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Empowering Child Witnesses Of Domestic Violence

BY: MICHELLE WHITE, LMSW



In working in the domestic violence field, I have met many parents and children living with violence in their homes. Parents that are experiencing domestic violence often feel ashamed, confused, and sometimes even helpless in preventing their children from being negatively impacted. In working with children that have seen and heard domestic violence in their homes, most could benefit from feeling empowered. Empowering children in settings where they are building relationships, reflecting on their experiences, and coping with difficult incidents they have witnessed can positively impact a child's self-esteem, increase their ability to self-soothe, and decrease their feelings of shame, blame and guilt.

When discussing the empowerment model, most helpers think of empowering adults. Yet, the values from this clinical perspective can be developmentally adjusted to meet the clinical needs of children, specifically children that have been exposed to domestic violence. Empowering children can include making adjustments in the adult-centered way we approach interacting with children and adapting to how children are experiencing the world.

- 1) Create a structured and consistent space:** Creating a structured clinical space and a routine for activities where a child can predict the setting offers the opportunity to master a skill. Walking into an environment where a child is aware of where things are located and is familiar with what happens in the space increases a child's sense of safety and can positively impact their feelings of self-confidence. For instance in the children's group setting, offering for experienced members of the group to lead newer children can add to a child feeling confident. This could include inviting children to explain group expectations or sharing the directions to how to participate in an activity they are familiar with. These opportunities present children with ways to show what they remembered and feel proud of themselves and their ability to accomplish something.
- 2) Speaking in their language:** Sometimes adults forget that verbal communication is the standard way of communicating for adults, not for children. Children often have not yet developed the vocabulary to verbally express the often complex, complicated, and confusing emotions they may be feeling. More often, children typically express themselves and what's happening inside of them using non-verbal communication. Connecting and communicating with children using "their language" could include creating art, playing with toys, using music, and reading stories. Offering opportunities to connect in non-verbal ways can also help decrease a child's feelings of shame of not being able to verbally express what is going on inside of them. Instead, this can empower them to safely share what they are feeling with an adult who understands.

CALENDER

JOINT SYMPOSIUM WITH KSU
and GSCSW—May 12th.

END OF THE YEAR PARTY—June
16th - Details coming soon

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PRESIDENT'S MESSAGE



As my term as President draws to a close, I have been reflecting upon the amazing accomplishments of our Board this past year, and also the growth that lays ahead. Two concepts continue to come to mind as I try to put into words all the past 2 years has meant to me and to our organization: Bridges & Advocacy.

The Bridges built in 2016-17 scatter the landscape of our state. I am honored to have served our membership during a time of such immense growth. We have built a new collaborative relationship with Kennesaw State University, who will be co-hosting our Spring Symposium this week by our side. We have enhanced our membership with our National Association: CSWA (Clinical Social Workers Association) in Washington, DC, and will be benefiting from their continued mentoring. We now partner with a professional videographer who has enabled our dream of reaching our “outside the Metro area members” through on-line CEU viewing to come true. Most significantly of all, we now have our own voice and presence with the Georgia Composite Board. While attending monthly meetings in Macon, GSCSW has not only grown in influence there, but we have also been working closely with our professional colleagues at the LPCA-GA and GA-MFT to meet the needs of clinicians in our state. All this has been accomplished while continued and partnerships with Hillside, UGA, Ridgeview, NASW, and now Clark Atlanta thrive. The most exciting part is the knowledge that these bridges have been built with solid foundations and hopefully will support future growth as our board continues our work in years to come.

As social workers and clinicians we have learned the “Art of Advocacy” in our daily engagement with our clients. We often assist our clients in finding their voice; empowering them to action while providing support and guidance. The recent advocacy that GSCSW has accomplished on behalf of our members and clinicians in GA is truly astonishing. We have begun to discover and use our clinical voice as we elevate the profession of Social Work in our state. Our legislative action regarding changes with matters of testing, assessment and diagnosing has truly made a difference. Our board has worked diligently to serve our membership (at all time highest numbers in our history- over 350 members) and to represent the voice of our profession. There is so much more work to be done to ensure there is recognition of the training, knowledge, and quality of therapeutic service we provide. It is my sincere hope that we continue to take personal and collective responsibility for elevating our identity and advocating for our profession.

Looking forward, I rest easily knowing that GSCSW is in incredibly capable hands as I pass the torch of leadership to Sherri Rawsthorn, LCSW, our President Elect. I have no doubt she and the fabulous members of our board of directors will continue to excel as we forge new territory and expand our reach. It has been my true honor and privilege to be a part of this amazing team who builds strong and steady bridges that empower our clinicians to continue to grow and evolve. I hope to see you all at our End of the Year Party on June 16th where we will be celebrating this exceptional year!

