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CLINICAL PAGE STAFF

PRESIDENT'S MESSAGE



Dear GSCSW Members,

It has been such an honor and privilege to serve GSCSW as President these past several months! I am full of awe and gratitude at the vitality of the organization and the Board. I recently had the amazing opportunity to gather with several of our past GSCSW Presidents. I learned so much about our history, including that GSCSW was an agent for change in creating licensure for social workers in Georgia. It is hard to imagine a time before this! I was struck by how many social workers have contributed their time, energy, and wisdom to creating and growing GSCSW through the years—ultimately changing the practice of social work for all social workers in Georgia for the better.

I want to take a moment to thank the current GSCSW Board and Committee Members for all they have given to GSCSW! Mary Ablett, LCSW, has served in the role of Low-Cost Supervision Chair, and her service in that role has come to an end. Mary's contribution has been invaluable, and she spearheaded simplifying and clarifying the application process for members who would like to serve as low-cost supervisors. I would also like to welcome Phyllis Glass, LCSW, as the new Low-Cost Supervision Chair. We are thrilled to have Phyllis join the Board! We know her wealth of experience and wisdom will benefit the Low-Cost Supervision work of GSCSW.

Currently GSCSW has a need for members to give of their time, energy and wisdom by way of volunteering on a committee. We have a handful of committees in particular that could really use your help: our Legislative Committee, our Membership Committee and our LMSW Committee. I invite you to learn more about our GSCSW committees in the "Committee Happenings" portion of this Clinical Page.

GSCSW's Legislative Committee kicked off our 2019-2020 season with our Legislative Town Hall—a candid and inspiring panel discussion with Georgia Senator Sally Harrell, Georgia Senator Tonya Anderson and Georgia Representative Bee Nguyen. Each panelist highlighted the need for ongoing advocacy for change and justice for everyone, and they invited us to connect with them via phone or email when we can advocate for our clients and for social work values. Contacting our senators and representatives matters, and it works!

We are excited to announce GSCSW's Annual Julius Hornstein Conference (formerly the CSWA-Savannah Annual Conference) a two-day conference scheduled in Savannah on March 5 & 6, 2020. Dr. Savoy will be presenting on *Working with Transgender and Gender Non-Conforming Clients: Increasing Psychotherapists' Competencies*. You can learn more about Dr. Savoy and this event in this Clinical Page edition and on our website's home page.

We are continuing the work of connecting with Georgia social workers outside of the Atlanta area. GSCSW members in the Augusta area have reached out to GSCSW as they want to connect. We are excited that an Augusta-area member has agreed to spearhead networking efforts among members in the that area! If you are in the Augusta area and want to be more connected, please let me know. And if you are in another part of the state and are open to becoming a point-person for GSCSW members to connect in your area, please let me know, as well.

GSCSW continues to regularly attend the monthly Georgia Composite Board meetings in Macon, and we plan to keep you updated as relevant happenings occur.

I recently had the opportunity to attend the Clinical Social Work Association (CSWA) meeting in Alexandria, Virginia. CSWA is the national organization of which GSCSW is an affiliate. It was inspiring to meet and hear the stories of clinical social workers creating community, doing the important work of advocacy for social work values and learning together. If you are not familiar with CSWA, I encourage you to explore their website at clinicalsocialworkassociation.org. Their site includes some of these resources: education on clinical social work advocacy priorities, position papers on relevant issues such as Medicare and online social work education programs, and HIPAA fundamentals.

Please do not hesitate to reach out to me if you have a desire to become more involved, have questions, or have ideas to share. It has been a pleasure seeing you at our GSCSW events, and I look forward to seeing you in this new year. Thank you all for this opportunity to serve!

Becky Anne, MDiv, LCSW, GSCSW President
president@gscsw.org

GSCSW's Annual Julius Hornstein Conference
(formerly the CSWA-Savannah's Annual Conference)

Presents:

Working with Transgender and Gender Non-conforming Clients:

Increasing Psychotherapists' Competencies



Come Join Us in Savannah, Georgia!

Thursday and Friday, March 5 & 6, 2020, 8:30a.m – 4:00p.m.

14 CEUS include 5 Ethics CEUS

Lunch is provided both dates

Dr. Savoy is a licensed psychologist and gender specialist with over 20 years of experience. She is in private practice in Charlotte, NC, and specializes in working with lesbian, gay, bisexual, transgender, and gender non-conforming adolescents and adults. Dr. Savoy graduated with her doctorate from the University of Missouri-Columbia, and completed her pre-doctoral internship in the Psychiatry Department at the University of Illinois-Chicago. Dr. Savoy has published in psychology journals on the topics of sexual identity development, LGB-affirmative attitudes, and multicultural attitudes and empathy. She is also a founding member of the Charlotte Transgender Healthcare Group and a WPATH Certified Provider.

Registration Rates	Early - Before Jan. 31	Regular	Day of Conference
GSCSW Member	\$195.00	\$225.00	\$275.00
Nonmember	\$265.00	\$295.00	\$345.00
Student	\$75.00	\$95.00	\$125.00

For one-day attendance, pay half the rate that applies to you. Lunch with a vegetarian option is included.

Learn more and register on our home page at www.gscsw.org

FROM THE EDITOR: Breakfast with Becky Anne, MDiv, LCSW



On a sunny fall morning many weeks ago, I had the pleasure of having our new President all to myself. How wonderful it would be if we could know Becky a bit outside of her presidential role, I thought. We sat in the crisp air after carefully arranging our chairs so that the perfect amount of sunshine would warm us, while we waited for our inside table. The aroma from my coffee awakened my senses and teased my palate as my mind danced with questions. I was ready for our visit, and Becky was more than happy to share.

Becky grew up in the Pacific Northwest. Originally from Southern California, she spent most of her childhood in a small logging town at the Cascade Mountain foothills in Arlington, Washington. *Oh, I can just taste the salty ocean spray and hear the chatter-barks of sea lions hugging the rocky cliffs. I am sure I can smell the festive branches of evergreens.*

Becky ventured from home to attend Seattle Pacific University in pursuit of psychology and religious studies where she completed her undergraduate degree. She then moved to New Jersey and spent a few years doing volunteer youth work. Thereafter, Becky returned to Seattle, where she worked for a year at the University of Washington as Dr. Marsha Linehan's secretary! (In case you don't recognize the name, Dr. Marsha Linehan founded Dialectical Behavior Therapy). When I asked Becky what she loved about the Pacific Northwest, she replied that she missed the beauty of the water and evergreens—adding that she found the clouds and regular drizzle “cozy”.

How did we get lucky enough to have Becky here in Georgia? Higher education. Becky has been in Georgia since 2000. She initially earned her Master of Divinity at Emory University. She considered earning a doctorate degree in Old Testament studies and then getting ordained with the goal of becoming a minister. It was during her own participation in therapy at this time that she first considered becoming a therapist. So back to school she went. Becky earned her Master of Social Work at the University of Georgia. It was here that her professor, Dr. Stephanie Swann, introduced her to GSCSW *where Becky would one day become our President!*

After asking Becky what she most liked about Georgia, it became evident that it might be all of us. She expressed heartfelt awareness and appreciation for social workers. She commented on all the time we volunteer, our expertise, the connectedness through shared values and our capacity for critical thinking. When commenting on her GSCSW Board experience, she further acknowledged her appreciation for the “fun and laughter” with a group of individuals who are open to supporting one another.

I was interested to know which clinical tools and/or treatment approaches resonate with her. Becky is a huge fan of Acceptance and Commitment Therapy (ACT), stating that it has given her a strong frame of reference both personally and professionally. She explained that ACT work makes space for difficult feelings, helping us move through the blocks filled with unhelpful thinking patterns and stories in order to take more compassionate action. Becky's “go-to's” for self-care? Space for self-compassion, mindfulness and walks in nature.

We paused for a moment to savor our meal after Becky said, “The grits taste like mac and cheese!” Absolutely agreeing, I then asked Becky, “What three words best describe you?” (and not to be modest). She responded, “Oh dear...” (*laughter*). “Committed, compassionate and...” She stopped here. And I let her off the hook. By the way, you can find these yummy grits at the Flying Biscuit.

We might decide we respect Becky for her willingness to lead our organization. It takes a special person to do this. But here is the truth about Becky. She is humble—quietly present with watchful eyes, listening ears and a huge heart. Like many of us she has survived some of life's most challenging experiences. When I asked Becky what she considered to be her biggest life accomplishments, she first said, “Whoa...” (*more laughter*). Then she went on to explain that she survived a painful divorce, ultimately choosing to risk love again. Just two weeks after the birth of her son, she survived a rare postpartum, hormone-related heart attack. Additionally, Becky took on the risk of establishing private practice and is grateful it worked out to be a good fit. She is also grateful for her generally good health, where she lives in Georgia, and the freedom and flexibility that comes with private practice. I feel confident that Becky will be able to add her GSCSW Presidency to her list of “biggest life accomplishments”. Welcome Becky!

Here are some fun facts about Becky. Her Seattle-area high school had an espresso machine. Yup. Can you believe it? Becky loves to travel, finding it difficult to say no to adventure. If you were to bump into her, you might find her in nature relaxing in a pop-up camper while reading a variety of genres. Becky's favorite book? *Traveling Mercies* by Anne LaMott. She loves the fall. She'll take two creamers in her coffee. And yes, she drinks “real coffee”. Afterall, she is from the Seattle-area.

You can also find Becky Anne, MDiv, LCSW, at Decatur Mindfulness and Psychotherapy, 321 West Hill Street, Suite 2C, Decatur, GA 30030, www.decaturmindfulness.com.

Jacey J. Yunker, LCSW, ACTP, Clinical Page Editor

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Mindful Self-Compassion

By Hannah Hawkins-Esther, LCSW



Allow by Danna Faulds

There is no controlling life.
 Try corralling a lightning bolt,
 containing a tornado. Dam a
 stream and it will create a new
 channel. Resist, and the tide
 will sweep you off your feet.
 Allow, and grace will carry
 you to higher ground. The only
 safety lies in letting it all in –
 the wild and the weak; fear,
 fantasies, failures and success.
 When loss rips off the doors of
 the heart, or sadness veils your
 vision with despair, practice
 becomes simply bearing the truth.
 In the choice to let go of your
 known way of being, the whole
 world is revealed to your new eyes.

This is a beautiful poem we read during the sixth class of the Mindful Self-Compassion course when we start to apply the practices we have learned to our most difficult emotions. It is a challenging session, for how do we, in the poet's words, "simply bear the truth"? A self-compassion practice can offer a path.

