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CALENDER

Diane Davis—December 16th—
See page 11 for more details and for registration information.

Jan 5, 2017—Professional Ed—
Couples Counseling with Hostile Angry Couples Using the Developmental Model— at Hillside. Program starts at 6:30 pm

Post-Election Response

BY: THE GSCSW EXECUTIVE BOARD

It has been a whirlwind few weeks since the election of Donald Trump. As clinical social workers, it's likely we're experiencing the impact of this election personally, professionally and through the voices of many of the clients we serve. There are still many questions to be answered about what the next presidential term will look like for the United States, but we are also starting to see some clear areas where we can take action and ways to advocate. Though GSCSW is not in the habit of making statements about candidates or political parties directly, we are very much in the habit of engaging politically on issues of social justice. This election has raised a number of social justice issue areas and people are reacting. Many of you, our membership, have expressed feeling of outrage and a passion to act. Others point out the importance of offering support in a politically neutral way, with fears and emotions being expressed from all sides of this event. One member responded with, "It seems our clinical neutrality and ability to contain pain and ugliness may be even more crucial now." Others, have expressed great shock and fear.

Yet, we as social workers, recognize that crisis presents opportunity. There is hope. Hope that the issues that were once dormant are now in the spotlight and demand our attention and the attention of our leadership. Hope that we can not only offer compassion, support and empowerment to our clients, but that we also take time for personal reflection into the ways we contribute to the problem, or work towards the solution. Most of all, we believe this opportunity presents hope that we will share our stories, and the stories of those we stand beside: That we will share the voice of the oppressed with each other and with those in positions to make change. There is much work to be done. We as social workers see this as a time to act. For these reasons, we want to provide our members avenues and resources to get involved to support our clients, our leadership, and ourselves in our roads to recovery as people and as a nation. [Click here to access a full list of resources for supporting our clients, ourselves as clinicians, and ways to get involved.](#)

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PRESIDENT'S MESSAGE



As the holiday season is upon us, and the year draws to an end, we all take moments for reflection. As I reflect upon all that GSCSW has accomplished in 2016, I am overwhelmed with a sense of gratitude and hope. Our membership, which is at the highest it has ever been in the 36 year history of our Society, accomplished amazing things! I am filled with admiration and inspiration for our future as our board has passionately tackled new challenges within each of our 3 pillars of focus: Education, Mentorship, and Legislative Advocacy, amidst a time in our state's history where a need for unity is more apparent than ever. I have highlighted a few items below:

Strengthening relationships:

- We are now attending all composite board meetings in Macon - representing the Clinical Social Work perspective. Consider joining us!
- We have hosted excellent educational events with our community partners: Hillside, Ridgeview, and now Kennesaw State University in the spring. At these 2016 events we have

learned from many of our own Members, LCSW's such as Patrick Bryant, Lena Franklin, Melanie Storrusten, Jesse Heneghan, Tara Arnold, and Tricia Anbinder. We have also been honored to host guests such as Ruby Blow, LPC, Charlie Safford, LCSW, Rebecca Clegg, LPC, and Marissa Ghavami, Co-Founder of Healing Tree.

- We continue to collaborate and partner with NASW on a monthly basis.
- We have represented Georgia as a state affiliate of the National Association of Clinical Social Workers (CSWA), and attended the annual conference again this year.

Serving our Membership: Education, Mentorship and Legislative Advocacy:

- **EDUCATION:** In addition to the amazing CEU events listed above, our online CEU workshops are up and running, finally allowing our members who live outside the Metro Atlanta area or have been unable to join us on Thursday nights the ability to partake in these awesome learning opportunities. Further, we have had bonus events for education and networking, including Telemental Health trainings, Town Hall meetings, and dinner discussions on ethical dilemmas and boundary-crossings.
- **MENTORSHIP:** We continue to have many new attendees at our monthly mentorship meetings, where information about job opportunities and licensing process is shared. Our low-cost supervision program continues to run smoothly under the leadership of our new chair- Jean Rowe, LCSW. Additionally, a new Co-Chair Mentorship position will offer double the support for our new clinicians! We are excited to have Becky Anne back with us
- **LEGISLATIVE ADVOCACY:** It has been an incredibly active year. From HB 319, to Composite Board meetings, to Town Halls, to several "Calls to Action" (see the new one attached), our legislative committee and board have been busy advocating for our profession, and clients. What a year!

I am currently reading a book by my favorite author, Jodi Picoult, entitled "Small Great Things"- . As she so eloquently writes about ethical and moral issues in everyday life, I am struck by her paraphrase of Dr. Martin Luther King Jr's quote: **"If I cannot do great things, I can do small things in a great way"**. This is often how I view our charge as Clinical Social Workers, and as a Clinical Society. As you read the enclosed updates and articles, I hope that it not only inspires you to join in on the great causes being addressed within our organization, but also that it might help shape your daily work. I envision we might approach each task in front of us with renewed energy and passion; each soul entrusting their story to us, each opportunity to cut through red tape, and each chance to advocate for those we work with is a **gift**. We are given opportunities each and every day to do small things in a great way. I hope that GSCSW can continue to help empower you all in the important work being done across our state.

Stacie Fitzgerald, LCSW
GSCSW President
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FROM THE EDITOR



Throughout our 118-year history, social workers have addressed the needs of society, taking political action against issues of injustice on behalf of and alongside the marginalized. In our clinical work this fall, against the backdrop of the national Presidential election, social workers have seen close-up the impact of these politics in the clients we accompany. As part of the long social work tradition of political advocacy, and aligning with our core values as a profession, GSCSW has made a statement in response to the national election, offering several resources for caring for both self and client. Additionally, two of our members, Barbara Emmanuel, LCSW, and Luis Alvarez-Hernandez, LMSW, have offered us post-election reflections for this edition of the *Clinical Page*.

In addition to reflecting on and responding to the recent national election, this edition of the *Clinical Page* highlights other important clinical topics: Alyce Wellons, LCSW, and Lena Franklin, LCSW explore the role of the body in healing; Alva McGovern, LCSW, shares the depth and benefits of long-term psychotherapy; and Tiffany Conyers, LCSW, connects attachment parenting and the breastfeeding relationship. GSCSW's committee reports also highlight the work social workers are engaged in within our organization, and I encourage you especially to learn more about ways to be involved legislatively here in Georgia on behalf of our profession and our clients.

In this season of reflection and gratitude, I want to take a moment to thank the committed *Clinical Page* committee: Alicia Simoni, LCSW, for her editing skills, Meg Harbin, LCSW, for her communications with authors, and Karen Whitehead, LCSW, for her willingness to help with the future directions of the *Clinical Page*. In addition, I would like to thank the GSCSW Administrator, Trisha Clymore, and the GSCSW Executive Committee for their direction and contributions in this publication in service to our membership. This is certainly a season to be thankful for social work as a profession, and this committee is no exception.