Stacie Fitzgerald, LCSW
GSCSW President
president@gscsw.org

FROM THE EDITOR



Dear fellow social workers,

From my perspective in a school setting, this time of year is unparalleled in its fullness and busyness (perhaps rivaled only by the winter holidays). Students are preparing for exams, cleaning out lockers, wrapping up activities, competing in sports finals. For us social workers as well, the spring and early summer seem to hum along with a productive buzz, full of good work and energetic engagement.

This edition is no exception to this fullness. Michelle White, LMSW, discusses the empowerment model as applied to child witnesses of interpersonal and domestic violence; Carla Bauer, LCSW, engages and encounters questions of race, power, and privilege; Alva McGovern, LCSW, delves into three ways that psychotherapy can address client needs; and Britni Brown, LCSW, the vice-chair of the Clinical Social Work Association, recaps the spring 2017 meeting held in Atlanta. Additionally, our committee reports reflect a full

and engaging year, and details are included for the upcoming legislative changes in Georgia, the GSCSW and KSU Spring Symposium, and end of year party.

We sincerely thank Stacie Fitzgerald, LCSW, for her leadership, competence, collaborative approach, advocacy, and presence in building bridges during these last two years as our GSCSW President. We can all agree that her time as President has been a fruitful time for our organization, and we look forward to her continued work as a dedicated clinical social worker. Thank you, Stacie! We also join Stacie in welcoming Sherri Rawsthorn, LCSW, as our incoming President-Elect, who will begin her term July 1. Welcome, Sherri! Our organization continues to be guided by outstanding leadership.

I want to take a moment to thank also the Clinical Page committee: Alicia Simoni, LCSW, Meg Harbin, LCSW, and Karen Whitehead, LCSW. In addition, I would like to thank the GSCSW Administrator, Trisha Clymore, and the GSCSW Board for their direction and contributions in this publication in service to our membership.

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 please do not hesitate to contact me with any questions, concerns, or ideas about the Clinical Page. Hope to see you at the end of year celebration on June 16!

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!

Empowering Child Witnesses Of Domestic Violence

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- 3) **Offer choices and suggestions:** Children are being told what to do for a majority of their childhood. While this is necessary for their safety and development, children exposed to domestic violence are sometimes experiencing situations that are scary and out of their control. To engage their ability to feel powerful, offer choices instead of giving a directive. Being able to make choices can enhance a child's feelings of positive self-worth and can be helpful for children that are exhibiting difficult behavioral issues or have trouble with following safe guidelines. Offering choices helps children feel empowered to make decisions for themselves, no matter how big or small the choice is.
- 4) **Validate their experience:** Children view adult interactions and relationships in a variety of ways. Witnessing one parent that you love harming the other parent that you love can be frightening and confusing. Children may have many feelings about both parents that may change over the course of time. With so many feelings coming up, children can be best supported by caring adults that do not fiercely correct, but compassionately validate how difficult it is to witness domestic violence. Children also have large imaginations: while their perceptions of domestic violence may not be one-hundred percent accurate, their *feelings* often are. Help guide this child in understanding their perspectives by giving them a safe space to explore their feelings and validating what is happening around them.

Children exposed to domestic violence are developing, experiencing and growing up in environments that can be tense, unpredictable and sometimes dangerous. Growing up in this environment can impact how a child views themselves, their family and the people around them. Learning to empower children can help address some of the maladaptive behaviors that are sometimes developed when children are exposed to domestic violence. Similarly, empowering children can offer opportunities to understand and heal from they have witnessed.

Empowering children can include:

- Helping them learn to navigate their experience by creating a safe, consistent and structured space.
- Encouraging their ability to express themselves by speaking their language.
- Enhancing their decision-making skills by offering them choices and options.
- Providing them a space to feel what they are feeling without blame or shame by validating their feelings.

Through empowering children that are exposed to domestic violence, clinicians, caregivers and child-centered professionals can positively impact a child's future and enhance their ability to be resilient.

Michelle White is a licensed professional in the states of Georgia and Illinois. She received her Masters of Social Work, focusing on Children and Families, from Loyola University of Chicago. Michelle's professional background includes working with adults and children impacted by domestic and dating violence, developmental disabilities, child abuse and neglect and youth with behavioral conditions, utilizing a strengths-based, trauma-informed and empowerment approach. She is currently the Child and Youth Project Manager with the Georgia Coalition Against Domestic Violence, where she develops, coordinates, and facilitates training opportunities and technical assistance for direct providers of child and youth witnesses of domestic violence. You can contact Michelle by email at mwhite@gcadv.org.

