advisory rulings; to provide that neither the State of Georgia nor any of its political subdivisions shall establish a health care exchange; to provide that no agency, department, or other state entity shall authorize any person acting on behalf of such agency, department, or entity to undertake any action under the aegis of Section 2951 of the federal Patient Protection and Affordable Care Act of 2010; to repeal conflicting laws; and for other purposes.* Senate Read Second time; **Did not pass.**

HB 771: Civil practice; statute of limitations for actions for childhood sexual abuse; extend. *Relating to limitations of actions, so as to extend the statute of limitations for actions for childhood sexual abuse; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.*

House Committee Favorably Reported By Substitute; **Did not pass.**

CONTINUED ON PAGE 1

COMMITTEE REPORTS

LEGISLATIVE COMMITTEE REPORT CONTINUED

HB 812: Elementary and secondary education; bullying; revise provisions. *Relating to discipline of students in elementary and secondary education, so as to revise provisions relating to bullying; to provide for legislative findings; to require annual reporting of bullying incidents; to provide for definitions; to provide for requirements for local boards of education, state charter schools, and private schools; to provide for requirements for the Department of Education; to provide for statutory construction; to provide for related matters; to repeal conflicting laws; and for other purposes.* House Second Readers; **Did not pass.**

SB 211: Professions/Businesses; provide definition for "psychological testing." *Relating to professions and businesses, so as to provide a definition for the term "psychological testing"; to clarify that persons licensed as professional counselors, social workers, and marriage and family therapists are not authorized to conduct psychological testing as defined; to clarify that psychological testing is part of the practice of psychology; to amend Code Section 37-1-1 of the Official Code of Georgia Annotated, relating to definitions relative to the general provisions governing and regulating mental health, so as to conform a cross-reference; to provide an effective date; to repeal conflicting laws; and for other purposes.* Senate read and referred; **Did not pass.**

SB 291: Georgia Adult and Aging Services Agency; create. *Relating to general provisions relative to services for the aging, so as to create the Georgia Adult and Aging Services Agency; to provide for definitions; to provide for the creation of the Georgia Adult and Aging Services Board; to provide for membership, powers, and duties; to provide for an agency executive director; to provide for executive personnel; to provide for transfer of property, personnel, and funding from the Department of Human Services and the Division of Aging Services; to provide for further authorizations; to provide for receipt of funds and appropriations; to provide for an annual report; to provide for related matters; to repeal conflicting laws; and for other purposes.*

This bill ended up being changed to pertain to Medical Marijuana. House Passed/Adopted By Substitute.

SB 350: Human Services, Dept. of; bidding out of child welfare services state wide through contracts with community based providers. *Relating to the Department of Human Services, so as to provide for the bidding out of child welfare services state wide through contracts with community based providers; to provide for definitions; to provide for qualifications for contractors; to provide for contract standards; to provide for a review; to provide for procedures; to provide for related matters; to provide for a contingent effective date; to provide for an effective date; to repeal conflicting laws; and for other purposes.*

Senate Agrees House Amend or Sub As Amended.

SB 397: Autism; provide for certain insurance coverage of autism spectrum disorders; definitions; limitations; premium cap. *Relating to insurance coverage for autism, so as to provide for certain insurance coverage of autism spectrum disorders; to provide for definitions; to provide for limitations; to provide for premium cap and other conditions; to provide for applicability; to provide for related matters; to repeal conflicting laws; and for other purposes.* House second readers. **Did not pass.**

SR 1031: State of Georgia; English as official language. *A RESOLUTION proposing an amendment to the Constitution so as to declare English as the official language of the State of Georgia; to provide for the submission of this amendment for ratification or rejection; and for other purposes.*

Senate Read Second Time. **Did not pass.**

Thank you so much for your interest and support of the legislative issues that are so important to our profession and our clients! Please feel free to email us if you have any questions, or if you would like to become a member of the Legislative Committee: legislative@gscsw.org

Barbara Lewison, LMSW - Chair

Alexandra Pajak, LMSW - Legislative Committee Member

Katherine Thyne, LCSW - Legislative Committee Member

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JOIN THE GSCSW LISTSERV

We are continuing to encourage everyone to be a member of the GSCSW online community through the listserv. The benefits include:

- Giving and obtaining referrals and resources
- Jobs and workshop postings
- Office space announcements

If you are not a member, please send an email requesting an invitation to join the GSCSW listserv to: admin@gscsw.org

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

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$15 Members	$40 Members	$90 Members
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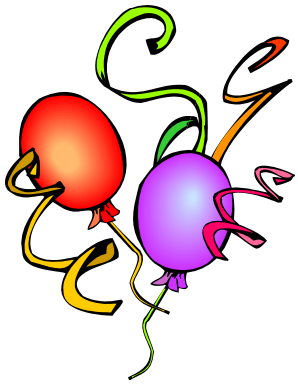
END OF THE YEAR PARTY!!



WHEN: Friday, June 6th

WHERE: Home of Ephrat Lipton, 60 Chevaux Court, NW Atlanta, GA 30342 (off Lake Forrest Drive, just North of Mt. Paran

CONTACT: 404-202-0932

BRING: A dish to share

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