It is my hope that the *Clinical Page* continues to publish thoughtful articles and diverse opinions. Thank you for your contributions that benefit our membership, and I look forward to our continued work together. Please do not hesitate to contact me with any questions, concerns, or ideas about the *Clinical Page*.

Warmly,

Elizabeth Figueroa, LMSW

Clinical Page Editor

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LETTERS TO THE EDITOR

Let's be in conversation about the articles we publish!

Letters to the Editor is a new section of the *Clinical Page*. With this feature, the GSCSW membership will be able to continue the many conversations that authors begin with our *Clinical Page* articles. If you have any feedback, questions, follow-up commentary, or additional notes from a previous edition's article, email Elizabeth at clinicalpage@gscsw.org for your letter to be considered for this new feature. We look forward to this way of being in dialogue!

AFTER THE ELECTION

BY: BARBARA EMMANUEL, LCSW



I work at Emory University CAPS, which provides individual, couples, and group therapy for Emory students. My clients have ranged in age from 17 to 56, and one of the things I love about my job is meeting with clients from all over the world. While in general Emory students are extremely privileged (white, high SES) it's not uncommon for the students I see to have concern about not having money to buy food or pay the rent. Many of the students I see work two or more jobs while also working to keep up their GPA at a pretty demanding university.

So the election. On election day, my last client was a Black male student I've seen for a while. Our parting words were ones of hope about the outcome of the election, but as he walked out the door he said something about "the possible apocalypse." My stomach lurched, and as the evening wore on, well, we know the outcome.

Since that day, every student to sit across from me in individual therapy or in group has expressed fear, anger, worry, and terror at what is coming next. One student who is a woman of color told me this week "I feel like I have a bulls-eye on my head." Black students and other students of color are having panic attacks as they hear about the increase in hate crimes being acted against students of all ages across our country. Students have expressed concern about their parents who rely on the ACA to insure their families. Students who identify as LGBTQ are scared about being further targeted and marginalized.

Every November, I attend the Transgender Day of Remembrance service held at Emory which is always solemn and extremely sad, as the names of trans people who have been murdered throughout the year are read aloud. This year the mood at the service was one of shock and devastation, but the trans students who led the service spoke of love, kindness, community, and empowerment. Courage was palpable in that room. I am ashamed for the people in our country who bought into the fear of "the other," Americans who are not like them whether that be based on religion, SES, sexuality identity, or country of origin. That fear led to the election a man who is filling his cabinet with those who will quickly work to undo the small and large advances our country has made in providing protections and civil liberties for those who hold marginalized identities.

What do we do? We white people created the mess we are in, with years of racism built into the very structure of our country, and it is our work now fix it. Read. Educate yourself. Speak out. Donate to causes who are going to need financial resources to fight the fights that coming soon. Forget safety pins—wear a Black Lives Matter T shirt and/or get a yard sign. Work with other white people to support the voices of those who are in danger and whose rights are being threatened. I am proud to be a social worker and I love our code of ethics, which calls us to be political and to work for social justice. My dad, who is 96, a WWII vet and a life-long Republican, told me that Donald Trump bears many similarities to Benito Mussolini, leader of the Italian National Fascist Party during WWII; these are words I have not taken lightly.

For our organization, look to our membership and elevate the voices of those members who are Black social workers, social workers of color, lgbtq social workers. Seek out speakers and presenters who are non-white. Look to our board to invite new board members who are non-white. It starts with us, right?

Here is one part of our code that is particularly relevant for me today.

6.04 Social and Political Action (a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice. (b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups. (c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people. (d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.

Barbara Emmanuel is the group coordinator at Emory University CAPS. She is a past president of GSCSW, loves her supervisees (past and present), and has a constant goal of working toward cultural humility. Sugar is her frenemy.

POST ELECTION UNCERTAINTY IN CLINICAL PRACTICE

By: **Luis R. Alvarez-Hernandez, LMSW, CAMS,**



As clinical social workers, we are taught to differentiate between content and process to understand the real meaning of a client's expressions. In general terms, content is what we say while process is how we say it. Process is also that underlying message that escapes through the seams of words. As clinicians, we tend to focus more on the process. We point out, for example, the flat affect of a person who states she is distressed, the restlessness of a client who says he is feeling calm today, or multiple missed appointments of an ambivalent client who assures us of being ready for therapy. These discrepancies provide us with a more informed assessment and guides our communication and treatment planning in therapy. However, the ability to discern these cues are not exclusive to those practicing the art of psychotherapy. Our clients can also pick up on incongruent messages by their therapist who assures them of active listening while constantly looking at their watch or checking their phones. As a microcosm of the world around us, the counseling room is just an extension of how our clients experience relationships in their lives.

The elections, and more specifically learning about our new President-Elect, have caused uncertainties and anxiety for some of our clients in context of the world they experience. As a clinical social worker working with underserved and historically oppressed populations, I have experienced this in session. I have heard my clients with chronic medical conditions, including HIV/AIDS, expressed their uncertainty about future health coverage and access to life-saving medications. Some of my LGBTQ* clients have expressed anxiety about losing their marriage equality rights. Moreover, I have heard transgender clients express fear of more discrimination that challenges what they already experience every day. I have heard Latino immigrants voice their anxiety about further harassment and a forced returning to a country where they experienced trauma and abuse. For many, intersectionality of identities forces them to be uncertain and anxious about all the above.

The hostile climate these individuals already live in has been intensified for the past year and a half by the political climate. Our clients can perceive and negatively experience the process that fosters hate and intolerance in our society. We should be careful not to ask our clients to focus on the content rather than the process. It is important for us to understand and validate their experiences. We must be mindful of how world views are very real especially in the context of experiencing historic, systemic, and social oppression. Clinical social workers should encourage clients to understand the process. This way, just like us in the counseling room, they can better assess the content and plan with empowering knowledge. Dismissing oppressed communities that fear the future and are experiencing uncertainty and anxiety only reinforces avoidant behavior, suppression of feelings, and a sense of disempowerment. As knowledgeable social workers with firm ethics and values we know how counterproductive this is to individuals, families, communities, and our society. Our duty is not only to give voice to the disenfranchised. Our duty is also to make their own voices louder in times like this.

Luis R. Alvarez-Hernandez is a LMSW, CAMS-II. He has evidenced social, community, and clinical services with diverse populations in Puerto Rico, Spain, Mexico, and Georgia. Mr. Alvarez-Hernandez currently practices as a Dual Diagnosis Clinician with the HIV/AIDS, mental health, substance abuse, and minority populations. His research and presentations include the topics of cultural diversity, health disparities and needs of LGBTQ* individuals, and bio-psycho-social interventions.