Snapshots from a Year of Reading on Race and White Privilege

By: **Carla R. Bauer, LCSW**



Several members of GSCSW have been meeting over the past fifteen months to read and discuss Black writers and explore our own experiences of White Privilege. It has been an eye-opening journey, enlightening both personally and professionally, and a particularly timely one against the backdrop of the current political environment.

I listened to the audiobook for our first reading, Ta-Nehisi Coates' (2015) *Between the World and Me*, as I drove across town to various theaters participating in the 2016 Atlanta Jewish Film Festival, struck by the parallels between the two experiences. This book is a poignant letter to Coates' teenage son about the trauma of living Black in America, in constant threat to basic security in one's own body, subordinated always to the privileged White race holding power over that body. Certainly, recent events across the country underscore that reality in Black lives: Coates addresses Michael Brown, Trayvon Martin, racial incidents in Ferguson and South Carolina, among others. But the violence to the Black body extends beyond the threats from law enforcement or racist Whites, becoming insidious: Coates speaks heartbreakingly of some Blacks beating their children into discipline, not from anger or cruelty, but from fear for their very survival, lest Whites kill them for slight or perceived offenses. As Coates traced his journey through the "Mecca" of Howard University and the experiences of world travel, trying to participate in the American Dream, but remaining ever vulnerable to the inescapable

subordination to White privilege and power, he pulled me into a new level of awareness of my White privilege, of the basic securities I take for granted and the widely divergent experience lived by others in this country day in and day out that I can never fully comprehend. Coates' repeated phrase, "the people who believe themselves to be White" is an evocative articulation of race as a social construct, more about self-declared rank, privilege, and superiority by those with the power to enforce the position than about any actual innate differences. The resonance with current political polarization echoes earlier times. As we went on to read *The Warmth of Other Suns: The Epic Story of America's Great Migration*, Isabel Wilkerson's (2010) award-winning account of the migration of Blacks from the Jim Crow South to the North and West in search of freedom, survival, and opportunity, we read countless abuses of power in manifestation of that assumption of superiority. Reading of atrocities that rivaled those of the concentration camps of the Holocaust or of Apartheid South Africa, I began to feel the guilt of White privilege in ways I had not previously. I was particularly struck by stories of migrants fleeing in secrecy under cloak of darkness, under threat of lethal violence inflicted to prevent Blacks from leaving the south. Though seen as sub-human and not wanted, they were nonetheless *needed* by White society, both for their labor and because privilege requires a subordinate. When racism is institutionalized (e.g., in slavery, Jim Crow, or Apartheid), rank prevails with relatively silent reinforcement and an illusion of peace. But when that social order is threatened, racism becomes more blatant and more violent. Again, there is ample evidence throughout history and in current events.

I grew up in the south. This history is not new to me. But I began to recognize how I had been sheltered from the worst of it – in part by my White privilege, and partly by timing, allowed to read as *history*, and thus not as *my* guilt or that of my generation, what actually lives on in more subtle (and not so subtle) manifestations of White entitlement. It was painful to read the legacy of my ancestors and in that respect almost a relief to read of migrants who escaped North and West encountering similar discrimination and debasement there, albeit overall less violent and lethal. But while it may have assuaged my southern guilt to find this treatment extended across the Mason Dixon line, the stories of these migrant journeys evoked a deeper sadness at the disappointments of their promised lands, at the new unanticipated barriers to the better lives they'd fought so hard to achieve for themselves and their children, and at the emergent gap between migrant aspirations and those of their children. In some of the families that Wilkerson tracked, in just one generation, children sheltered from the worst of the southern threats escaped by their parents and seeing only the limited advances achieved for their efforts, seemed to lose hope and become less invested in the fight for freedom and equality, more susceptible to various forms of entitlement and/or to escapism in the emerging drug culture, both forces undermining the progress of racial equality. My heart broke for both those who lost their way and for the parents who had dreamed of so much more for their children. Fortunately, others carried on the struggle, achieving greater freedoms than their parents had known and advancing the fight for equality.

In *White Rage: The Unspoken Truth of Our Racial Divide*, Carol Anderson (2016) expands on her viral Washington Post op-ed response to critics of Black rage in the Ferguson riots after the shooting of Michael Brown, tracing the underlying history of *White* rage that fueled both the shooting and the reactions. Anderson speaks of White rage at Blacks' refusal to "stay in their place" and remain subordinate to the privileged White race, recounting numerous measures taken in backlash to undermine every advance in the name of freedom and equality. She traces the development of new forms of "enslavement" in the aftermath of the Civil War, from Reconstruction to Jim Crow, unveils the lengths taken to undermine school integration even after the 1954 *Brown v. Board of Education* ruling, explores the underbelly of the Voting Rights Act of 1965 and continued efforts to disenfranchise African Americans, and presents a compelling case for how the War on Drugs targeted and further disenfranchised Blacks. Anderson pulls no punches, forcing the reader to look at

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Snapshots from a Year of Reading on Race and White Privilege

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history, iconic Presidents, and the Supreme Court through a different colored lens.