So, what is compassion? Currently a fairly universal notion is that compassion has two components. First, recognizing the presence of distress, pain or suffering; and second, experiencing a motivation or desire to alleviate it either through taking some supportive, protective action or offering a nurturing, soothing presence. When we bring this basic definition to the "self" part of compassion, we often discover that recognizing and turning toward our own suffering, pain and distress is no easy feat.

It is reassuring for me to know that compassion is primal and for the majority of us, innate. It arises as part of our mammalian caregiving system. There is a saying that the most powerful being in the universe is a crying infant. A baby in distress is activating and caregivers, usually parents, are moved to attend to that baby and soothe the infant's distress. Similarly, a child who is hurt or upset will naturally run toward caregivers to be soothed and reassured. All of these motivations are designed to support calming the child's nervous system, down regulating distress and leaving the child feeling safe and secure. As adults it is useful to know that we can intentionally engage our own caregiving system to give ourselves the same calming support and care as we would a small child or pet. One key point to note is that soothing touches, e.g. hand on heart and gentle vocalizations (kind tone and supportive words), are important triggers for our caregiving system of which compassion is a part.

It is tempting at this juncture to dive deeper into the physiology of compassion and discuss the processes that are involved. I will touch on one aspect in this article, and I would refer those interested in the research to start here: The Center for Compassion and Altruism Research and Education at Stanford University, The Center for Mindful Self-Compassion, and The Compassionate Mind Foundation.

Mindful Self-Compassion — continued from page 5

Back to distress: When we are facing adversity or pain and responding with compassion, whether it is taking a soothing stance or a protective courageous action, some of our fear responses are inhibited. This is possible because compassion is engaged through the parasympathetic branch of our autonomic nervous system. This branch corresponds with the internal state of rest and digest. In contrast, our fear responses emerge out of the second part of our autonomic nervous system, known as the sympathetic branch which activates the threat response of fight, flight or freeze. Interestingly, when we can experience compassion we can respond to stress without avoidance, escape or aggression.

This idea that compassion inhibits our fear circuitry and leaves us ready to face difficulties more effectively fits with the model of self-compassion introduced in the Mindful Self-Compassion program.

Dr. Kristin Neff, self-compassion researcher and co-creator of the Mindful Self-Compassion program, suggests self-compassion has three components: self-kindness, common humanity and mindfulness. Self-kindness means we turn toward our pain, to actively soothe or comfort ourselves and to take some helpful action if it is needed. Common humanity is the reminder that all human beings suffer, experience loss and fail. It is an unavoidable painful part of our existence, and we are not alone. Finally, mindfulness allows us to recognize we are suffering, as we acknowledge our pain or difficulty and “be” with what is arising in this moment.

These three components are a more sustaining way to respond to our pain than engaging in some of our common alternatives like self-criticism and blame. Dr. Paul Gilbert, compassion researcher and creator of Compassion-Focused Therapy, explains that when we are experiencing our own shortcomings and begin criticizing or turning on ourselves, we are unintentionally activating our own threat response system (fight, flight or freeze) and creating a corresponding “unholy trinity” of self-criticism, isolation and rumination.

To illustrate further, I’d like to share a personal example. When my son was young, getting out of the house in the morning was an exceptionally stressful experience. My son has ADHD and I was a single mother just starting my private psychotherapy practice. Getting us both up and dressed for school and work; preparing breakfast, his lunch and planning dinner; taking care of our pets; making sure we had backpacks and whatever else might be needed; leaving the house in time to drop off at him at school; and getting across town in time to meet my first client, seemed like a herculean task. I would lose my patience, get angry, snap and speak harshly to my son. Many days saw one or both of us in tears of frustration. Not a helpful way to start our mornings together. My disappointment in myself as a parent was deep, and I turned on myself with blame and criticism: “I am a terrible mother” and “There is something wrong with me that I couldn’t be more patient” and on and on. I felt alone and isolated, ashamed that despite my psychotherapy training, I continued to get caught in this reactive unproductive mode with my son. I told myself, “No one is as bad as me”. On those days, I felt lost, and spent a lot of time on my drives to work caught up in rumination. I pulled out the “shoulds” and replayed the morning with a painful negative cycle of feeling disappointed, ashamed and guilty.

Thankfully, that was a long time ago and my self-compassion, mindfulness and meditation practice have softened me in the years since then. Looking back now, I place a hand on my heart, giving an internal nod to that fearful, struggling mom—acknowledging and feeling the pain of that time. It still brings up sadness. I now deeply understand that I am not alone, because a lot of caring parents have those moments when we make mistakes and at times hurt our kid’s feelings. And finally, I can gently say to myself “It’s going to be OK” or “May I accept myself as I am”, while remembering that I can open my heart without fear, accepting my sadness and immersing myself in the deep abiding love for my son and now myself; this learned self-compassion has carried us through it all.

Reference

Knox, M., Neff, K., & Davidson, O. (2016, June). Comparing compassion for self and others: Impacts on personal and interpersonal well-being. Paper presented at 14th Annual Meeting of the Association for Contextual Behavioral Science World Conference, Seattle, WA.

Hannah Hawkins-Esther, LCSW, believes our innate compassion is the key to surviving and thriving in our demanding, often fast-paced stimulating world. Hannah received her teacher training from the developers of the Mindful Self-Compassion Program. As a psychotherapist, Hannah works with adults, older adolescents, couples and families at Atlanta Center for Wellness in Sandy Springs. Hannah meditates daily and practices yoga. She also offers private instruction in both. Hannah’s current Mindful Self-Compassion course started January 9, 2020 at the Atlanta Center for Wellness. Go to <https://compassion4self.com> for more details.

Meditation as a Constant Centerpiece

By Christine Leeds, LCSW



I have been a social worker in a myriad of forms for 46 years. I have been a meditator for the same. And that is not an accident. Throughout my twenties, I worked with the elderly as they confronted issues of illness, death and dying. In my first job at 22 years of age, I found the work to be satisfying, fulfilling and yet very stressful. I soon found myself sipping two or three glasses of wine to unwind at the end of each of my days. After about six months of this, I realized I needed to find another way. I was led to meditation which eventually became a great passion and love in my life.

I began with Transcendental Meditation and was given a mantra with instructions to meditate for 20 minutes, twice a day. (Transcendental Meditation is a form of meditation brought to the United States from India in the 1960's.) In learning to meditate I almost immediately begin to feel a reduction in my levels of stress. Just sitting for 20 minutes and attempting to focus on the mantra affected me greatly throughout my day. I was calmer and more focused. And sitting for 20 minutes in the evening allowed me to refresh my mind and my body and contributed to

deeper sleep. I was so taken with the power of meditation that I began a meditation group to share what I was learning and to enjoy the pleasure of sitting with others who were pursuing a quiet mind.

Living in western Massachusetts in the 1970's, I was exposed to many spiritual teachers from India and many different practices of meditation. I tried them all. It was a great time. I eventually found my way to India and studied with several teachers for many years. I became a meditation teacher and co-led several meditation centers.

Throughout all these years, I remained a social worker. I sat with people dying. I assisted people in emergency rooms who had just witnessed a violent suicide. I worked with the severely mentally ill. Eventually, I started a private practice in New York City and then again in Atlanta, when I moved here in 1992. I have worked with a plethora of traumas that many of us experience as we grow through life.

Meditation is the constant centerpiece of my work as a therapist. Through meditation I have learned to quiet and steady my mind. And I found with a quiet and steady mind that I am much more easily able to access my intuitive knowing when I am sitting with my clients. Meditation has made me the therapist that I am today.

Meditation has taught me compassion. Meditation has reminded me to see the core of love that is within each and every one of us. Meditation has taught me to be calm and nonreactive. Meditation has taught me to love myself. Meditation is a God-given tool that is available to each of us. I am very grateful.

There are many forms of meditation. All of these years I have used a mantra (Sanskrit for word) for meditation. In teaching clients to meditate, I suggest they use "I am Peace" or "I am Love" as a mantra. Meditation instruction is very easy. Sit quietly with your eyes closed. Begin to repeat your mantra once on the in-breath and once on the out-breath. When you notice that your mind has wandered, gently bring it back to the repetition of the mantra coupled with your breathing. Repeat. Many, many times. Gradually your mind will begin to quiet. Your breath will become slower and deeper. Meditation is a training of the mind. And as with any training, it takes time.

There are lots of meditation groups in Atlanta. It can be really helpful to learn meditation in a group. I sometimes refer my clients who are very new to meditation to Mindfulness-Based Stress Reduction (MBSR) training. There are several teachers in the Atlanta area. Find a technique or a teacher to whom you are drawn. And then practice. Quieting the mind takes time, but the journey is just as rewarding as the goal. The journey can deepen our self-reflection and our self-knowledge. It is so worth the effort.

Christine Leeds, LCSW, has a practice that integrates a traditional therapeutic relationship with the cutting-edge experiential techniques of Brainspotting, guided imagery, and meditation—all designed to access the innate and intuitive wisdom of the body and the mind. Deep and lasting emotional and psychological healing is possible. You can find Christine at the Atlanta Center For Wellness, 6100 Lake Forrest Drive, Suite 450, Sandy Springs, 30328. 404 636-1170. www.ChristineLeeds.com

Clinical Supervision: Finding the Fit

By Polly Hart, LCSW, BCD ; Kelli Tolbert, LMSW; and Kathryn Woerner, LMSW



NOTE: The following article is brought to you by a supervision trio composed of one supervisor and two supervisees. While introducing all aspects of a professional career, I include writing as an important element on my list. Having early experience writing either for colleagues or clients in a professional context, can support not just that one can write, but that sharing is a valuable part of “being professional”. —Polly Hart, LCSW, BCD

Lots of folks say that supervisors early in their careers helped them define their interests: (1) by setting a direction for their career, (2) by sharing random stuff that turned out to be useful far beyond the requirements of their early work settings, and (3) by knowing someone who became a professional friend and long-term career consultant. We hope you have a similar experience, and the following may help you find that all important “goodness of fit”. And, if not on your first try, keep movin’...

Supervisors of clinical practice often come from different ways of working, usually based on their experience with particular client populations. Their knowledge about “treatment” and what it involves may vary widely. Some emphasize work with emotions and talking therapies. Others have greater experience with neuroscience-based technologies which require collaboration with colleagues from multi-disciplines. What you will learn from each of these supervisors may be quite different according to their work experience.

YOUR NUMBER ONE TASK?

Seek recommendations from those who describe a good experience in their own supervision. Ask for a curriculum vitae (CV) from those who interest you. Get your questions together. Meet face-to-face several times.

THE BIG QUESTION?

What can this person teach me?