He can be reached at 706-889-7103, alvarezsocialwork@gmail.com, or <https://lalvarezhernandez.wordpress.com/>

A NEW APPROACH TO PSYCHOTHERAPY: HEALING THROUGH THE BODY

BY: ALYCE WELLONS, LCSW and LENA FRANKLIN, LCSW



In recent years, extensive research has emerged about the efficacy of yoga, meditation, and mindfulness as treatment modalities for mental disorders. It's thrilling to witness neuroscience validating what ancient yogis have known for centuries. But what are these links and what does it look like when clinical work and mind/body healing come together?

Practicing psychotherapy looks different today than it did in years past. Although the traditional practice of insight-oriented, psychodynamic therapy continues to exist as the underpinning of many therapies we see today, the spectrum of practice is expanding and evolving.



Through talk therapy, we can help our clients develop insight about the origins of experienced mood states such as anxiety and depression, helping to create an understanding by linking past and present. However, a deepened cognitive understanding of the symptom origins doesn't necessarily lead to easing symptoms themselves. Reinforcing the inner narrative (stories) surrounding anxiety and depression through talk therapy can at times intensify the symptoms. So, as clinicians, where do we turn next? The answer exists beyond and beneath verbal processing in the therapy room.

Reprogramming our Minds and Bodies

Through body-based practices, we can harness the capacity for neuroplasticity, creating profound brain change. This transformative brain change is available to our clients as they sit before us in our offices. As humans, we journey through life experiencing relationships, events, and traumas that create imprints on our minds and bodies. These imprints inform our attachment styles, personalities, and the way in which we perceive life on this earth. But often times the hypervigilance we've developed hijacks our capacity to receive the joy and love available to us in present moment experiences. In the modern day, we do not need to stay vigilant to survival sources such as food, water, and safety to the same extent as our predecessors. But for many of us, our brains have not caught up. Our amygdala continues to scan the environment for safety and danger, even though it doesn't need to do so anymore. This hyper-aroused amygdala is one of the leading causes of anxiety.

Enter mindfulness, meditation, and yoga. Currently a hot topic in popular culture, mindfulness appeals to many types for many different reasons, ranging from a high-powered CEO in hopes of better productivity and creative energy, to people in recovery wanting an effective tool to treat anxiety, depression, and addiction. We are catching up to what eastern medicine has known for hundreds of years; healing through the body, from the bottom-up, works.

Mindfulness, Meditation, and Yoga in Therapy

One of the best definitions of mindfulness belongs to Jon Kabat-Zinn: "*Mindfulness means paying attention in a particular way—on purpose, in the present moment, and non-judgmentally.*" All humans possess a negativity bias, as we're wired to hone in on the negatives in our environment, as well as internally experienced negative thoughts and feelings. The power of presence provides the opportunity to create space between our thoughts and the essence of who we are. This space is truly our liberation from suffering. Mindful awareness can unfold in many ways—through the practice of meditation, yoga poses, sensory experiences, or breath work.

As clinicians, most of us work with clients who experience anxiety, so let's look at our body's stress response to anxiety. Anxiety is mediated through the autonomic nervous system, which involves sympathetic (fight or flight) and parasympathetic (rest and relaxation) responses. There are integrative ways to work with the body to help shift our clients into parasympathetic dominance. Working with *prana* in session can be very useful in countering the hyperarousal that typically accompanies anxiety.

First of all, what is *prana*? Literally, *prana* is the Sanskrit word for "Life Force." *Prana* is the energy of the universe we're all connected to through breath. The way in which you breathe is a powerful metaphor for the way in which you walk through the world. In times of anxiety or stress, are you restricting your breath as if you don't deserve the fullness of each breath cycle? When we restrict the breath, we engage the sympathetic nervous system, decrease access to our executive functioning and creativity, and dim our inner spirits. Inviting and embodying the fullness of breath engages the parasympathetic nervous system, keeps us online with our executive functioning, and creativity, and also enlarges the spirit, helping us reconnect with the light of our heart space. Yogic methods enrich our *prana* and can be used with clients to help them reconnect to their natural state available to them in the present moment.

Various body postures, or *asanas*, can help clients cultivate an awareness of their present moment experiences, easing symptoms of anxiety or depression. *Asanas* can also be used to work with the heart in ways that enhance our capacity for empathy, compassion and kindness. If you're working with a client who has difficulty giving or receiving love and their heart feels closed and tight, you might want to consider a heart-opening pose. For example, guiding your client to shift their hands over their heart space in *eagle mudra*, pairing this

A NEW APPROACH TO PSYCHOTHERAPY: HEALING THROUGH THE BODY

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yogic pose with a slow chant of “Yam” - the root sound for the heart chakra, creates brain integration. Here, beneath words and story, the client accesses a sacred moment of mind/body connection, shifting away from anxiety-perpetuating narratives into the safe sanctuary of the body. Giving clients the opportunity to be in their bodies in a felt sense of safety gives them a place to return to during times of stress and anxiety.

The intersection and integration of psychotherapy, neuroscience, meditation, yoga, and spirituality is best summed up Dr. Dan Siegel:

“For the brain, integration means that separated areas with their unique functions, in the skull and throughout the body, become linked to each other through synaptic connections. These integrated linkages enable more intricate functions to emerge—such as insight, empathy, intuition, and morality. A result of integration is kindness, resilience, and health. Terms for these three forms of integration are a coherent mind, empathic relationships, and an integrated brain.”

The modalities that create the synaptic connections linking these separate and unique functions in the skull and throughout the body are the breath and body work described above. Just sitting, with presence, in awareness of our own body and breath, and then teaching our clients to do the same through the body based practices of mindfulness, meditation, and yoga, is the portal to our deepest healing.

As clinical social workers, we feel energized by neuroscience validating meditation and yoga as treatment modalities expanding our scope of practice. As we intend to meet our clients where they are, shifting into the body becomes fundamental in accessing profound healing. We like to say, “to journey inward is our highest calling,” so as we begin to embody our own inner healing, we cultivate the transformative wisdom to share this body-based healing with the courageous clients who sit before us. As therapists, we emphasize bringing our “whole selves” into the therapy room—we believe this encompasses working with the whole body to affect client change.

“As we let our own light shine, we unconsciously give other people permission to do the same.” Nelson Mandela

Alyce has been a licensed clinical social worker since 1999 in the state of Georgia. She has maintained a private psychotherapy, supervision, and consultation practice for over 17 years in the Virginia Highlands area of Atlanta.