Michelle Alexander (2010, 2012) further develops the disenfranchisement theme in *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*, showing how the War on Drugs and disproportionate penalties around crack cocaine (prevalent in the African American community and regarded as highly criminal) and powdered cocaine (often dismissed as the comparatively benign recreational drug of White fraternities and high-powered professionals) have decimated the Black community. Alexander demonstrates how the issue extends far beyond the sheer numbers of incarcerated Blacks, eviscerating the African American family, into the long arm impacts of felony charges beyond time served, making the criminal justice system a sanctioned form of racial control that permanently relegates the once-incarcerated to a life-long second-class status. She juxtaposes this system with the self-acclaimed colorblindness of modern America, debunking the notion of a “post-racism” era.

These were just a few of our readings over the past year, in a journey that continues. They have been difficult, painful readings, but it is the pain of self-growth and I would put each one on a “must read” list. They have been enlightening personally and politically, toward understanding both my personal White privilege and the racist agendas or impacts of various political positions, whether overt or less obvious, even unintended. And they have professional significance both for the commitment to social justice embedded in our Social Work Code of Ethics and to a deeper understanding of the experiences of my minority clients in clinical work. It is sometimes easy within my privileged White skin to respond to issues of racism with the frustrated feeling that however sordid our histories of slavery and Jim Crow, it is time to get over it and move on. But current events tell of a struggle that is not over, that cannot be relegated to the history books. These authors have powerfully illuminated the pervasive systemic racism that continues underneath these events and they call us to participate in challenging and dismantling these structures. They give us rich insight into the experience of those whose lives are subordinated to White privilege and call those of us who participate in the privilege to both a deeper understanding and accountability.

Whatever I know of otherness, I will never know the experience of being debased as an inferior animal for my race, as so vividly portrayed in these accounts, of having to flee my homeland for the sheer possibility of surviving to live another day, or being shot for the crime of driving while Black in America. When my African American or Pakistani Muslim clients rage against their day to day experiences of racism in America, I have to acknowledge, at least to myself, that I can never know what it is like to live in their skin. And from that starting point, try to understand.

References:

Alexander, Michelle (2010, 2012). *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. New York: The New Press.
 Anderson, Carol (2016). *White Rage: The Unspoken Truth of Our Racial Divide*. New York: Bloomsbury USA.
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 Wilkerson, Isabel (2010). *The Warmth of Other Suns: The Epic Story of America's Great Migration*. New York: Vintage Books, Random House.

If you are interested in joining our reading journey, please contact Carla at the email address below.

Carla R. Bauer, LCSW is in private practice in Atlanta, working with individual adults and couples. Psychoanalytically trained, she is most inspired by orientations that blend psychodynamic and attachment theories with a contemporary relational presence with clients to work with the deep long-term wounds and patterns that shape self-perceptions and current struggles. She is also trained in the neurobiological Trauma Resiliency Model, DBT, and Emotion Focused Therapy for Couples. A second career therapist, Carla brings over 25 years of corporate experience, as well as an earlier journey in theological studies, to her understanding of clients and their life struggles. While building her clinical practice, she also works part-time as an independent contractor in banking. Carla currently serves as Ethics Chair for GSCSW. She can be reached at 404-907-0690 or cbauerlcsww@gmail.com, and has a web profile on Psychology Today.

CSWA IN ATLANTA!

BY: Britni Brown, LCSW

Before we get into the exciting news about CSWA being in Atlanta, let's back up a bit and give you a bit of information about the organization.

What is CSWA? Clinical Social Work Association (CSWA) is an individual membership organization that focuses its efforts on meeting the practice needs of social workers. As an organization, CSWA is committed to representing clinical social workers at national meetings, providing free consultative services for ethical and legislative questions, advocating legislatively, and much more. The best way to describe CSWA is that it provides the same services as GSCSW but on the national level!

Why join CSWA? Membership in CSWA is a great investment in your professional career and journey as a social worker. You are able to stay connected to social workers in other states, as well as maintain knowledge on what's happening legislatively in our field. Plus, there are webinars and a yearly Summit!

Just like GSCSW, the governing body for CSWA is the Board of Directors. The Board is comprised of clinical social workers from various parts of the country, including Washington, Kentucky, New York, and Washington D.C. As the Vice Chair of CSWA, I represent Atlanta and GSCSW at every Board meeting. The Board meets bi-monthly via telephone conference. Bi-annually, we meet in person for a 8-hour Board meeting, where we review all that we've worked on throughout the year and set new goals for upcoming year.