QUESTIONS YOU MIGHT WANT TO ASK

Stuff about their work and supervision experience: Have they ever thought about changing to another kind of work? Do they see things changing in clinical social work? Where do they go to keep up with the latest? Do they have something like a “content list” which includes what they think is important to cover during supervision—things that may not come up in the case load? Do they “teach”, as well as “supervise”—offering materials, assignments and required experiences? How long have they supervised?

THEN TWO BIGGEES

1. Are there things about how they supervise that they think are important, which other supervisors might not cover?
2. Are there built-in times to give regular feedback during the time in supervision?

NOW CONSIDER FOR YOUR OWN LEARNING

The knowledge base for clinical work is changing more rapidly than in the past as new efficacious interventions are introduced. Counseling will always be part of what we do but practicing ONLY counseling when state-of-the-art treatments become available for specific conditions, will be judged unethical. Professional practice will increasingly mean being a life-long learner, and we will all depend on consultations from a wide variety of clinical specialist to provide what might be helpful to those we see.

FINALLY

If possible, choose a supervisor with different kinds of experience in their background—someone with both depth and breadth. Then look for both knowledge and experience, combined with the personality style that understands the foibles of human nature without referring to the Diagnostic and Statistical Manual of Mental Disorders (DSM). A keen sense of humor goes a long way in sustaining work with Homo sapiens. There are many wonderful supervisors, but they may not be found in your regular work setting. Happy hunting!

Did you know that **Polly Hart, LCSW, BCD**, is one of GSCSW's original members when we were established in 1980? She is! And, we are so fortunate to have her. Polly earned her Master of Social Work at Tulane University, New Orleans, Louisiana. She has 40 years of practice in a family psychiatry clinic-setting. Polly enjoys sharing her writing, because the experience adds another means through which she can enjoy her career—particularly in her current practice, supervising and teaching. You can find Polly Hart at www.pollyhartlcswsupervision.com

Kelli Tolbert, LMSW, earned her Master of Social Work from Kennesaw State University, Kennesaw, Georgia. She has 20-combined years of experience in human services and social work. Kelli holds a certification in life coaching through the International Life Coaching Research Group.

Kathryn Woerner, LMSW, earned her Master of Social Work from Boston University, Boston, Massachusetts. She has transitioned from corporate work to nonprofit work as a social worker. Kathryn “is skilled in Motivational Interviewing, CBT, family-centered approach, group work, domestic violence safety and recovery, suicide risk analysis, and child abuse and welfare issues.

Psychotherapy Goes Online

By Alyce E. Wellons, LCSW



“Let go or be dragged.” ~ Zen Proverb

After 20 years of living and practicing psychotherapy in Atlanta, I have observed the progression of technology in our field. When I first started, we didn’t have cell phones or emails—let alone social media! All along the way, I have known that I needed to keep up with how technology is influencing/shaping our field and what our clients are wanting and expecting from our practices. As professionals and business owners, we are witnessing how technology is changing our field and how we practice. **And like it or not, technology has firmly planted itself right into our consulting rooms!**

Over the years I have participated in many discussions on the pros and cons of using technology in psychotherapy. I have seen some folks in our profession dig in with fear and resistance, while others have advocated, embraced and created flourishing practices online. But this I know—like those crazy electric scooters zipping all over the city—technology and telemental health are here to stay. As social workers and practitioners our number one guiding principle is “start where the client is”. And from years of practice, we know fighting inevitable change can often be futile. Time for us to meet technology where it is and get with it! I am proud that overall our field is making strides to address how to practice online in a professional, confidential and ethical manner, and in a way that holds the integrity and sacredness of our work.

This fall, I began offering online psychotherapy appointments in my private practice. If you are interested in exploring how to create an online practice, here is a basic roadmap on how to get started.

LICENSURE

The general rule is that we need to be licensed in the state where the client physically resides at the time of the session. This can have nuances; for example, what if the client resides in Georgia where you are licensed, but is attending school in Arizona or on vacation in Maine? Generally, we need to call the state licensing board where the client will be, either short-term or longer, and ask what their guidelines are for practicing in their state. Sometimes practitioners are granted a short-term window to practice, sometimes not. Our responsibility is to ask the state’s licensing board where the client will be and proceed accordingly.

I am licensed as an LCSW in the state of Georgia and the great state of North Carolina. Therefore, if I am in Georgia, I can work online with a client who is physically in Georgia or North Carolina. If I am in North Carolina, I can work online with a client who is physically in North Carolina or Georgia.

Find out the regulations in the state(s) in which you want to practice. Here is a thorough and detailed link to every state’s regulations for online therapy: <https://telementalhealthtraining.com/states-rules-and-regulations>

TRAINING

Some states do not require any specialized training. As stated above, Georgia requires six hours of training in telemental health. An online search for this training will easily yield some informative and helpful results. We can take the training online, as we can receive up to 10 hours of CEUs online in Georgia. I am currently taking a 26-hour certificate program in TeleMental Health and Digital Ethics: Ethical, Legal, Clinical, Technological, and Practice Considerations online thru the Zur Institute. Since Georgia only allows 10 online CEUs and despite the fact that ethics *cannot* be taken online, I am getting this certification anyway. I consider this training to be incredibly important. Practicing online is still considered the wild wild west. Being as informed as possible can only help!

MALPRACTICE INSURANCE

Check with your professional malpractice insurance company prior to beginning online therapy to learn what coverage you need to practice online. Ask them all the questions you have along the way. They are a wealth of information and often an underutilized resource. My malpractice company, CPH & Associates, told me: “As long as you are practicing within the scope of your practice and license, and you are licensed in the state where the client is located, you are under our coverage.”

Psychotherapy Goes Online — continued from page 9

DOES INSURANCE COVER TELEMENTAL HEALTH

Yes! Many policies cover telemental health, and more are adding coverage every month. Like most exchanges with clients about insurance, have them contact their insurance company to inquire about what their coverage is and what they need to do for statements and reimbursement. There is a CPT code modifier and a location code that you use on your statement of services form and whatever forms the insurance company requires.

ELECTRONIC HEALTH RECORD (EHR)

When you begin to set up your online practice, you will explore what Electronic Health Record (EHR) works best for your needs. There are many from which to choose, different price points, and all have various options for the user. After much research and following many online forum discussions on EHRs, I chose Simple Practice. It is endorsed by many respected groups in our field, and it offers all the forms we need (including Intake, Release of Information, etc.). They are also customizable with an online scheduling option, an online chat feature, the ability to store credit card information, wonderful video tutorials and a help community to assist us in learning the platform. By signing up with Simple Practice we automatically enter into a Business Associate Agreement (BAA, required to be HIPAA compliant) with all their components so we don't have to piecemeal those agreements. It is all in one place! (Some of the others had a cool "waiting room" feature that everyone likes...I am hoping Simple Practice will add one in soon!)

WHERE TO GO FROM HERE

After understanding what your state(s) require for your license to practice online and clearing it with your malpractice company, I highly recommend joining an online therapist practice community to learn more, to ask questions and to get support from others. There are several great Facebook groups that have active and robust pages filled with conversations on everything from license issues, setting up an insurance-based practice, EHRs, international practice, setting up your online office, and marketing an online practice. Your EHR will likely have an online forum for questions and discussions as well.

Practicing online offers access, freedom and flexibility for clinicians and clients alike. And while no one is arguing the value of in-person, or face-to-face psychotherapy, there is no question our field has found its place online. I am excited to venture in with professionalism, ethics and enthusiasm!

Alyce Wellons, LCSW, is fully licensed in Georgia and North Carolina. She maintains an in-person and online office in Georgia, and she offers an online practice in North Carolina. Alyce sees individuals and couples for short- or long-term psychotherapy. Alyce provides psychotherapy, teaching, and training on many modalities and areas of psychotherapy for other mental health professionals. Her areas of expertise and theoretical focus include the following: attachment, addiction/recovery/relapse, dissociation, interpersonal theory, neurobiology, PTSD and trauma. Additionally, Alyce has specialized training in LifeForce Yoga. She has guest-lectured, and has written and taught internationally on this work while incorporating mindfulness-based education and body-based techniques for anxiety, depression, relationship issues, recovery, daily-life stress and other mental health issues. In addition to over 20 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.

Getting Unstuck with Brainspotting

By Cynthia Schwartzberg, LCSW



*As we let our own light shine,
we unconsciously give others the permission to do the same. —Nelson Mandela*

How is your light shining this season? What can you do to enhance the light within and stay connected with the healing process for all of those you help? Let's discover what Brainspotting is and how to use Self-spotting as a tool to stay in the flow.

Sara came to me for help with anxiety. She stated that she was a mess and continued to have meltdowns. After years of therapy and lots of medicine, she still felt lost. It is common for Brainspotting therapists to begin seeing people who have had years of therapy and still express feeling stuck. It is also common for therapists to come for Brainspotting consultation because they themselves feel stuck with clients and/or feel burned-out.

Key elements and basic foundation principles in the Brainspotting process allow for access to these “stuck places”.

Brainspotting, developed by David Grand, PhD, in 2003, is a brain-based therapy. Brainspotting focuses on finding relevant eye positions based on the client's desire to process deep subcortical material and to come into a state of peace. David Grand, PhD, has spoken about Brainspotting as having four key elements:

1. **The Relationship:** Research has shown that the therapeutic relationship is the primary component to a successful outcome to therapy. In Brainspotting we harness this fact and have made the relationship a primary element of the work. We say Brainspotting trains clinicians to relate differently to clients. We accomplish this through the way we relate in session and through the timing of interventions.
2. **The Body:** People come to therapy because there is something they cannot resolve on their own. They may have had previous sessions, sought out friends and relatives, and/or explored the internet or self-help books for support. Yet they still feel dysregulated. They want to acquire a state of peace as soon as possible. Brainspotting helps to heal a client by working with the body and with the therapeutic relationship when clients are connected to their innate wisdom. The therapist helps the client connect to their body's felt sense around an issue and by finding a relevant eye position for the process to take place.
 - a. Brainspotting is seen as a physiological approach with psychological benefits. I often tell my clients it is like physical therapy for the brain.
 - b. I have found Brainspotting to be different from any other mind-body therapy. I experienced Brainspotting both as a client and as a therapist because of this Dual Attunement Frame—a simultaneous relational and neurobiological attunement with one part being within the patient themselves and the other part being between the therapist and the patient.
 - c. Going back to Sara: Within the strong container of our relationship we (myself as the therapist and the invitation for her to go into her own body's “felt sense”) made it possible for Sara to feel more present as she processed things she had not yet thought of or witnessed before about herself. Dr. Robert Scaer speaks of the importance of attunement in his book, *8 Keys to Brain-Body Balance*. He explains that “the attunement activates the mirror neurons between the cingulate and the orbitofrontal cortex (OFC), creates an empathic environment and inhibits the amygdala. This sacred face-to-face empathic attunement, is a critical environment for trauma therapy to work (just as it is in maternal-infant bonding), and this state of presence is essential for healing.”
3. **The Brain:** The Brainspotting therapist uses psychoeducation, helping the client understand the brain and how it is impacted by life experiences. This psychoeducation piece of Brainspotting helps to diminish a sense of “something is wrong with me” for the client. In our profession, we are learning more and more about the brain and the impact our physiology has on our state of well-being. The brain is connected to all parts of us. With this fact in mind and the client's feedback, the Brainspotting therapist sets the frame for rapid healing to take place.
4. **Focused Mindfulness:** Once the frame is set (the issue to work with is defined, a body's felt sense in relation to the issue has been found, and a relevant eye position is discovered) the client maintains looking at the Brainspot (relevant eye

Getting Unstuck with Brainspotting — continued from page 11

eye position) in a state of curiosity for whatever is revealed by their brain and body. The therapist sits in a relationally healing state of being while finely attuned to the client, as the client discovers their own connections. Brainspotting therapists “check” the diagnostic understanding of what the client is going through at the door, as the therapist supports the client in having their aha moments without telling the client who they are and how they need to be. This relational repair coincides with whatever the client is healing within.