Alyce sees individuals and couples for short- or long-term psychotherapy. She has experience and training in many different modalities and areas of psychotherapy. Her areas of expertise and theoretical focus are attachment, addiction/recovery/relapse, disassociation, interpersonal theory, neurobiology, PTSD, trauma, and related work with individuals and couples. Alyce also uses mindfulness-based education and body-based techniques for addiction, anxiety, depression, relationship issues, recovery, stress related to daily life and other mental health issues.

In addition to over 17 years of training and experience in the practice of psychotherapy, Alyce believes in the use of respectful humor and laughter as one of the most wonderful and connecting aspects of life, especially in navigating some of the difficult passages we face along the way.

Lena Franklin, LCSW, is a psychotherapist with years of experience integrating meditation, yoga, and inner experiential exercises into her clinical work with clients. Lena is the owner of a [Mindfulness-Based Psychotherapy Practice](#) and a luxury wellness retreat business called Inner Journey Retreats. Utilizing her specialized training in [LifeForce Yoga](#) (Yoga for Mood Management), clinical background, and training in mindfulness including Mindfulness-Based Stress Reduction (MBSR), Lena helps clients heal from a body-centered approach. Lena helps clients remove inner obstructions, reconnecting them to their innate goodness beneath stress, anxiety, depression and trauma. Raised in a hybrid Buddhist/Christian household, Lena was introduced to meditation as a young child. Today, this mindfulness foundation has grown into a deep passion to guide others on a journey towards inner peace, emotional balance and a felt sense of wholeness. You can explore more about Lena’s work at www.lenafranklin.com or contact her at Lena@LenaFranklin.com

Why Long-Term Psychotherapy

BY: Alva McGovern, LCSW



At a time when life moves like flashes of light and Quantum Physics has proven time is speeding up, you might wonder how long term psychotherapy might have relevance in your practice today. After all, insurance companies standardize psychotherapy with DSM codes, treatment goals, anticipated expected outcomes, and mandated models for brief therapy. Despite increasing pressure for therapy to provide quick solutions for problems which likely had roots years before a patient presents for treatment, I have noticed patients respond positively with insight and increased self awareness. Often, they want to continue treatment past completion of their initial stated goals.

During my years of sitting with patients, I have come to believe that most of us humans have an innate yearning to connect intimately with others, but more importantly to connect intimately with ourselves. In this 'brief' article, I hope to show how some basic tenets of long-term psychotherapy and in particular Control Mastery Theory, can enable the therapist to better understand the patient's goals, his underlying issues, his behaviors, and his beliefs. In turn, the patient can benefit in ways that are long lasting and life changing.

The term "Control Mastery Theory" has long been argued (within the San Francisco Psychotherapy Research Group where Control Mastery Theory was founded) to be possibly misleading and at least bland, certainly not enticing. However, the term accurately addresses the patient's conscious and unconscious desire to control his/her affective states by working through patterns of self-destructive behaviors and thoughts (i.e. 'Pathogenic Beliefs'). By using certain clinical tools, the therapist is able to identify stated and unstated goals of the treatment, track the progress of the treatment by noticing how the patient 'tests' the therapist, if the therapist passes the tests, and how the patient responds to interventions. In this article, I will describe 3 basic tenets of Control Mastery Theory (CMT): Understanding the goals ("plan") of the patient, "Pathogenic Beliefs", and 'Testing.'

Beginning with my first contact with a patient, I begin to formulate thoughts about why they are coming for help at this particular time. The stated goals may or may not necessarily include the patient's "plan" (as viewed in CMT). The plan may be more unconscious and often involves untangling "Pathogenic beliefs." Pathogenic beliefs develop within interactions in early relationships and have their roots in early childhood trauma, be it emotional, physical, or otherwise. Because the child is innately egocentric, and fears hurting himself or others, he develops these beliefs in order to make sense of his environment and in order to avoid inflicting pain on himself or others. The child tenaciously adheres to these beliefs, even though others in the family may or may not have necessarily consciously intended this outcome. As the child develops these beliefs become the cognitive structure for understanding and anticipating the behaviors and interactions of others.

For example, a middle-aged woman who came to treatment complaining her family of origin was "suffocating" her. In the first session, I learned she had a passive, complaining mother and a hostile, critical father. Both older siblings were underachievers. She learned from an early age, that she had to look out for herself because there was no one else she could rely on and no one to protect her. Over time, she realized she had to help take care of the others in the family. The more of an over achiever she became, the more others in the family sought her assistance. Early in her life she developed a 'pathogenic belief' of feeling overly responsible for others. This belief was rooted in early childhood and cemented in dysfunctional family dynamics, which continued throughout her life. If she tried to act in her own best interest she felt tremendous guilt. Saying no to her family was foreign and ego dystonic. From the first session, it was clear that much of her treatment would focus on providing a space for her to breathe, to think about her worries and to help her feel okay about setting limits with her family.

In thinking about the patient's "plan," it is not always evident in the beginning of treatment. Sometimes, the therapist looks for clues behind the stated goals and the story line and simply waits for more information to unfold. In the previous example, the patient progressed quite rapidly, setting limits with her family of origin and all the while acknowledging the resulting benefits. Because she was progressing so rapidly, I wondered if there was more to her plan. Suddenly in a session she began to describe conflict with her previously mentioned 'very supportive' spouse. Thus, the "plan" expanded from feeling less guilt in saying no to her family to also saying no to her spouse and being okay if they disagreed. This underlying plan to look more closely at her marriage may have arisen only after she felt more empowered and had developed more trust in the treatment.

"Testing" is almost always going on whether the therapist is aware of it or not. Often tests are around frequency of the sessions. During a summer, this particular patient had lapsed into every other week sessions when vacation schedules, either hers or mine, had conflicted. She began describing the disagreements in her marriage after a 2-week break. At that point, I suggested that we resume our weekly sessions and somewhat to my surprise she quietly agreed. In the following sessions she continued to bring in more affect around her concerns, frustrations and worries about her husband. Also in these discussions she shared early childhood memories associated with

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ATTACHMENT PARENTING AND THE BREASTFEEDING RELATIONSHIP

BY: TIFFANY CONYERS, LCSW



As a clinical social worker, psychotherapist, certified breastfeeding specialist and breastfeeding mother, I can't help but be excited about maternal mental health and supporting women in their motherhood journey. From contemplating motherhood, to successful delivery, and postpartum care, my private practice Maternal inSync, LLC is here to help moms be inSync: Mind, Body and Soul. One of the focuses of my practice is to promote proper attachment and bonding for parents and their "bundles of joy."