The Spring 2017 Board meeting was held in Atlanta! After a day-long meeting, the Board members had a chance to explore our city. Some rode bikes on the Beltline, or "Beltway" as one person often called it. We also took a moment to soak in some rich Civil Rights history by visiting The Center for Civil and Human Rights. Did you know Whitney Young, Jr. was a social worker? He often collaborated with Dr. Martin Luther King, Jr., was president of NASW in 1969, and was presented a Medal of Freedom by President Lyndon Johnson. This medal was awarded to him because of all of his efforts during the civil rights movement. CSWA members stood there looking at a black and white picture and couldn't help but feel proud to be in this profession - talk about social justice and advocacy!

After the museum, we headed over to have dinner with GSCSW! It was a great moment for me to have two worlds collide. CSWA and GSCSW spent the evening discussing differences and identifying the many similarities of our organizations. The CSWA President and GSCSW President spent time discussing how national policies will inevitably affect our state-wide practice and policies and what changes are coming. CSWA also provided insight on current accomplishments, like lobbying on The Hill in D.C. for clinical social workers. We spent the entire evening talking about social work, but most importantly, we spent time connecting. For me, connection is the best part. Wouldn't you say it's the heart of social work? Some days, I still can't believe that I get paid to connect and build relationships with people. Not just me - we all do.

If you're interested in learning more about CSWA, visit our website at <http://www.clinicalsocialworkassociation.org>.

Britni Brown, LCSW, *Therapy for Individuals, Children, & Families*



HOW WE HELP

BY: Alva McGovern, LCSW



Over the years of being with clients in my office, I have become aware that therapy can help on three different levels. Usually, the level of help provided is not necessarily dictated by the client, but more by the level of training and expertise of the helping professional. I have broken these levels down as follows: first, what I will call the Straight Line approach; second, the Underbelly approach; and third, the Overview approach. Any of these can be helpful to the client, but most helpful would be to integrate all three levels of approach. Let's look at this more closely.

The Straight Line approach is the most frequently used approach. It is the frontline approach to resolution of presenting symptomatology and is mandated by medical insurance companies. It is also what is most expected by our patients when they present in our offices. What is the chief complaint? What are the manifesting symptoms? How long have they been dealing with their problems? Are they treating/masking their symptoms with substances? What are the treatment goals? How quickly can these symptoms be abated, treatment goals be achieved, and the patient be sent on their way? We all know how to work within these restrictive limits and we can do it. Obviously it is important to address the presenting symptoms and the treatment goals. We do this through various cognitive and behavioral methods depending on the needs of the patient and our treatment frame. However, working only from within that frame, we may miss opportunities to help the patient in deeper, more meaningful ways. It is like putting a band aid on a wound, which requires sutures. A patient may leave feeling better since the wound is clean and has a bandage covering it. However, it is likely to rupture again, given similar circumstances, as the underlying issues have not been identified or repaired. In other words, each time we sit with a patient, we have an opportunity to connect and understand the patient in a way in which no one has ever connected or understood the patient in the past. If we allow ourselves to be dictated solely by the guidelines of insurance mandates, and DSM guidelines, we may miss this opportunity. However, if we are open to the challenges of deeply understanding our patients, a new and exciting relationship can begin with each patient.

The second approach, or what I will call the Underbelly Approach, challenges the therapist to understand each patient more deeply, in other words what propels the patient, how he perceives the world within which he lives, and how they continue to make the same mistakes repeatedly throughout their life. While paying attention to the patient's chief complaints, understanding his symptoms and goals, the therapist is also listening for the roots of mis-learning or what Control Mastery Theory refers to as pathogenic beliefs. These roots usually develop early in life and are reinforced throughout childhood and repeated again and again in adult experiences. Until these issues emerge, are understood and consciously worked through, the patient is likely to continue to reenact the same dysfunctional relationships and make the same mistakes over and over. In part, this is what Freud described as the Repetition Compulsion, i.e. humans repeat what was done to us until we bring it to consciousness and work it through.