The basic motto of Brainspotting as stated by David Grand, PhD: “Where you look affects how you feel.” This is based on the fact that we see with our eyes and our brains. The superior colliculus, part of our midbrain, is connected to our visual cortex in relation to how we orient in our environment. So, if you are thinking of a challenging work situation and you look to the left, you may feel different about it than when you look to the right or straight ahead.

In Brainspotting we find relevant eye positions to access the deep subcortical brain. The reason being is that psychotherapy can be more effective when we access the part of the brain connected to self-regulation. When we are in a state of self-regulation, we think more clearly, and we function more harmoniously in our lives. We are able to differentiate between the past and the present. We are less reactive.

By continuing the work with Sara, she was able to slow her emotional responses, bring reason into her actions and think more clearly. Before we ended treatment, she shared an incident where someone who had been an authority bully-figure to her, asked her to do something unethical. In the past she would have been frightened and compliant. This time she was able to slow down, think things out, speak with others and plan her response in a way that kept her acting in an ethical manner. She was very pleased with herself and was able to gain self-respect from her actions. She also realized how much she grew and shifted out of her fear response. The Brainspotting helped her recondition traumatic conditioned responses.

Cynthia Schwartzberg, LCSW, is a Senior Brainspotting Trainer and Consultant with 30+ years of experience in private practice. She participates in an ongoing monthly consultation group with Dr. Grand, a close colleague who discovered and developed Brainspotting. Cynthia specializes in working with survivors of profound trauma and those challenged with relationship issues. Additionally, she does enhancement work with leaders, artists, athletes and performers. She is a national and international speaker and trainer. Prior to Brainspotting, Cynthia was on faculty with the Institute of Core Energetics, a mind-body modality. Cynthia practices in the Buckhead area. She will be offering the Brainspotting Phase One training in Atlanta, February 29 through March 1, 2020. Other trainings and information can be found at www.cynthasis.com

BOOK REVIEWS: Reflections on the Need for Radical Change In Addressing Racism and White Supremacy In America Today

By Karen Tantillo, LCSW



With a great deal of excitement and trepidation, I recently made the decision to work towards earning a Doctorate in Clinical Social Work (DSW) at the University of Pennsylvania's School of Social Policy and Practice. In truth, I had completed my Master of Social Work degree at the end of last century and well before the internet was even a thing, *and* before I was ready to deepen and broaden my clinical practice through teaching, writing and research. Although I considered myself to be brave for returning to school after decades of being a mom to three and being a clinician in a small practice, I applaud the University of Pennsylvania's Task Force on Race and Social Justice in supporting and encouraging students and professors to take risks in being vulnerable and transparent by participating in open discussions on race, white privilege and the need for radical reform in addressing social justice in our nation today.

During our first week on campus in Philadelphia, we were asked to share our reflections on our reading of two amazing books: Robin Diangelo's book, *White Fragility: Why It's So Hard for White People to Talk About Racism* (2018) and Charlene Carruthers's book, *Unapologetic: A Black, Queer, and Feminist Mandate for Radical Movements* (2018). These books were chosen by the University of Pennsylvania's Task Force to promote awareness and discussion related to "identity, inclusion, intersectionality and white privilege".

I'd like to share a few of my reflections.

I am grateful to the University of Pennsylvania's Social Work program for having those of us who identify as white read Robin Diangelo's *White Fragility*. Together, our learning community can look at *how* our racism manifests, not *if* it manifests. I consider Diangelo's statement that "white identity is inherently racist" as an opportunity for greater reflection and self-awareness. We have all been socialized into a culture that has deeply entrenched white supremacist ideas and beliefs. Examining how the internalization of racism as a white woman and a white professional has impacted me is stimulating and important in my own efforts towards self-actualization and growth.

The definition and term "white fragility", referring to a white person's defensiveness and discomfort when confronted with racial inequality, injustice and the privileging of whites, is a fairly new term for me. Recognizing and owning our racist beliefs or thoughts is more important than convincing others that we are "good" people and don't have any racism. By living in our culture, racism continues to get reinforced. I received Diangelo's assertion well: only with ongoing courage and intentionality can we move in a transformative direction.

At first, it is challenging to consider Diangelo's statement that "white progressives cause the most daily damage to people of color". It is useful and informative to consider how defenses can keep us stuck and to acknowledge that we all have been exposed and live in a society that has deep roots in the justification of enslavement and colonization. Those who claim to not have prejudice might be demonstrating a "profound" lack of self-awareness.

Reading *Unapologetic* exposed me to new information about the social justice movement, black radicalism and activism. As she shares powerful and provocative views and mandates, Carruthers points out that prejudice, racism, homophobia and transphobia abound in our nation. She expounds on a new era of action to bring an end to the status quo and disrupt oppressive social, economic and political norms that date back to slavery and colonization.

Prior to reading this book, I was unaware of Charlene Carruthers's prominent leadership role in founding the Black Youth Project 100 (BYP100), motivated by the acquittal in the killing of Trayvon Martin. I found the book to be an excellent introduction in deepening my understanding of how anti-blackness and racism calls for more revolutionary actions. Obama's presidency brought "reform", but Carruthers has a clear, compassionate and strong voice calling for a more powerful transformation and deeper change. I applaud her work, and I find considering her provocative views to be challenging and inspiring; including her call for the abolishment of prisons and how "capitalism and patriarchy" need to be dismantled.

Carruthers reflects that "a single person cannot lead a successful movement" and that "each of us has a role in the work of movement building". It certainly would be meaningful to reflect together and consider the roles we can all play in this movement as professional social workers (and psychotherapists) in our nation today.

Karen Tantillo, LCSW, has a clinical practice in Alpharetta, Georgia. She works primarily with adults and specializes in the treatment of childhood relational trauma, anxiety, depression and relationship distress. She emphasizes Emotionally Focused Therapy (EFT) couple therapy and offers clinical supervision. She is currently working towards a Doctorate in Clinical Social Work at the University of Pennsylvania where she is researching the effectiveness of Accelerated Experiential Psychodynamic Psychotherapy (AEDP) in addressing trauma. You can find her at www.karenalpharettatherapy.com

FOLK ART: A World of Art and Extraordinary Lives

By Polly Hart, LCSW, BCD

Folk art is frequently described as the art of ordinary people who often begin by decorating utilitarian items with colorful adornments for their own enjoyment before trying their hand at painting or sculpting in the more traditional modalities of creating artful pieces beyond being just useful. Folk art pieces speak directly from the hearts of their creators and are often fanciful, humorous or uniquely without category. These creative souls are untrained and often live outside the mainstream culture—a lifestyle that produces highly individualistic work in theme, color, form and sometimes function.

The Museum of American Folk Art houses a magnificent collection of all things “folk” (also known as Outsider Art). The human desire for self-expression easily captures the imagination of even the most “sophisticated” collectors who love the hunt. These collectors are drawn to the directness, the authenticity and the sincerity of pieces from these “unknowns”. Baskets, footwear, clothing, dolls, and various small animals with tree roots configured into tables are all found in the alive and vibrant world of folk art.

Therapists are drawn to folk art because of their acceptance and valuing of “the other”. This unpretentious unschooled way of experiencing the world often comes without recognition and money. Here are several pieces from my own collection with notes about the artists, some of whom I have had the pleasure of knowing. I do think I like the stories as much as the art, but of course it’s the stories that drew me into the therapy world long ago!



Wanting to experience more than Summerhill, Georgia, in the 40’s and 50’s could offer, **Tim Arkansas (1925–?)** made his way into the wider world as a merchant marine. After years at sea with guitar in hand and a definite entrepreneurial spirit, Tim Arkansas reinvented himself as a singing troubadour playing songs he wrote of the sea and of Southern Black culture. His authenticity as a folk artist began at age four when he began molding clay gathered during rainstorms. His mother allowed him to sit on the curb outside, capturing rain-swept mud in the gutters. Tim Arkansas set aside mud and began forming small sculptural figures: possums, woodpeckers, trees with owls, and small dog-like animals. His angels



came later, becoming popular at local flea markets. Tim Arkansas straddled the conventional world, but never seemed to leave his child-play love of sculpture-making. Later, using store bought clay, he recounted for me the names he had given to many of his tiny figures—names conferred long ago while sitting on that curb.



The Museum of American Folk Art acknowledges **Clementine Hunter (1886-1988)** as perhaps the most influential folk artist from our country. Clementine Hunter began selling her paintings for 25¢ when she was in her fifties, but toward the end of her life her paintings were selling from \$2,000 to \$20,000. Early on she used left-over house paint for her works—painting on lamp shades, ceilings, walls, table-tops, and any surface she could find. It was Clementine Hunter’s *Zinnias* that many collectors eagerly sought. Though usually painted with a white background, mine is boldly painted with a black one. I purchased it in 1986 when I attended her 100th birthday. It was here that I had the pleasure of shaking her hand as she sat poised beside a bale of hay, appearing not quite aware of the hub-bub surrounding her.