Attachment theory is a philosophy by John Bowlby, who found that healthy human emotional development requires a newborn to develop a secure and loving attachment to her care providers. Early problems in child/parent bonding can lead to emotional and mental health issues in children later in life. Attachment Parenting is a style of parenting that highlights a child's intrinsic need for nurturing and love in both an emotional and physical way. A mother choosing to breastfeed is considered a key component of "attachment parenting." The benefits are dynamic for both mom and baby. One may know about the nutritional and physical value breastfeeding has for mom and baby, but what about the mental and emotional health of this dyad? Check out a few of the great benefits breastfeeding offers this pair emotionally:

An attached baby is more Confident, Calm, and Connected.

1. **Confident:** This bonding between a mother and her nursling is critical relationship skill building for a baby because baby knows he can get what he needs from mom. Confidence comes from baby consistently having mom respond to his feeding cues. Baby led breastfeeding is definite way to promote a confident attached baby.
2. **Calm:** This calmness comes from the comfort of not just having his nutritional needs met with mommy's "liquid gold" but from the closeness that breastfeeding offers him to her bosom. Skin to skin, even if it's his cheek and nose grazing mom's breast provides warmth and a coziness physically and chemically.
3. **Connected:** Breastfeeding releases oxytocin, the "cuddle hormone." It's what causes the milk ejection reflex in mom and is secreted in breast milk for baby. That oxytocin is a key element to attachment building. This hormone is responsible for that feeling of love and connectedness.

An attached mother is more Attentive, Accommodating, and Accepting.

For many of the same reasons listed above for babies, moms may find breastfeeding to assist in getting to know their new baby and help with transitioning into their new role as mother.

1. **Attentive:** Realizing her continued role as primary nourishment for her child postpartum, makes a mother more aware of her child's need to be nourished. Frankly, if she doesn't respond, her body will definitely let her know (i.e. leaky boobs or engorgement - Ouch!)
2. **Accommodating:** Knowing that her child's physical and emotional health are directly connected to the closeness to her breasts or her presence, a mom is more likely to adjust her life, schedule, and convenience to accommodate her child's needs. Many attached moms baby-wear for that very reason. Plus, baby-wearing can make breastfeeding super convenient.
3. **Accepting:** Maybe it's the shot of "cuddle hormone" that she gets with each feeding. Many moms describe the feeling as a sense of well being and that "all is well." Many moms find this feeling helpful to adjusting to their new roles and accepting this new responsibility of motherhood.

Along with empowering moms to breastfeed with prenatal and postpartum support, Maternal inSync also provides

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DIANE DAVIS LECTURE



December 16, 2016

Ridgeview Institute, 8:30 Registration; 9am—12:30 program—3 CEU's

“Finding Love in Hopeless Places”: Psychodynamic Social Work Today”

One need only turn on a pop-radio station to learn about the vicissitudes of romantic and eroticized love. Contemporary psychodynamic clinicians, much like pop-music artists, are positioned to hear and understand the multiplicity of human beings' experiences with-and in-love. Since Freud, psychodynamic clinicians have demonstrated their intimate knowledge of the precariousness of eroticized love as well as the subtler and equally powerful transformative types of love shared privately between clinician and patient. Relentless earworms, cautionary lyrics on the misuse and abuse of eroticism in clinical dyads, impinge on our ability to receive the fullness of patients' verbal gifts and to artfully respond to patients' deepest emotional offerings. What's more, psychodynamic social workers may be reluctant to belt out their daily ditties on the clinical work that bridges difference-divides, heals deep wounds, and “finds love in hopeless places”.

In this workshop, we will explore how conscious and unconscious dynamics around love drive and shape healing relationships and the field of social work generally. Together we will discuss how love (in multiple forms) propels clients, clinicians, and our profession forward. Simply put: love is often a chief motivator in why we do what we do, why clients trust enlisting us in their journeys, and why our profession evolves and endures in the face of great multi-systemic pressures and oppressions. Clinical case examples will illuminate how we can work with love and how we can work through obstacles to love. The healing, transformative impact love has on transference, countertransference, enactments, and reflective functioning will also be discussed. Ethics around love in social work practice, applications, and interventions will be included in the workshop.

Dr. Stefanie Speanburg is a psychoanalyst-social worker privately practicing in Atlanta. Concurrently, she is an Adjunct Assistant Professor in the Department of Psychiatry and Behavioral Sciences of Emory University School of Medicine, and she is a member of the Adjunct Research and Teaching Faculty of Smith School for Social Work. Shortly after completing a psychotherapy residency at Metropolitan Counseling Services, Dr. Speanburg completed her doctorate in Women's, Gender, and Sexuality Studies at Emory University. Her depth and breadth of psychodynamic clinical experience are reflected in her field placements and education: at St. Anne Institute of Albany, New York; at Community Service Office of Menninger, Topeka, KS; her psychoanalytic psychotherapy training; and her recent graduation from Emory University Psychoanalytic Institute.

Learning Objectives:

- 1) To review love as a multi-faceted clinical concept in psychoanalysis and psychodynamic theory;
- 2) To define four forms of love clinical practice meets;
- 3) To illustrate various manifestations of love by way of clinical vignettes and field-related examples;
- 4) To collaboratively apply the concept of love to macro- and meta-social work practices.

[TO REGISTER CLICK HERE](#)

Why Long-Term Psychotherapy, continued from page 9

the material in the treatment. I viewed this as a positive sign in her treatment. Because I had not acted passively like her mother, but rather encouraged her to come more frequently, she was assured that I found her problems of interest and I that I was confident that I could help her. I was not suffocating her and allowing her a space to talk about her worries.

I believe the therapist is the person in the treatment room who needs to have an over-view of what is going on. In other words, not just to take what the patient says at face value but to understand the patient in the larger context of his complete life. How did he get to where he is today, needing help to sort out his life? What else may be going on with him that he may not yet be able to reveal. Every patient is unique. It is thus important to understand each patient fully and to avoid the pitfalls of solely clumping patients into the symptomatic descriptions of the DSM. Working with each patient in this manner is stimulating, challenging, rewarding, comprehensive and can be on-going. Everyday and every patient is new and exciting.

Alva McGovern, LCSW, received her Masters of Social Work at Smith College and has practiced Psychotherapy in the Atlanta area for almost 30 years. She is an active member of the San Francisco Psychotherapy Research Group and uses the tenets of Control Mastery Theory as a foundation for her clinical practice. She is also interested in Spiritual development, Integrative Health and the Mind Body Connection. When not at work, she enjoys her family, her dogs, golf, Pilates, swimming and gardening. Alva has a private practice in Sandy Springs. She sees individual adults, couples and provides clinical supervision. Alva may be contacted at: Alva@AlvaMcGovern.com.