How does the therapist determine what the Pathogenic beliefs are? As we listen to the patient's story, we inquire about his past. If we only listen to the present, we are only picking up on the current strand of their life. Each life is made up of multiple strands of experience. Most patients who walk into our office do not have a cohesive, well-woven fabric. Their lives are strands that are frayed and even knotted. We inquire about the past because we are wondering how they got to this point in which they are so distressed, anxious, or depressed. We are looking for the telltale signs of being harshly criticized, ignored or even abused. If for example, they are in an abusive relationship now, the therapist might wonder if the patient was criticized, ignored or abused as a child. On a more unconscious level, this patient may feel unworthy of feeling valued, respected and appreciated. In this situation, the therapist might even speculate to the patient that perhaps they have never felt worthy of a better relationship. The patient will usually tell the therapist about their miserable past if the therapist is on target. Or if they give you a blank stare and say they don't know what you mean, this may be an indication that the interpretation is off base, or simply that the patient is not ready to explore this. The patient is always giving the therapist information. It is our job to use it as the patient can use it. The idea is to help the patient learn the patterns that have kept them drawing in and repeating unhappiness, to unlearn or stop doing the same patterns and to relearn new, healthier, and more functional ways of relating.

The final approach is what I call the Overview Approach. From the start of each therapy, and as the therapy progresses, I wonder what is it that this patient wants out of their life while here on this planet. Sometimes, if you ask a patient early on, what they want to accomplish in their lifetime, they will look at you as if you are crazy. No one has ever asked most of our clients this question and many have never thought about the question. Often, many patients do not feel anything much is possible. They have lost the passion to dream or to actualize their visions. So in this Overview Approach, the therapist is beginning to think with the patient about their life on a much grander view. Quantum Physics tells us that for any given situation, there are an infinite number of outcomes possible. All that has to happen is an idea formulates, develops into more thoughts, and becomes a plan. Eventually, that kernel of an idea

HOW WE HELP

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actualizes into reality. Most of us do not know this, or believe it is possible. However, this can be extraordinarily liberating for our patients.

These approaches do not have to happen one step at a time, although they might, depending on the patient. If you ask a patient on his first visit, what his lifetime plan is, he may likely think you totally missed the boat on his current suffering. Like the fabric of each person's life, the treatment also has a fabric. Initially, the therapist may simply be trying to help pick up the threads of their broken past in order to weave them into an understanding of their current life and path. However, the therapist can and should always have in his mind thoughts about the pathogenic beliefs, the presence of symptoms, disruptive relationships, etc. while the patient progresses. Every treatment is unique just as every individual is unique. This model of treatment requires much more than a prescriptive understanding of the DSM. It requires the therapist to think about patients separately, and within the frame of their own life. When the therapist is open to this level of work, everyday is a learning experience, both challenging and rewarding.

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.

SAVE THE DATE FOR THE END OF THE YEAR PARTY!

JUNE 16th at the home of Ephrat Lipton
LOOK FOR MORE DETAILS SOON



Joint Spring One-Day Symposium with KSU



May 12, 2017

9:00 am to 3:00 pm

Complexity and Fluidity in Gender and Sexuality Across the Lifespan: What do we know and how should it affect practice?

Lisa Diamond, Ph.D.

Overview

The past decade has seen profound changes in the scientific understanding of sexual orientation and gender identity in men and women and their expression over the life course. This presentation will review the most radical changes in our understanding of the origins and expression of same-sex sexuality, including research on sexual "fluidity" (i.e., the capacity for sexual behaviors, attractions, and identities to change over time), as well as our emerging understanding of fluidity in gender expression, and the unique experiences of transgender populations. Dr. Diamond will also discuss the implications of this emerging body of work for sensitive clinical practice with diverse populations.

Learning Objectives— 5 Core CEU Hours

- Discuss human sexuality and "sexual fluidity" across the lifespan
- Investigate the contribution of attachment and close relationship to physical and mental health and wellbeing
- Consider gender expression and the clinical implications for working with transgender populations
- Build competence in working with diverse populations beyond and within the LGBTQ Community
- Explore implications for advocacy with diverse populations

Lisa M. Diamond, Ph.D. is a Professor of Psychology and Gender Studies at the University of Utah. She studies the development and expression of sexual identity and orientation over the life course and the psychobiological mechanisms through which close relationships influence physical and mental health. Dr. Diamond is best known for her research on sexual fluidity, which describes the capacity for individuals to experience shifts in their pattern of same-sex and other-sex attraction over time. Her 2008 book, *Sexual Fluidity*, published by Harvard University Press, describes the changes and transformations that she has observed in the sexual attractions, behaviors, and identities of a sample of lesbian, bisexual, and "unlabeled" women that she has been following since 1995. *Sexual Fluidity* has been awarded the Distinguished Book Award from the American Psychological Association's Society for the Study of Lesbian/Gay/Bisexual/Transgendered Issues. Dr. Diamond is co-editor of the *APA Handbook of Sexuality and Psychology* and is a fellow of two divisions of the APA. Dr. Diamond has published over 100 articles and book chapters, and has been invited to present her research at over 60 universities and international conferences. She has received awards for her work from the Developmental Psychology and LGBT Psychology Divisions of the APA, the American Association of University Women, the International Association for Relationship Research, the Society for the Scientific Study of Sexuality, and the Society for the Psychological Study of Social Issues.