I met **Janice Y. Kennedy (1941-present)** at the annual Folk Art Expo held in Gwinnett County. She was a lovely individual who accompanied her folk art with personal hand-written notes explaining the subject she had painted with the context of where, when and why, and with blessings to those who were kind enough to buy her work. Having grown up in southern Georgia with many disadvantages, some of her pieces reflected hope. The piece shown here appealed to me because of its simplicity and its story. For Janice Kennedy, the three houses reminded her of an exciting day—the day when the first Jim Walter home was built on the road where she lived. Soon, several more of these first-ever manufactured homes arrived. Amidst the poverty, these houses—all identical except for the color—were new and not on the verge of falling down. They stirred hope that a “real” house might come to her family as well. (Having read about Jim Walter Homes, I learned that he sold his first house by saving \$389, borrowing another \$1,000 from the bank, then building the house in a factory and finally delivering the house to its new owner by truck. The company proceeded to build over 300,000 Jim Walter homes, until market changes forced the closing of the company in 2007.)



This painting sold by Janice told one of the classic American stories where countless families finally were able to own a home. The Walter family started with nothing and then became a household name. All of this was recorded from Janice Kennedy’s pleasant memory amidst the mostly painful events she experienced as a child. Janice went on to marry and have children. After moving to Florida, she became a noted folk artist with her work found in several known museums and in private collections.

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FOLK ART: A World of Art and Extraordinary Lives - continued from page 14

Born and raised in the mountains of Southern Appalachia, folk weaver **Granny Donaldson (1864-1960)** would travel to what is known as the Allanstand Craft Shop at the Folk Art Center in North Carolina. One of her weavings was purchased by my mother in 1943. Mom was Second Lieutenant Lucille C. Page of the U.S. Army, stationed at a World War II, "receiving" surgical hospital near Ashville. She took an interest in the lives and artifacts of the surrounding rural culture which was very different from her life in a small town of Iowa. Mom was told that Granny Donaldson had once heard about annual animal parades in Italy—a Catholic celebration we know today as The Blessings of The Animals. Granny Donaldson shared hearing about descriptions of highly decorated "cow blankets" worn by the farmer's cows while parading through town. She began weaving wool weft on a sturdy cotton wrap, creating what she imagined a cow blanket would look like. She then embroidered duck-like creatures with wool thread. Her designs would become as famous as her blankets became well-known. My Mom's choice was one of Granny Donaldson's more colorful pieces. Today, other "Granny works" hang in the Folk Art Museum at Allanstand, and display her artistry and sewing skills. The piece shown here, always a part of my life, was recently accepted for return to this museum's Granny Donaldson collection, right where it was purchased years ago. Mom would be surprised and pleased.



Did you know that **Polly Hart, LCSW, BCD**, is one of GSCSW's original members when we were established in 1980? She is! And, we are so fortunate to have her. Polly earned her Master of Social Work at Tulane University, New Orleans, Louisiana. She has 40 years of practice in a family psychiatry clinic-setting. Polly enjoys sharing her writing, because the experience adds another means through which she can enjoy her career—particularly in her current practice, supervising and teaching. You can find Polly Hart at www.pollyhartlcswsupervision.com

TRAVEL & PHOTO SHARING: May Our Paths Be Abundantly Green

By Jacey J. Yunker, LCSW, ACTP



New York City is a mesmerizing love story that pulls me back every few years. I pack with precision. I replay a soundtrack of favored New York songs. I fantasize about visiting old stomping grounds. I am that kid in the proverbial candy store. And for me, a person who loves trees and most things green, the Big Apple is really about the architecture and art—a personally branded paradox. One I fully own.

During a recent visit, I found myself in the best of both worlds. While Manhattan preserves our beloved Central Park with a distinct and semipermeable membrane, the High Line has managed to integrate verdant life with modern creativity. The High Line offers balance and gives an unwavering nod in the direction of meaningful preservation.

Located in the Chelsea District on Manhattan's West Side, the High Line path was once an elevated train track. It has been repurposed, allowing us to stroll 1.45 miles with nature and to enjoy artwork and scheduled performances, as it winds through delicious views of historic and modern buildings. The High Line's birth dates back to the mid-1800s when it began as a ground-level train. A significant number of pedestrian deaths led to its eventual elevation, The West Side Elevated Line—a fully operational train transporting goods from 1934 until it stopped running in 1980. In 1983 a Chelsea District resident named Peter Obletz began advocating for the High Line's structural preservation by forming The West Side Rail Line Development Foundation. However, after decades of disuse, green life reclaimed this space. While some considered it an overgrown eyesore that needed to be demolished, others saw its beauty. In 1999, Joshua David and Robert Hammond founded the High Line's nonprofit conservancy, Friends of the High Line. Years of advocacy, formulating design ideas and rezoning it as a public park led to the High Line's public opening in 2009.

This past fall and ten years after the High Line's public opening, a visit left me unexpectedly enamored. I had anticipated commercialism and expedited gentrification, but instead I witnessed naked authenticity. And I witnessed The High Line's wonderful relevance to what we do as clinical social workers. There were endless parallels with the first being obvious. The restorative elements of nature in connection to our health are well-documented. It has never been "man versus nature" because we *are* nature. The closer our connection with nature, the closer the connection we have with ourselves. Our self-preservation on all levels depends on this understanding. We impart this wisdom to our clients through psychoeducation, homework assignments and organized retreats. We encourage them to connect. Mindfully. Regularly.

As I meandered about the High Line, I thought of the advocacy work clinical social workers do when we give voice to those whom we know to be valuable when others may not see this. When we continue to value the old as we make room for the new. I was reminded of our legislative battles. Our pursuits of education—both for ourselves and for others. How art heals us. Our perceptions—our lens. The bigger picture. When we reframe. How we help others "repurpose" their lives. Support new emerging identities. How we greet vulnerability with nurturance. Not giving up when others have. The therapeutic journey. Movement. Growth. Resiliency. Rebirth. Opened doors. New experiences. Community. Connection. Collaboration. Shared time, expertise and resources. Generosity. Resting. Recharging...And finally, I wondered what clinical parallels you might see?

You simply amaze me, dear friends and colleagues—thank you for being you! Included in the next few pages are photographs from a recent visit to the High Line. The photos were taken from an iPhone not a professional camera. And the day was rather overcast. I invite you to view additional professional photographs shared at the High Line's website cited below. Thank you for this sharing space!

Reference: Highline.org

Jacey J. Yunker, LCSW, ACTP, is an Advanced Certified Trauma Practitioner. Her private practice integrates EMDR, Positive Psychology, Mindfulness, CBT, DBT, insight-oriented therapy, and sensory-based interventions—art, play, nutritional influence and physical activity. Jacey has ultimately replaced her youthful tree climbing with gardening, and she is a proud plant mom. While Jacey is away at work, she plays coffee shop jazz for her two cat-kids, Max and Charlie. You can learn more about her private practice located in Marietta, Georgia, at www.JaceyYunkerCounseling.com.

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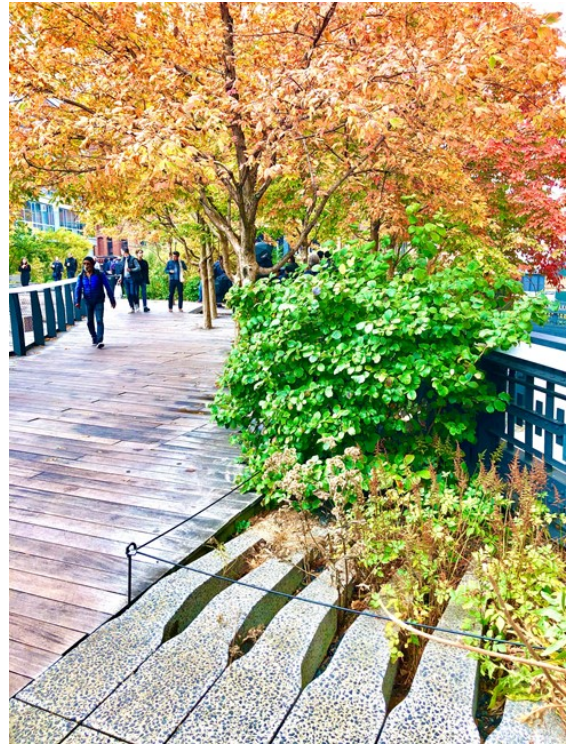
TRAVEL & PHOTO SHARING: May Our Paths Be Abundantly Green



The High Line is a public nature park that stretches from Manhattan's West Side between West 34th Street and West 11th Street, primarily following 10th Avenue on a journey through the Chelsea District. It shares thought-provoking art and endless architecture with all who come to see it. **TOP LEFT:** Artist Natchie of New York City. **TOP MIDDLE:** Plant life on the old tracks in the Hudson Yards face New Jersey at West 30th Street and 11th Avenue. **TOP RIGHT:** Looking east at *Brick House* by artist Simone Leigh at the Spur, on display June 2019–September 2020, at West 30th Street and 10th Avenue. **LOWER LEFT:** Headed southbound at a Midtown entrance to the High Line at West 30th Street and 10th Avenue. **LOWER RIGHT:** *I Lift My Lamp Beside the Golden Door* by artist Dorothy Iannone on display February 2018–March 2020, at West 22nd Street and 10th Avenue in the Chelsea District.



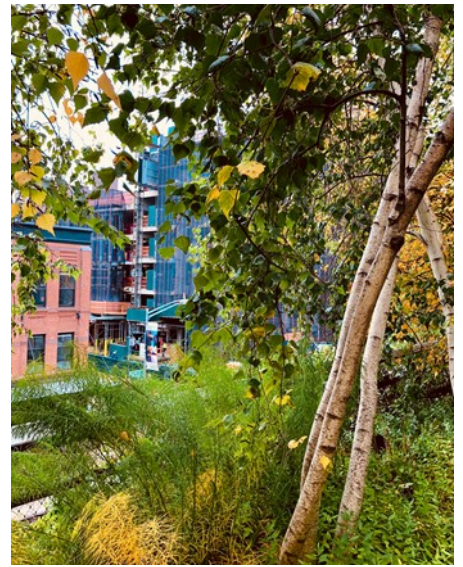
TRAVEL & PHOTO SHARING: May Our Paths be Abundantly Green



TOP LEFT: 19.604692°N 72.218596°W by Artist Firelei Báez, part of *En Plein Air* commission on display April 2019–March 2020, at West 20th Street. **TOP RIGHT:** Cement fingers juxtapose verdant life at various locations. **MIDDLE LEFT:** Community members engage at West 14th Street in front of the *Silent Agitator* clock by artist Ruth Ewan. **LOWER LEFT:** Magnified view (looking east) of Mother Teresa and Gandhi at Chelsea Square Market, 130 10th Avenue at West 18th Street. **LOWER RIGHT:** A High Line entrance point and view (looking east) of 10th Avenue and West 18th Street.