ATTACHMENT PARENTING AND THE BREASTFEEDING RELATIONSHIP

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provides psychotherapy tailored to deal with mom's emotional health. Issues like anxiety, perinatal mood disorders, depression, baby blues, stress management, pregnancy loss and infertility (primary and secondary) are all treated with care and expertise using various theories and therapeutic interventions. The goal ultimately is to help moms love their babies with their best selves.

GSCSW member, Tiffany Conyers has used her vast experience working with both English and Spanish speaking families through psycho-education, therapy, and case management for over 8 years. Along with owning and operating Maternal inSync, LLC, she also manages a team of clinicians and support staff to provide Mental Health and Substance Abuse Mobile Crisis Services for Benchmark Human Services. She is the proud mother of two, Michael (3 years old) and Micaela (14 months) and the doting wife to her best friend, Michael Conyers. In her spare time, she enjoys dancing, thrifting, and spending time with her family.

Tiffany Conyers, LCSW, Clinical Director, Certified Breastfeeding Specialist & Owner—Maternal inSync LLC
[678-310-3012](tel:678-310-3012) (office), maternalinsync@gmail.com, www.maternalinsync.com

Instagram: @mommynsync

Twitter: @mommynsync

Facebook.com/mommynsync

"Empowering Moms to be in Sync: mind, body & soul"

CALL TO ACTION

Please see the [attached](#), Georgia Composite Board Chapter 135-12 (Testing and Assessment) and proposed new Rule 135-12-01 (Testing and Assessments). These proposed changes are related to SB 319, the diagnosing and testing bill that was passed earlier this year:

http://sos.ga.gov/index.php/licensing/plb/43/composite_board_proposed_rules

Although unclear why this happened, the language is not rule consistent with SB319. GSCSW is concerned with Section #5, where it states: "...**provided that the use of these assessment instruments does not include rendering a diagnosis of a mental or nervous disorder or illness...**" This is the specific language for which GSCSW advocated at the beginning with SB 319, and these proposed rule changes are not aligned. Additionally, it comes to GSCSW's attention that the word **diagnose** should be added in this rule sections for our professions, since this is the wording in SB319. The text of Senate Bill 319 clearly states, '*Diagnose*' means the use, administration, or application of any criteria contained within standard classification or diagnostic systems for mental disorders and that are related to the scope of practice as provided pursuant to this chapter. *Diagnose shall not mean the diagnosis of any neuropsychological functioning or conditions.*" To read the text of Senate Bill 319, go to the Georgia General Assembly's website: <http://www.legis.ga.gov> 1) Enter in the type of bill at the top left "SB," for Senate Bill," 2) Enter the number of the bill in the blank space, and 3) Click "search" to obtain the full text).

Furthermore, there is a recommendation to add more items to the scope of the social work practice. In Section #3, it currently states, "Persons licensed as Social Workers may a) use assessment instruments to provide psychosocial evaluations; b) use assessment instruments to provide in-depth analyses and determinations of the nature and status of emotional, cognitive, mental, behavioral, and interpersonal problems or conditions." **Please review the other professions' sections vs. the social workers section very carefully. Are there any skills, techniques, or interventions that you perform that you don't see listed? Are there any other concerns about the social work section? If you see anything that you would like changed, we need to advocate for this NOW, so GSCSW would like your feedback on this as soon as possible.**

There is a list of assessments and tests in Section #5 that may not have been gathered by a social worker. **If you have time and willingness, would those of you who use diagnostic assessments and other scored assessments, tests, &/or rating scales to evaluate your clients please suggest additional diagnostic assessments, tests, &/or rating scales that you use regularly? GSCSW would like to add relevant diagnostic assessments and tests to this list.**

In addition, # 6 has the possibility of impacting some social workers that currently have their clinical license but do not have at least ten years of practice experience. It indicates that Social Workers who currently have diagnosing privileges will be required to take or show proof of having taken a class in psychopathology to continue to diagnose. While it is likely that social workers have taken this class, there may be some who have not. Some social workers that already have the diagnosing privilege may not meet the exemption criteria.

The Composite Board states "anyone may present data, make a statement, comment, or offer a viewpoint or argument whether orally or in writing," and that **"Written comments must actually be received in the office prior to 5:30pm on Wednesday, December 7, 2016."** Written communication may be sent via mail or fax to: Lisa W. Durden, Division Director, Secretary of State, Professional Licensing Boards Division, Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists, 237 Coliseum Dr., Macon, GA 31217, (478) 207-2440; Fax: (866) 888-7127.

GSCSW members attended the last two Composite Board meetings and have made a commitment to try to attend future meetings. If you have the availability, please join us at future meetings to strengthen our voice and our position. The next meeting/public hearing is scheduled for 1:30pm on Wednesday December 14th, 2016 at the Georgia Composite Board, 237 Coliseum Dr., Macon, GA 31217. GSCSW President Stacie Fitzgerald will be attending and can be reached at president@gcsw.org if you would like further information, or if you would like to coordinate attending as a group.

Thank you so much for your input and action on this important issue!

Barbara Lewison, LCSW and Patrick Bryant, LCSW

Legislative Co-Chairs

legislative@gcsw.org

Committee Reports

LMSW COMMITTEE

Kristin Smith and Katy Miles are the new LMSW committee co-chairs. We are excited about what we have planned in the coming months for the LMSW committee. We decided to postpone salon until February because we want to make sure that our first salon as co-chairs is exactly what we envisioned. The title of the salon will be "What I Know Now That I Wish I Knew as a Clinician Entering the Field," and it will be a panel discussion. The committee has also been corresponding with clinically focused professors in MSW programs at Clark Atlanta University, Georgia State University, University of Georgia, and Kennesaw State University about GSCSW membership. Currently, the committee is looking for locations to hold LMSW salon in February. If any members know of an available location that can hold 20 to 25 people please email us at lmsw@gscsw.org.

Additionally, the regulations concerning LCSW licensure can be confusing and some different sites provide conflicting information. Co-chairs are in the process of developing a template for clarifying the LCSW requirements to help clear up some misunderstanding.

Kristin Smith and Katy Miles, Chairs

ETHICS COMMITTEE

The Ethics Committee hosted a dinner and CEU event on November 17 on "Boundary Violations & Crossings." We explored how various personal and professional factors influence how we set and hold boundaries, and when and how we choose to cross boundaries in service of the client, differentiating such crossings from unethical violations.

Social workers periodically encounter ethical concerns or questions in the course of our work, and that can be a lonely and/or disturbing place to be. You don't have to sit there alone. Your Ethics Committee continues to welcome and research ethical inquiries from members: submit your questions to ethics@gscsw.org and we'll explore the relevant ethical, regulatory, and legal guidelines and implications. Also, please consider joining the Ethics Committee, and if interested, contact us at this same address.