Logistics: KSU Center—3333 Busbee Drive, Kennesaw, GA 30144

Refreshments and lunch included with registration. Free onsite parking. Registration begins at 8:30 a.m.

Fees: \$120 all registrants after April 28th, 2017 / College / University Student registration is \$45.00. Student ID will be asked for at registration.

[TO REGISTER CLICK HERE](#)

Composite Board Update: Proposed rule 135-12.01 and 135-12.02

Submitted by GSCSW President—Stacie Fitzgerald, LCSW

We attended the GA Composite Board meeting in Macon on Friday. The Board held it's second public hearing regarding the proposed rule 135-12.01 and 135-12.02. After hearing public testimony and feedback, the board did unanimously vote to pass the Rule as written (attached). *Please note: the rule now goes on to the Governors office for review and signature and is not final until it has been approved there.*

We recognize that this new rule will affect many clinicians in the state of GA. Although the timing is very difficult to navigate, we support the intent of the new Rule to elevate and equalize standards across the board for licensed professionals. Due to various circumstances, many practitioners may not yet have had the education, experience or training necessary to ensure thoughtful use of the diagnostic process and proper understanding of psychopathology. The state is making an effort to protect consumers by ensuring training has taken place.

We have fielded many calls, and questions from our members. Below, we would like to provide a few points of clarification, based on our current understanding of the new rule:

WHAT YOU NEED TO KNOW:

1) This new educational requirements of this rule do not apply to everyone:

- If you have had your Clinical license for more than 10 years, you are exempt from additional training needs.
- If you have taken a 3 credit psychopathology/diagnostic graduate course in College, or one of equivalent content, and can demonstrate on a transcript, you are exempt from additional training needs.
- If you do not work directly with people with Mental Illness, Developmental Disabilities, or Substance Abuse issues, you may be exempt as well. Please use your thoughtful discretion here, and be able to defend your position. For example, clearly if you are providing therapy, crisis intervention and assessment, diagnostic interviews, ind, family or group treatment, or signing 1013s, this section of the rule does apply. If you are in a purely case management position, or in a Macro position not working directly with the above populations, and do not plan to change in the future, interpretation of this statement may be that it does not apply. We believe that through ethical consideration of the intent of the rule, and consultation about your specific professional practices, good choices can be made.

If you do not meet one of the above 3 circumstances for exemption, you will need to take a 3 credit graduate level course OR complete an approved 45 hour CEU training program.

2) Time Frame: by Jan 1st 2018

- Please know that the Composite Board could not change this due date, as it was signed into law this way with SB 319.
- However, based on information heard at the composite board meeting 5/5/17, we believe that as long as you have shown due diligence and are close to completing the training modules within the early part of 2018, it will not be problematic. However, this does not mean in anyway that we encourage you to wait until that time to start. We do believe there will be some "wiggle room" in the timing within a few months.

Also- let us once again remind everyone that THIS RULE HAS NOT BEEN FINALIZED until it is signed by the Governors office. Some clinicians may chose to wait until it is finalized before enrolling. Others may start, knowing that it is likely to pass and with the understanding that CEUs gained also count towards our 2018 renewal.

3) Financial burden:

- We understand this is a large financial commitment. We have been working with 2 programs over the past few months to be prepared. Both have a range of 20-25 dollars PER CEU. This is a standard rate for training any of us would seek for CEU workshops.
- We are negotiating some discount opportunities for our members. We will have this information, as well as dates and locations of courses within the next few weeks.

Please remember these 45 hours **WILL FULFILL** your full 35 hour CEU requirements for the 2018 renewal cycle. We have ensured that Ethics is embedded in all programs that are being approved by GSCSW, LPCA-GA, and GAMFT.

If you have any questions or needs, please continue to reach out to us at GSCSW.org. We will be glad to help as we can.

To read the "Notice of Intent GA Composite Board Rule- 135-12.01 & 135-12.02 (1)" [click here](#)

Committee Reports

LMSW COMMITTEE

The LMSW committee has been enjoying working on student outreach. The LMSW committee has spoken to a MSW class at Clark Atlanta University. The committee has speeches planned at the University of Georgia and Kennesaw State University MSW programs to educate graduating students about GSCSW, what to expect when entering the field, as well as the licensure process.

Katy Miles
Kristin Smith
lmsw@gscsw.org

ETHICS COMMITTEE

The Ethics Committee hosted a dinner and CEU event on March 30 on “Navigating Ethical Dilemmas in Clinical Practice.” Through small group and large group discussion of several scenarios, we looked at what constitutes an ethical dilemma, the relationship between ethics, values, morals and laws/policies, and the relationship between professional and personal values in ethical decisioning.