TRAVEL & PHOTO SHARING: May Our Paths Be Abundantly Green



South of West 18th Street along 10th Avenue until the High Line ends between West 12th and West 11th Street at Ganesvoort Street, we experienced these additional wonders. **TOP LEFT:** Anne volunteers her time as a friend to the High Line. **TOP MIDDLE:** *Untitled (Four Arches)* by Sam Falls, part of the *En Plein Air* commission on display July 2019–March 2020. **TOP RIGHT:** Savoring one last gaze through the trees at the Tiffany & Co. Foundation Overlook at Ganesvoort Street. **MIDDLE LEFT:** *Five Conversations* by Lubaina Himid, part of the *En Plein Air* commission on display April 2019–March 2020. **LEFT BOTTOM:** High Line lounges. **RIGHT BOTTOM:** A man takes the time to read activism posters about human rights and other important conversations.



CHEWY BITS: Who Would You Most Like to Thank for Having Had a Significant Impact on Your Social Work Career and Why?

Note from the Editor: We are touched by you! If we have missed an email expressing your gratitude, please let us know and we will add it to this edition as soon as possible.

Portraits of Dr. Charles and Dr. Will of Mayo Clinic hung in our family gallery with personal notes addressed to my Mom. She had interned at the Mayo Clinics and spoke of these brothers' thoughtful approach to helping others—a philosophy where those with no money could barter produce or farm animals for their medical care to maintain their dignity. Mom worked in a large public hospital her entire career as a dietician, and one day brought home an unannounced colleague, a social worker to interest me in a this profession. It was my Mom, the Mayo Clinic doctors, and Ms. Parker whom I thank for the career I would choose years later—an auspicious beginning to be sure!! —*Polly Hart, LCSW, BCD*

Dr. Margaret Blenkner, DSW, deceased in 1973, was one of the founders of NASW, an old-style caseworker and empiricist, nationally known social worker researcher in gerontology and a maverick. Above all, she was a compassionate, sensitive soul whom I had the good fortune to work for in my first job for two years as a research assistant in Athens. Sometimes the most significant, transformative relationships come to us by sheer chance! She helped me grow up as a person and a social worker. —*Merrilee L. Stewart, LCSW, BCD*

After I got a 'D' in accounting, my mother suggested I take an exploratory social work course and meet several people in our community who were social workers. The interviews opened my eyes to the array of possible roles for social workers. After a social work class assigned me eight hours in a homeless shelter, I was hooked. Those events were the start of earning my BSW, MSW, LCSW, and an amazing 25-plus-years career. Thanks mom, I guess you always knew I was meant to be a social worker. —*Lisa Reid, LCSW*

I would like to give a heartfelt thank you to my mentors—Chris Leeds, LCSW; Phyllis Glass, LCSW; and Roni Funk, PhD, LCSW,—for inviting and welcoming me into the GSCSW Professional Education Committee before even being an official member! They guided me, taught me, and lovingly encouraged me when I was a young, new social worker. They had a HUGE impact on my social work career! I am forever grateful! Love you ladies! —*Ephrat Lipton, ACSW, LCSW, BCD, CEDS*

The supervisors who have been most influential, helpful and inspiring to me over the years include: Alan Stoudemire, MD; Elizabeth Howell, MD; Erica Duncan, MD; Ephrat Lipton, ACSW, LCSW, BCD, CEDS; Moshe Manheim, LCSW; Kathleen O'Loughlin, LCSW; Keith Hartman, LCSW; and Barbara Nama, LCSW. I also credit Inner Harbour Hospital with providing very formative training in the 90's prior to managed care (when budget cuts decreased many good programs) as well as the Department of Psychiatry and Behavioral Sciences at Emory University and the VA Medical Center. Finally, as a member of GSCSW since 2005, I'd like to thank all of the members who have provided quality educational CEUs and networking events that have helped me learn and blossom as a clinician. Kind regards. —*Barbara Lewison, LCSW*

I am eternally grateful to my spiritual teachers who showed me the center of love that resides within each of us. It is the focus of my work from which all arises and towards which all subsides. —*Christine Leeds, LCSW*

I would thank my therapist for believing in my ability to achieve my dreams and the many clients I have met along the way who have inspired me with their courage. —*Neitcha Thomsen, LCSW*

I would like to thank Tricia Phaup, LMSW, who was my first glimpse of social work in action. Everything she did for our university inspired me to pursue a career in social work. I went from being pre-med to getting a Master of Social Work, and now I am living the dream of inspiring other students. —*Tiffany Conyers, LCSW*

I am so very thankful to Georgia Morris, who was a hospice chaplain. Georgia led me to hospice social work (the beginning of my geriatric social work career) and taught me the importance of treating every family as if they are the only family you're concerned about in that moment. I have taken her lessons in professionalism and in being fully present to every interaction since then. —*Michelle Allen, LCSW, C-ASWCM*

CHEWY BITS: Who Would You Most Like to Thank for Having Had a Significant Impact on Your Social Work Career and Why? — continued from page 20

Bob Rosenblatt is a psychologist from Washington D.C. who runs consultation groups for therapists. I was in a group with him for 12 years. Without him, I would have quit private practice before I even got started. —*Sharman Colosetti, PhD, LCSW*

I would most like to thank Helen Coale, LCSW, LMFT. As my internship supervisor and as a personal supervision coach and mentor, Helen was generous with her clinical knowledge, clear understanding of practice ethics, and support as a colleague and friend. I feel privileged to have had her in my professional and personal life. Sincerely, —*Judy Schulman Greenberg, M.Ed, LCSW*

I would like to thank my late aunt, Lana Miller, for introducing me to the field of social work and encouraging me to get my MSW. She saw the natural social worker and advocate in me from a young age and allowed me to shadow her on her job(s) as a DFCS and then school social worker/resource officer. May she rest in peace as her life reminds me every day that we are here to learn and to love. — *Danielle Deane, LMSW*

Dr. Katie Thompson (retired) at UGA's School of Social Work finessed a great placement for me in graduate school. I had such great supervision from Lucie Klein Coulton and Dr. Mridula Puri. There were so many people from then on who truly invested in me and my career that I can't name them all, but I am forever grateful to each one for what they contributed to my learning and professional development! — *Jamie Bray, LCSW*

I would like to thank my mother for showing me how to be a true servant to others. This had a great impact on my life. As a foster parent for ten and a half years, I have demonstrated that my goals are consistent with my mission, to become a Licensed Clinical Social Worker. — *Natalie Pickett, MSW student*

Laurie Adam, MSW, provided my first supervision at San Diego Count Children's Services, and was the best supervisor and mentor ever! She introduced me to social work, taught me about self-care and continues to inspire me. At 71 years of age, she became a certified yoga instructor and told me that I'm "never too old"! — *Michelle Panzarella, LCSW*

I am grateful beyond measure for all the mentors and colleagues who helped me along the way. Two comments that have always stayed with me were: "Get your hands out of your hair" and "Take your chair". Maybe not the deepest educational and clinical information, but those comments were portals into my truly inhabiting and identifying with the role of the psychotherapist. — *Alyce E. Wellons, LCSW*

I spent a lot of hours with my high school social worker, Nora Bronson Perry, as those four years were a means to an end—spent basically in survival mode. She was welcoming, always smiling, and an advocate who was never judgmental and went above and beyond her job title to make sure my basic needs were met. It was during our conversations and interactions, when looking back, I felt cared about and safe. In 2015, almost twenty years after graduation, I finally got to tell her the impact she had during that time in my life and share with her that she was one of the reasons I became a social worker—to be that caring adult for others, as she was for me. — *Sherri Cauthen, LCSW, RPT-S*

Kate Blakeslee, LCSW, began as my graduate school instructor, became my mentor, followed by becoming my colleague, and now is a dear, dear friend. — *Stephanie Swann, PhD, LCSW*

John Carton, PhD: He was the head of the Psychology division at Oglethorpe University when I went back to school to finish my BA. He supported the MSW route as the best way for a 40-something to enter private practice. He was thorough in explaining what private practice was like, what it cost, and how my age and previous experience would benefit my clients—which I've grown to realize was unique and special. — *Kate Murphy, LMSW*

To Eda Goldstein, MSW, PhD, who supervised me at New York Hospital-Cornell Medical Center for two years when I was her research assistant: Thanks for teaching me that I did not have to head in the psychology direction to be successful. You showed how to pave the way. — *Murray Dabby, LCSW*

CHEWY BITS: Who Would You Most Like to Thank for Having Had a Significant Impact on Your Social Work Career and Why? — continued from page 21

My mom: She was a paraprofessional at our school and she often did odd jobs—everything from selling Home Interior, working with cognitively impaired adults and being a foster parent. She taught me how to love on everyone, that love was our greatest strength and wealth. She has a true social worker's heart. — *Amanda Duncan, LCSW*

The person who has made the most significant impact on my social work career was my very first clinical supervisor, Nancy Toncy. Nancy was an encouraging, supportive and understanding supervisor to me on my first job out of graduate school. My first job as a MSW was as a children's counselor at a domestic violence program. Nancy helped me build my self-awareness, tap into my courage and create space for me to grow and develop into the social worker that I am today. I am thankful to have had such an insightful and caring supervisor. My supervisee relationship with her has been the foundation of the work that I do today in the field. Thank you, Nancy! — *Michelle Goodloe, LMSW*

I am deeply grateful to two of my first supervisors, Diane Shainberg, PhD, and David Grand, PhD, Founder and Developer of Brainspotting. I am grateful to Diane for her wisdom, authenticity and capacity to integrate Buddhist teachings into psychotherapy. Her passing was a major loss and yet it guided me to study with David, who helped me to further learn the depth of waiting in a session. The waiting and presence of the therapist is key for the healing to happen. — *Cynthia Schwartzberg, LCSW*

The LCSW who was my team leader and mentor for years when I first started in Medical Social Work. She took a brand new MSW and taught me all I needed to know, plus she gave me six weeks of orientation to the role. (I think she did this so I wouldn't get scared and run off. LOL.) She also provided all the supervision I needed to eventually get my LCSW license, and now I do supervision in the same organization that I started with so long ago. She passed away suddenly several years ago. I owe a debt of gratitude to her... — *Daria L. Cetti, LCSW, LISW-CP*

There are so many people I would thank if I could, but one who is at the top of my mind is an amazing woman with multiple myeloma who extended me the privilege of working with her for most of my first-year MSW placement—from the moment of her diagnosis through her death eight months later. While working with her I learned the power of emotional presence and that I didn't have to have the answers—I just needed to create a good enough holding environment for her to find her own answers. I continue to practice oncology social work today—more than 20 years later—largely because of her gift of presence. — *Ashley Varner, PhD, MBA, LCSW*