Carla Bauer, LCSW, Committee Chair

Carol Finkelstein, LCSW; Montinique Bentley-Pierre, LCSW; Shayla Finley Snipes, LCSW

MEMBERSHIP

The membership committee has added five new committee members join membership this year. As a committee we continue to work to be hospitable at our Thursday night CEU events, as well as other events throughout the year. We continue to facilitate sign-in at the events and collect membership-renewals and non-member payments. We are now able to accept credit card payments at the events as a convenience for our members and guests. Additionally, we reach out to non-members via email after our events in order to engage with them and introduce GSCSW. GSCSW is now a network of over 330 social workers and social work students and we are continuing to grow.

Britni Brown, LCSW and Halley (Locke) Griffin, LCSW, Chairs, membership@gscsw.org

COMMITTEE REPORTS

PROFESSIONAL EDUCATION

After several years of providing excellent service to GSCSW's Professional Education Committee, Co-Chairs, Katie Alioto, LCSW, and Lena Franklin, LCSW, have passed the torch. They are responsible for many of the wonderful presenters placed for the 2016-2017 Professional Education series. And, after leaving Professional Education in good standing, they have continued to offer transitional assistance for our new co-chairs. We appreciate them! We miss them!

There has been only happy transitioning as our new Professional Education Co-Chairs, Meredith de Saint-Albin, LMSW, and Jacey J. Yunker, LCSW, CTP, have been "on it" like kittens on nip and puppies on peanut butter. There is much excitement as they plan for and reach out to future presenters. These co-chairs are deeply grateful to their participating committee members for their endless ideas and support.

The Professional Education Committee meets every other month, trying out hip, tasty venues and brainstorming. In fact, if you were to walk past one of these meetings, you might hear questions like: "Wouldn't it be cool if we could get this person to present?" or "What topics would most interest our GSCSW members?" And Jacey asking, "Are you sure I don't have a pumpkin seed stuck in my braces?" Professional Education has a stellar team composed of various clinical backgrounds all working together to put together an exciting program.

Our GSCSW members have expressed great interest about the collaborative work of the Professional Education Committee, the Social Media and Public Relations Committee, our GSCSW Board Members, and our dear Administrator, Trisha Clymore, as they make on-line CEUs available. Yay!

On March 2, 2017, Professional Education will offer a panel discussion from The Inner Life of a Therapist. In the workshop, Best Intentions and Mishaps: Breaking the Fall from Grace, therapists will share some of their most embarrassing moments and how each was able to recover. Meredith de Saint-Albin, LMSW and Jacey J. Yunker, LCSW, CTP, will open this workshop by sharing one of their own experiences.

In addition to connecting with and providing an engaging presenter for our Annual Spring Conference, the Professional Education Committee has been bridging connections with NASW-GA and a local university in hopes to provide additional venues and create relationships with new social workers.

Meredith de Saint-Albin, LMSW and Jacey J. Yunker, LCSW, CTP, professionaled@gscsw.org

LOW COST SUPERVISION

Supervision is a win-win. At some point, each one of us stood at the threshold of becoming licensed clinical social workers. As those of us who have become more seasoned in our discipline, we have the opportunity and, I hope, feel a calling to help those now standing at or have stepped over that threshold. Becoming a low cost clinical supervisor is a short process through our society and casts wider the net for social workers making their way through 120 hours of supervision and 3,000 hours of on-the-job learning. Along with the advent of telemental health, offering supervision can be conducted through a variety of options. Those we supervise, we hope, will, in turn, become supervisors later in their work creating a legacy for our profession. You must be a member to be a low cost supervisor. If you might like to serve in this important and invaluable role, reach out to Jean Rowe, LCSW, OSW-C, CJT, at supervision@gscsw.org

COMMITTEE REPORTS

SOCIAL MEDIA AND PR COMMITTEE

The Social Media Committee and PR Committee have been really active this quarter! We continue to encompass all things related to public relations, marketing, and social media.

The biggest change for our committee this fall has been the Board decision to hire a professional videographer to film our CEU events. This will ensure consistent quality of the videos and move our vision to have the videos available as an online CEU resource one step closer to happening! Thanks to our admin, Trisha Clymore, for identifying our candidate Dan Lax. Committee and Executive Committee met with Dan via teleconference and he has already videotaped the most recent event. Dan will also, as able, assist GSCSW in improving the quality of the videos we already have and consulting with us about ensuring our video access online is secure.

This fall GSCSW was featured on Pocket Suite, an app-based resource to run small business from your smartphone and includes resources and support including a link to best online marketplaces and communities for therapists. The request was to post information about GSCSW as a resource for their members in the Georgia region. Robin spoke with a staff person from PocketSuite and provided the write up below. They found out about us by polling their customers, several of whom mentioned GSCSW, which is why they reached out to us. Our community awareness is growing!

TOP 9 THERAPY WEBSITES AND MARKETPLACES TO JOIN:

Regional Marketplace: Georgia Society for Clinical Social Work

There are a growing number of regional therapy marketplaces on a state-by-state basis, including the Georgia Society for Clinical Social Work ("GSCSW") as an example. Since 1980, the GSCSW has worked to advance clinical social work practices and empower professional social workers in the state of Georgia. By becoming a member, social workers can network with other local professionals, access continuing education resources, and keep informed about legislation affecting the field. Social workers can join the network with an annual fee ranging from \$20 for a student, to \$110 for a licensed practitioner. Upon joining, professionals get listed in the local directory and also get access to a forum of other professionals to pose questions and get support.

Facebook continues to be an active site with regular contributions from members. Membership totals 419 members and more requesting entrance regularly. If you haven't already, stop by and "like" our page the next time you're on Facebook!

Website content is in the process of being updated and the Committee is working with Trisha to increase regularity of updates to keep content more current.

Emily Giattina, LCSW and Robin Kirkpatrick, LCSW, MPH (co-chairs)

[Click here to view our Facebook page](#)

MENTORSHIP COMMITTEE

Monthly mentorship groups are in full swing and we are in the early stages of planning the Spring Jobs Panel. Our committee had a very productive meeting recently where we brainstormed some great ways to enhance our monthly meetings and add a more personal mentorship component to the offerings for those seeking that. If there are questions reach out to Danna and Becky at mentor@gscsw.com.

Danna Lipton, LCSW and Becky Anne, LCSW—Chairs

COMMITTEE REPORTS

LEGISLATIVE COMMITTEE

This year we welcome Elaine Kovacs, LMSW to our Legislative Committee! Elaine obtained her MSW at the University of Texas at Austin, and has worked in geriatric case management, medical social work, and crisis intervention before moving to Georgia in early 2016. Elaine joins the Legislative Committee to assist in advocating for the needs of social workers and their clients.