Social workers periodically encounter ethical concerns or questions in the course of our work, across the career span, having to make an imperfect call in a difficult situation, knowing that something will be compromised. That can be a lonely and/or disturbing place to be, but you don’t have to sit there alone. Your Ethics Committee continues to welcome and research ethical inquiries from GSCSW members: submit your questions to ethics@gscsw.org and we’ll explore the relevant ethical, regulatory, and legal guidelines and implications and formulate an opinion. If exploring ethical dilemmas and concepts sounds interesting to you, please consider joining the Ethics Committee. We have looked at several interesting dilemmas over the past year and are always reminded what a gray area it is to navigate – and how important it is to consult with others, both to expand our perspectives and to gain support.

Carla Bauer, LCSW, Ethics Committee Chair

MEMBERSHIP

Membership Committee currently consists of 5 committee members and 2 co-chairs, however, at the end of this year the 2 co-chairs will have completed their term and will be stepping down from this position. If you are interested in getting more involved in GSCSW, this is an excellent opportunity to be considered for joining the Board. Or, perhaps, you are more interested in joining the committee only. Either way, please reach out to us and we will be happy to answer your questions and guide you on how to engage more deeply with GSCSW.

Britni Brown & Halley Griffin
membership@gscsw.org

COMMITTEE REPORTS

PROFESSIONAL EDUCATION

Our Professional Education Committee has some exciting news. Co-Chairs, Meredith de Saint-Albin, LCSW, and Jacey J. Yunker, LCSW, CTP, have been building a new relationship with Kennesaw State University so that GSCSW may offer our annual spring symposium on their beautiful, spacious campus. What's even more exciting is that our KSU connection, Marcy Stidum, Associate Director for Counseling and Psychological Services, is a big thinker. She has proposed the idea of expanding the traditional one-day symposium into a two- to three-day spring conference for future collaborations. We are excited about the wonderful growth opportunity with this new collaboration.

This year our 2017 Spring Symposium presenter is Dr. Lisa Diamond. She is flying in (just to be with us!) from the University of Utah to present, *Complexity and Fluidity in Gender and Sexuality Across the Lifespan: What Do We Know and How Should It Affect Practice?* This presentation will review the most radical changes in our understanding of the origins and expression of same-sex sexuality, including research on "sexual fluidity" (the capacity for sexual behaviors, attractions, and identities to change over time), as well as our emerging understanding of fluidity in gender expression, and the unique experiences of transgender populations.

Professional Education has also been collaborating with GSCSW's very own Social Media and Public Relations Committee to provide GSCSW members with on-line educational coursework for CEU credit. Members can now log in and view Thursday evening, video-taped, presentations. Members can earn CEUs by answering the questionnaire that corresponds to the presentation.

Jacey Yunker, LCSW, CTP, and Meredith de Saint-Albin, LCSW, are particularly grateful to their committee members who have been invaluable team members. They have often saved the day when things have gotten busy. Thank you so very much!

As GSCSW grows, so does the need to expand our Professional Education Committee. We are looking for positive, new members who feel passionate about on-going education. Come have fun and nerd out with us!

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

LOW COST SUPERVISION

Last year, we asked you to consider the idea of "paying it forward" when it comes to being a low-cost supervisor. All of us has to get supervision to become clinically licensed. We all had our own supervisors at one point who guided, nurtured, prodded (!) and supported us. Some of us then went on to become supervisors of others on the path we already traveled. Won't you consider becoming a low-cost supervisor to help prepare future licensed clinical social workers? Here's the [application](#).

GSCSW, outside of the metro Atlanta area, has limited membership much less a robust pool of low-cost supervisors on which to call. Of the members in areas like Macon, Savannah and Valdosta, we have 1 (or maybe not) in those areas. We need your help to spread the word. By the way, did you know that becoming a distant member is offered at a [discounted rate](#)?

In the first half of 2016, GSCSW received nearly 50 communications related to low-cost supervision. Not all were met by GSCSW's existing pool of low-cost supervisors. Some were met by conducting extra due diligence which often resulted in trying to find LCSWs much less those who also provide supervision. Approximately one-third of those seeking supervision come back to report that they may have found someone but that the person charges his/her full rate. Those rates are likely too steep for those seeking supervision.

So! Let's help others. In doing so, whether or not we know it yet, we will be promoting our profession in a healthy, much-needed way.

Jean Rowe, LCSW, OSW-C, CJT
Low Cost Supervision Board Chair - supervision@gscsw.org