I'd like to thank Dr. Melinda Hawley in Athens. Back in about 2007, I was in the early semesters of college at what was then Gainesville State College (now University of North Georgia). I really had no clue regarding the type of career I would pursue. I knew I liked challenges, puzzles and problem solving, but the most important requirement for me was to help people and have a meaningful impact on them. Doc Hawley was on staff there at the time and we had a bit of a career counseling session. She recommended that I look into social work, and as she was explaining what social workers do, a light bulb went off in my head...it immediately felt very right deep down. I started the courses and I've never looked back. This profession fits me like a glove, and I don't know if I would have been aware of it existing without her. I owe A LOT to her based on that conversation. As I'm writing this, I'm realizing it's been far too long since I've talked with her, and I need to make a point to touch base! Thank you, Doc Hawley! — *William Smith, LCSW*

I would like to thank my professor, Dr. Elizabeth Beck at Georgia State University. She was the first to open my eyes to the unconventional ways social workers can help individuals, and it has stayed with me as I pursue my own passion to help others. — *Josalin Scott, LCSW*

If it were not for Diane Hoppe, ACSW, LMSW (from Michigan), I might be in a very different profession. Early on, a series of "agency jobs" left me in a pit of compassion fatigue. Diane redirected my energies toward Advanced Counseling Services where I met wonderfully supportive colleagues and found my seat doing psychotherapy. Thank you so very much, Diane! — *Jacey J. Yunker, LCSW, ACTP*

COMMITTEE HAPPENINGS

CEU COMMITTEE

Thank you so very much for all of your amazing behind-the-scenes work, Stephanie Barnhart, LCSW! You are invaluable to us. GSCSW is currently **seeking to fill the other CEU Co-Chair position** to support and compliment the terrific work Stephanie Barnhart, LCSW, is already doing. Committee members are responsible for approving continuing education workshops, as GSCSW is an approved organization to do this.

CEU Committee Members:

Stephanie Barnhart, LCSW (Chair)

ceu@gscsw.org

ETHICS COMMITTEE

Sometimes even seasoned social workers face new situations in clinical practice that give rise to doubts as to the ethical course of action. Two or more ethical principles may be in conflict, such that whatever our action, something will be compromised. We have to choose between imperfect options. Resolving ethical dilemmas often requires navigating the gray areas where our code of ethics, law, personal principles, and client behaviors intersect. Did you know that our code of ethics explicitly places the professional code above personal values in these situations?

Consultation can be a key element of ethical decision-making, for new and seasoned social workers alike, providing an avenue for expanding our perspectives as well as gaining support. Your Ethics Committee encourages you to seek supervision or peer consultation when faced with these dilemmas. Often the greatest risk for ethical compromise occurs when we decide in the dark or in secrecy rather than acknowledge our doubt and explore options and motivations with others. We also invite your ethical inquiries to the committee: Submit your questions to ethics@gscsw.org and we'll explore the relevant ethical guidelines and offer our opinions.

The committee has addressed a variety of interesting inquiries, in areas including boundaries and dual relationships, client determination, confidentiality, challenging agency practices, working within our competencies, and more. **We invite others who are interested in the exploration of ethical dilemmas and challenging questions to consider joining us.** It is an enriching experience.

Carla Bauer, LCSW, Ethics Committee Chair

ethics@gscsw.org

Ethics Committee Members:

Carla Bauer, LCSW (Chair)

Carol Finkelstein, LCSW

Phyllis Rosen, LCSW

COMMITTEE HAPPENINGS

LMSW COMMITTEE

The LMSW committee is excited to announce we have four new committee members: Chris Dorsey, LMSW; Kim Peery, LMSW; Pamela Woods, LMSW; and Alexandra Lawrence, LMSW. We welcome and thank you all!

Our 2019 fall LMSW salon, *Tips on Starting a Private Practice Part Two*, had a great turn out. Thank you to our dynamic panelists: Ephrat Lipton, ACSW, LCSW, BCD, CEDS; Brenda Romanchik, ACSW, LCSW, CTP; and Hilary Woodman, LCSW!

We had the pleasure of speaking with MSW students at Clark Atlanta University on the evening of Tuesday, November 19, 2019. The speaking engagement focused on educating MSW students on what to expect when entering the field, the benefits of joining GSCSW, as well as highlighting what is necessary to become licensed. We would like to thank Dr. Erika Walker-Cash for allowing me and Pamela Woods, LMSW, to speak with some of her students. We look forward to new opportunities like this one in the spring of 2020.

Kristin Smith, LMSW, LMSW Committee Chair

lmsw@gscsw.org

LMSW Committee Members:

Kristin Smith, LMSW (Chair)
Chris Dorsey, LMSW
Kim Peery, LMSW
Pamela Woods, LMSW
Alexandra Lawrence, LMSW

LOW-COST SUPERVISION

Hello! **We are currently looking for experienced supervisors** who wish to lift and support our members in their journeys to become more seasoned. We look forward to hearing from you!

Phyllis Glass, LCSW, Low-Cost Supervision Committee Chair

supervision@gscsw.org

Low-Cost Supervision Committee Members:

Phyllis Glass, LCSW (Chair)

MEMBERSHIP

We are pleased to share our current membership count at 411—our membership is growing! One of our goals is to increase membership enlistment. If you know of anyone who might be interested in joining GSCSW, send them our way!

Our Membership Committee attends most GSCSW events. We are often the friendly faces signing you in. We frequently collaborate with our Professional Education Committee during continuing education events. During these events, our Membership Committee registers new members, assists current members with the renewal process, and often provides food and beverages. Our committee continues to educate members regarding the many benefits of GSCSW membership and works to address any needs members may have.

Our Membership Committee continues to collaborate with other GSCSW committees, GSCSW members and folks of special interest outside of GSCSW, in order to recruit, retain and engage membership. In October of 2019, our Membership Committee partnered with elder-care social workers to share how GSCSW might benefit them. In November, our Membership Committee collaborated with our LMSW Committee and our GSCSW Board Members in order to strengthen outreach efforts, which will target university social work programs and folks of special interest outside of GSCSW. For 2020, **Our Membership Committee plans to consult and collaborate with our GSCSW Board regarding new opportunities to continue cultivating a culture of equity, diversity, and inclusion and to further foster community, strength, and wellness among our membership.**

Interested in joining our committee? Have suggestions? We look forward to hearing from you!

Christopher Uptain, LCSW, Membership Committee Chair

membership@gscsw.org

Membership Committee Members:

Christopher Uptain, LCSW (Chair)
Christi Humphrey, LCSW
Molly Kosar, LMSW
Vivian Daniel, LCSW

COMMITTEE HAPPENINGS

MENTORSHIP

Our Mentorship Committee is excited to offer “one-to-one” mentoring for GSCSW members! Our Mentorship Committee is comprised of a diverse group of LCSW's. We provide mentoring and guidance to GSCSW members seeking guidance in their career and in the field of social work. The committee hosts events for mentees and interested individuals. These events can be found on the GSCSW website calendar.

We welcome experienced LCSWs interested in volunteering time to our Mentorship Committee!

Autumn Collier, LCSW and Danna Lipton, LCSW, Mentorship Committee Chairs

mentor@gscsw.org

Mentorship Committee Members:

Ephrat Lipton, ACSW, LCSW, BCD, CEDS

Tara Arnold, PhD, LCSW, CEDS-S

Paul Olander, LCSW, JD, NBCCH, CCTP, TIH-P, RRT-P

PROFESSIONAL EDUCATION

The Professional Education Committee got off to a great start this season and is excited for all that is scheduled! A huge thank you to our committee members for their fantastic work in preparing for this season. We were excited and grateful to have had the following presenters and presentations in the fall of 2019: Michelle Allen, LCSW and Laura Jalbert, LCSW, presented *Clinical Considerations in Psychotherapy with Older Adults and Caregivers*; and Christi Humphrey, LCSW and Kevin Quiles, MDiv, MA, LPC, presented *Conversations on Death and Dying*. Additionally, we are excited and thankful for those who have workshops coming up in the next few months!

We were honored to have Kathy Steele, MN, CS, present for our Annual Diane Davis Lecture, *Working with Dissociative Disorders: A Rational Approach to Theory and Treatment*. This workshop took place Friday, December 13, 2019 at the WellStar Development Center. Please check out GSCSW's website for more information on upcoming events!

March 5, 2020, is GSCSW's *Inner Life of a Therapist* panel discussion. Are you an LCSW with over 10 years of experience? Please let us know if you are interested in being a panelist and sharing your thoughts, knowledge and expertise with the GSCSW community.

We are excited to announce GSCSW's Annual Julius Hornstein Conference (formerly the CSWA-Savannah Annual Conference) a two-day conference scheduled in Savannah on March 5 & 6, 2020. Dr. Savoy will be presenting on *Working with Transgender and Gender Non-Conforming Clients: Increasing Psychotherapists' Competencies*. You can learn more about Dr. Savoy and [register for this event on our website's home page](#).

Our Professional Education Committee is also prepping for our 2020 Spring Symposium which will focus on ethics. Be sure to watch out for e-mails with more details. The workshop will likely take place in April or May of 2020.

It's never too early to plan for GSCSW's 2020-2021 season. The Professional Education Committee would like to have next season focus on emerging approaches in evidence-based, social work practice. **Please let us know if you have ideas or would be interested in presenting.**

Diane Sitkowski, LCSW, and Brenda Romanchik, LCSW, ACSW, CTP

Professional Education Committee Co-Chairs

professionaled@gscsw.org

Professional Education Committee Members:

Diane Sitkowski, LCSW (Chair)

Brenda Romanchik, LCSW, ACSW, CTP (Chair)

Michelle Pintado, LMSW, CADC-II, CSSW

Hannah Sievers, LMSW

Katie Leikam, LCSW

Christi Humphrey, LCSW

Lisa Ehlers, LCSW

Sharman Colosetti, PhD, LCSW

Jacob Sobel, LMSW

Sojin P. Varghese, LMSW

Antoinette Thornton, LCSW

COMMITTEE HAPPENINGS

SOCIAL MEDIA

Our Social Media Committee manages both the GSCSW Facebook Group and GSCSW Facebook Page. We are always exploring new and creative ways of using social media and other marketing tools to communicate the latest news and events coming out of GSCSW. We have recently launched the GSCSW Facebook Page as a way to continue communicating with the greater clinical community, which includes those folks who are not currently members of GSCSW.

Natasha Vayner, LMSW, Social Media and Public Relations Chair

socialmedia@gscsw.org

Social Media and Public Relations Committee Members:

Natasha Vayner, LMSW (Chair)

LEGISLATIVE

GSCSW is continually grateful to Barbara Lewison, LCSW, and committee members who have done so much for GSCSW's Legislative Committee. They work diligently behind the scenes—keeping track of important facts and details, emailing legislative alerts, attending important meetings, and collaborating with others in the community. We thank you, Barbara, for leading such an import committee!