Earlier in 2016, Senate Bill 319 (SB 319) passed, which gives the authority for LPCs to diagnose and regulates psychological testing. GSCSW Board members have been collaborating with NASW-GA to strengthen the social work profession in Georgia. GSCSW began attending meetings at the Georgia Composite Board for Professional Counselors, Social Workers and Marriage and Family Therapists to clarify psychological testing and how this relates to our profession, as these rules affect our ability to use assessment tools, to diagnose, and to treat our clients using evidenced based tools. GSCSW sent out our first CALL TO ACTION* email this session when the proposed Rule changes by the Georgia Composite Board were not consistent with the language in SB319. After hearing from our membership, we will submit a response letter to the Georgia Composite Board, but feel free to submit your own concerns in writing by December 7th, 2016. (Please see CALL TO ACTION in this issue). *This Call to Action was also sent via email to the GSCSW Membership. If you did not receive this email, or know of someone who hasn't received it, please contact Trisha Clymore at admin@gscsw.org to be added to the listserv.

GSCSW Board members have also been meeting with NASW-GA to discuss Continuing Education and Supervision requirements. GSCSW will provide members with more information regarding the proposed regulations when finalized with NASW-GA.

ANNUAL TOWN HALL SUMMARY

On September 14th, 2016, GSCSW had our Annual Town Hall Meeting at Hudson Grille. A huge thank you to Wendi Clifton, Esq., our speaker, lobbyist and legislative advocate, to the Membership and Public Relations Committees, to the Hudson Grille staff, and to all who attended.

Wendi Clifton, Esq., discussed her training as a lawyer and stated that her role as our lobbyist, is to be an expert in the legislative process and to keep us informed about the issues in which we're interested. Wendi also educated us about the legislators - out of 236 members total (180 House Representatives and 56 Senators), we have only 2 social workers in the Georgia General Assembly. This means that there are very few people creating law who know what social workers know and know what social workers do, so it is up to us to talk with them and let them know where we stand on issues. Our legislators are in-session for 40 days, starting the 2nd Monday in January and meet based on a previously approved schedule. About 2,000 bills go through each term and terms are 2-years. As this is a new term, all of the bills this year will be either new or re-released. The only constitutional obligation is for the Legislators to pass a budget, and there is not much in social work that isn't affected by the budget.

Medicaid Expansion: In 2014, HB 990 was introduced, stating that in order for the Medicaid Expansion bill to be passed, the General Assembly has to approve it. However; Wendi noted that HB 990 did not get passed, nor was it vetoed by Governor Deal. Wendi explained that Georgia's rural areas have problems with access to care - 5 hospitals closed in the past few years, and another 2-4 more hospitals are expected to close within the next 2-3 years. Georgia currently has many hospitals being funded by the Disproportionate Share Hospital (DSH) Program due to the Medicaid expansion bill not passing. More information about DSH may be found at: <https://dch.georgia.gov/disproportionate-share-hospital-program>

Wendi also discussed current dialogues for a revised healthcare delivery system where hospitals and healthcare centers share information to improve patient care and reduce healthcare costs.

Finally, Wendi discussed the "The Georgia Way," which is currently a hybrid proposal by the Georgia Chamber of Commerce that includes Medicaid Expansion in a different way: To cover more people based on income, and to include consumer fees and co-pays. Other states, (i.e. Arkansas), have been successful with a different type of Medicaid expansion. We were encouraged to pay attention to the news for more information about "The Georgia Way." More details can be obtained at: <http://www.myajc.com/news/news/state-regional/georgia-chamber-pitches-medicaid-expansion-options/nsPjC/>

2016 Election: Wendi discussed 4 constitutional amendments on the November 8th, 2016 ballot in Georgia and here are the results:

- 1) **The Georgia Authorization of the State Government to Intervene in Failing Local Schools, Amendment 1 - DID NOT PASS** - opposed authorizing the state to form an Opportunity School District that would govern certain elementary and secondary schools determined to be "chronically failing," thereby continuing to have school boards/districts supervise respective schools. The text of the Amendment, SR 287, may be found at: <http://www.legis.ga.gov/Legislation/20152016/152973.pdf>
- 2) **The Georgia Additional Penalties for Sex Crimes to Fund Services for Sexually Exploited Children, Amendment 2 - PASSED** - supports providing penalties for court cases involving certain sex crimes in order to allocate the generated revenue for the Safe Harbor for Sexually Exploited Children Fund. The text of the Amendment, SR 7, may be found at: <http://www.legis.ga.gov/Legislation/20152016/153974.pdf>

3) **The Georgia Replacement of the Judicial Qualifications Commission, Amendment 3 – PASSED** - supports replacing the Judicial Qualifications Commission with a new commission designed and governed by the General Assembly.

4) **The Georgia Uses of Revenue from Taxes on Fireworks, Amendment 4 – PASSED** - dedicates revenue from fireworks sales taxes to trauma care, fire protection services and public safety. [Info source: Ballotpedia.org]

2017 Budget: Georgia's budget is \$21 billion (for ~11 million people):

~51-52% allocated to K-12 Education,

~30% allocated to Medicaid, and

~18-20% (of the \$21 billion) goes to everything else (DBHDD, DFCS, Adult Education, Aging, Transportation, Agriculture, Corrections, and 20+ other state agencies).

Because so little of the money goes to where social workers work, this is another area where we can continue to have conversations with our legislators.

How do we get involved?

Most importantly, find out your state representatives! Please contact them if an issue is important to you. Legislators remember if they get a call, an email, or a visit from anyone.

Here are links to find your legislators: <http://www.openstates.org> -or- <http://capwiz.com/socialworkers/ga/home/>

As your Legislative Committee, we will continue to inform our membership about calls to action and legislative issues that directly affect our work and clients in Georgia. We will continue to work with NASW-GA to strengthen the profession of social work in Georgia, and will be sending out updates about legislation and how to track the various bills we will be watching this session. We welcome any information, suggestions, or questions and encourage involvement in the legislative process and/or in joining the Legislative Committee.

Thank you for your interest and support,

Barbara Lewison, LMSW - GSCSW Legislative Co-Chair

Patrick Bryant, LCSW, GSCSW Legislative Co-Chair

Antwan Aiken, MPA, LMSW, GSCSW Legislative Committee Member

Elaine Kovacs, LMSW- GSCSW Legislative Committee Member

email: legislative@gscsw.org

<http://www.gscsw.org/legislative/>

In the GSCSW website's Legislative section, you will find information on how to get involved in the legislative process, the areas that GSCSW focuses on for advocacy, links to finding your legislator, and voting/election information.

"The views and opinions expressed in the Clinical Page are those of the individual authors alone, and do not necessarily reflect the position, practices, or policies of the Georgia Society for Clinical Social Work membership or Board as a whole."

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!