GSCSW's Legislative Committee kicked off our 2019-20120 season with our Legislative Town hall—a candid and inspiring panel discussion with Georgia Senator Sally Harrell, Georgia Senator Tonya Anderson and Georgia Representative Bee Nguyen. Each panelist highlighted the need for ongoing advocacy for change and justice for everyone, and they invited us to connect with them via phone or email when we can advocate for our clients and for social work values. Contacting our Senators and Representatives matters, and it works!

Joining the Legislative Committee is a great opportunity for everyone interested in engaging more deeply with GSCSW and legislative advocacy in Georgia. A two-year commitment is requested. Opportunities for committee members include the following: attending committee meetings once every two months, assisting our Legislative Chair with committee duties and legislative-related tasks, and advocating for legislation during the legislative session. The Legislative Committee organizes and hosts our GSCSW Town Hall each fall, sends out Call to Action emails to GSCSW members, and encourages GSCSW members to advocate for our clients and our profession by contacting legislators when necessary and/or recommended.

Rebecca Anne, MDiv, LCSW, President

Barbara Lewison, LCSW, Legislative Committee Chair

legislative@gscsw.org

Legislative Committee Members:

Barbara Lewison, LCSW (Chair)

Julie Justus, LCSW

Donna Parrish, PhD, MSW



CLINICAL SOCIAL WORK ASSOCIATION

THE NATIONAL VOICE OF CLINICAL SOCIAL WORK
STRENGTHENING IDENTITY | PRESERVING INTEGRITY | ADVOCATING PARITY

Advocacy Priorities for CSWA – 2019 (*=Major)

Laura Groshong, LICSW, Director, Government Policy and Practice

The Clinical Social Work Association mission - Identity, Integrity, and Parity - guides our advocacy. This year our advocacy priorities, in order of importance, are:

1. **Oppose CMS/DHHS proposals to include LCSWs in MIPS reporting* – CSWA submitted measures that would be acceptable if MIPS is required for LCSWs, but hopes that this will not be a revival of the PQRS reporting process. CMS will announce the results of the comments and decision whether to implement this rule on November 2, 2019.
2. **Oppose Limiting Section 1557 in ACA* – DHHS proposed allowing providers to refuse treatment to Exchange enrollees based on race, color, national origin, sex, age, and/or disability. CSWA strongly opposed this rule which is still under consideration.
3. **Prevent Medicare Auditing of 90837 and Frequency* – in August of 2018, CMS did a review through Global Tech of all LCSWs who were providers and found hundreds of LCSWs who were above 50% of all LCSWs in terms of how often they were seeing patients per week and how often they were using 90837. Many of these LCSWs have been audited for no reason that CSWA can support. We are working to prevent these unfair restrictions on clinical social work practice.
4. **Keep Affordable Care Act Intact* – the many efforts to repeal ACA are going to harm millions of people who have gained health care as a result of the ACA. All plans which have been proposed to 'replace' the ACA will do nothing to lower costs or provide better care. Keeping the ACA intact with some minor tweaks to funding, maintaining the essential benefits, and continuing to expand Medicaid are all a primary goal of CSWA.
5. **Limit Use of Text Therapy by LCSWs* – text therapy has some value in the way that LCSWs communicate with their patients. Using it to actually provide treatment asynchronously is a way to undermine the value of psychotherapy. CSWA has provided a position paper on this topic.
6. **Immigrant Families* – the crisis of separating immigrant parents and children has been a major concern of CSWA. We have worked with several organizations, notable the Psychotherapy Action Network, to stop the cruel policies that were implemented by the current administration.
7. *Consider the Value of Single Payer* – a discussion is developing about the possibility of creating a nationwide health care system. CSWA is still considering the pros and cons of this option, practically and politically, and will be looking at the feasibility of this goal.
8. **Implementation of Mental Health Parity* – the recent decision in California (Wit v. UBH), has highlighted the way that mental health parity laws have been ignored by insurers since their implementation in 2014. This important decision (March, 2019) has given LCSWs a great way to continue pursuing the goals of parity.
9. **Treatment of Addiction* – increased awareness of addiction and state regulation of endorsement to provide treatment for addiction may require more training in treatment of substance abuse for LCSWs who wish to work in this area.
10. **Degradation of Psychotherapy for Treatment of Chronic Disorders* – over decades emotional disorders that require long term treatment have been denied coverage by many insurers. Even with the passage of mental health parity, personality disorders, dysthymia, and anxiety disorders are covered as if crisis management is the only need for treatment that should be covered.



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Advocacy Priorities for CSWA – 2019 (=Major)*

Laura Groshong, LICSW, Director, Government Policy and Practice —

Continued

Using parity, legal means, and our own expert judgment to make true mental health treatment a reality has been a primary goal.

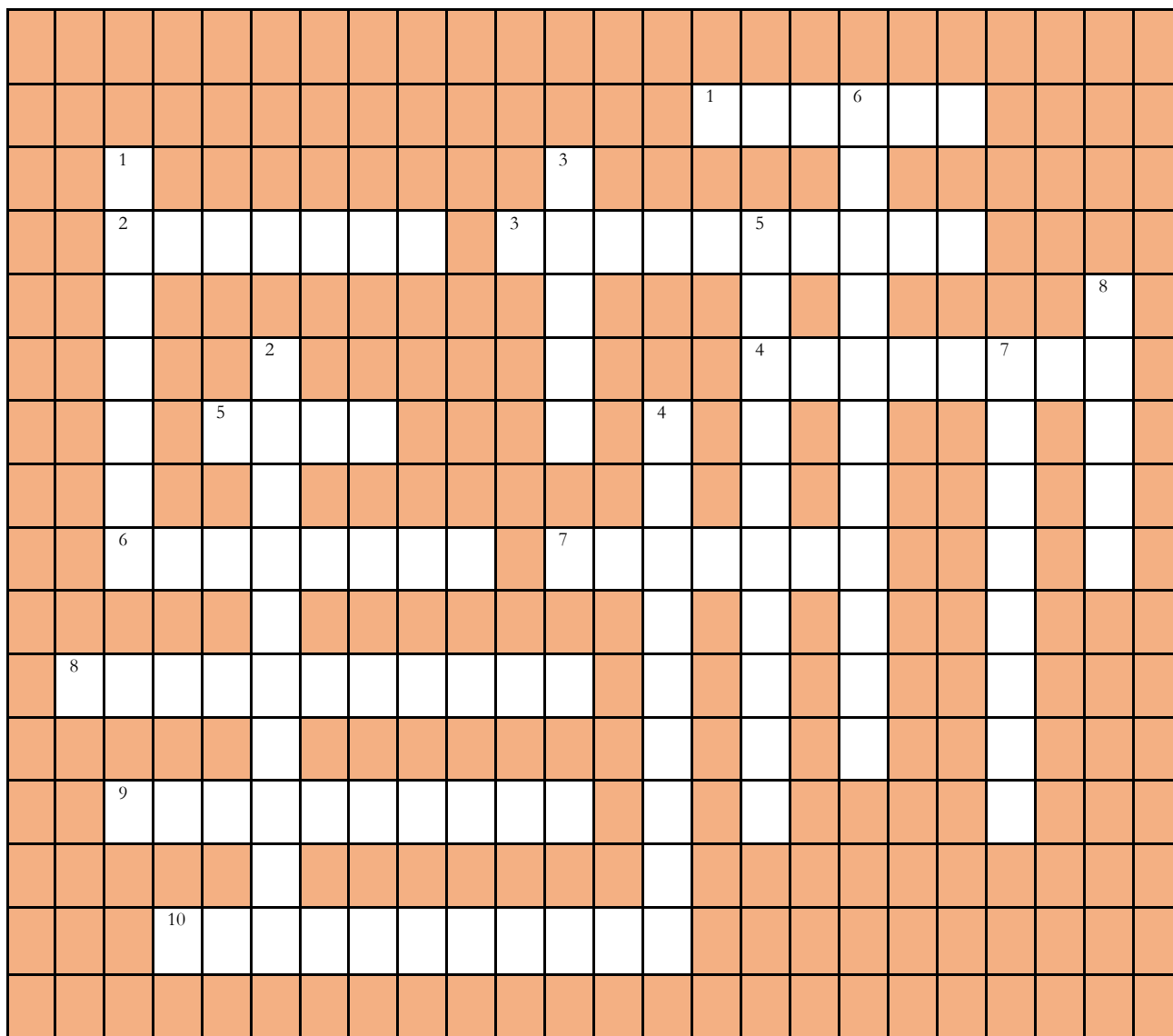
11. Privileging of Medication over Psychotherapy – over the past 30 years, psychotropic medication has become the primary treatment for emotional distress, recommended by primary care physicians and insurers. Building bridges with PCPs and making psychotherapy a fundamental part of the way that emotional disorders are treated is a major goal.

12. Telemental Health Development and Confidentiality – the rise of telemental health psychotherapy is a complicated issue that raises clinical and regulatory concerns. Developing telemental health delivery systems that provide the level of confidentiality needed is a goal.

13. Online MSW Education – the rise of online asynchronous MSW programs is cause for concern. The ability to teach students how learn the way to create human connections and understand the complex experience of each individual is gravely undermined if there is no direct contact with faculty, fellow students, and, in some schools, clients. Many of these programs have now reported problems in the completion of these programs (less than 50%) and excessive debt for clinical social workers who participate in them.

CROSSWORD PUZZLE

Send answers to: clinicalpage@GSCSW.org. All individuals who have completed the puzzle will be pulled from a random drawing at the GSCSW Board meeting scheduled on March 16, 2020. Deadline for submission of answers is March 1, 2020. First three names drawn will be able to choose between a complimentary Spring Symposium or Diane Davis Lecture seat. Have fun!



ACROSS

1. We experience everything through these
2. Complete union and inclusivity
3. Practice this and generate healthier neural pathways
4. Relaxation can help balance this "alarm" hormone
5. Our hearts never give up
6. Beneficial gases emitted by plant life
7. An expression of mirror neurons
8. Evolving identity
9. Survival + gifts + growth
10. Present moment awareness

DOWN

1. Reach out to others in a meaningful way
2. Dalai Lama says practice this to be happy
3. Measurement of wave cycles in the brain
4. Gratitude increases this
5. "I am okay with that." Inclusivity from the heart.
6. Japanese forest bathing
7. Extended enjoyment in present moment
8. Brain waves associated with a state of wakeful rest