



BOARD AND CLINICAL PAGE STAFF

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PRESIDENT'S MESSAGE



Dear GSCSW Members,

What a year 2020 has been so far! I write this hoping that you and your families are well. Thank you all for the paramount work you are doing to meet the needs of your clients and communities, and in particular, that of advocating for anti-racism and justice. I want to reinforce my earlier words shared in a letter sent to membership; GSCSW is committed to doing the anti-racism work that we need to undertake as an organization by acting on our social work values of social justice, dignity and worth of a person, and by recognizing the importance of human relationships. As you may recall, we recently created a Diversity Committee. We are in the process of solidifying our Diversity Committee's Chair positions to assist with our aspirations of being more supportive and inclusive.

We continue to cultivate relationships with Georgia social workers outside of the Atlanta area. The Clinical Social Work Association of Savannah (CSWA-S) dissolved last year and their memberships have been transferred to GSCSW. This has been a welcomed joining. CSWA-S has a long history of providing rich educational and networking opportunities to their members, and through the dedication of Savannah social workers, we will continue to provide many of their programs as GSCSW events. Ruthie Duran Deffley, LCSW, has been a long-standing leader with CSWA-S and is now serving on the GSCSW Board as the Savannah (area) Chair. Welcome, Ruthie! Welcome all new members!

Additionally, I am very thankful to our national organization, Clinical Social Work Association (CSWA) for their guidance and instruction on how best to serve our clients and communities ethically and safely in the midst of a pandemic. You may have noticed that we have forwarded many emails to you from CSWA notifying us of trainings and offering guidance on how to adjust our practices in a pandemic. If you missed any of those resources, please check out CSWA's website at clinicalsocialworkassociation.org.

In the midst of everything happening locally, nationally, and internationally, GSCSW has experienced a year of growth and change! We have nearly 470 members, and we continue to flourish. Our GSCSW Board recently added a new Vice-President role to keep pace with this exciting growth. We also have added the Diversity Committee mentioned above and the Licensure and Rules Committee. The Licensure and Rules Committee's role will be to support GSCSW members as they navigate their way through the process and rules of the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.

As we enter the month of July, 2020, we embark on a time of transition—a few GSCSW Board Members depart and several new Board Members join. We are taking this moment to express gratitude for three departing Board Members as their terms conclude. Thank you to Barbara Lewison, LCSW, who has so passionately served as Legislative Chair for 11 years! Barbara has helped us live out our commitment to advocacy, and she will be missed! Thank you to Kristin Smith, LMSW, who has always been an open, dedicated, and willing LMSW Chair! Thank you to Jacey J. Yunker, LCSW, ACTP, CCTP-II, CMHIMP, who has served on the Board as Clinical Page Editor and as Professional Education Co-Chair—sharing her wisdom, experience, and dedication! GSCSW is almost entirely led by volunteers who have given their time, expertise, wisdom, and energy. We have several new GSCSW Board Members joining in July of 2020. Once the new roles have been finalized, we will send an email to introduce them.

As you are aware, and due to COVID-19, GSCSW was forced to cancel our Spring Conference, End-of-the-Year Party, and the remaining continuing education events we had scheduled for this spring and winter. I feel sad about not having had the opportunity to gather together and celebrate our work. The Board has continued meeting (via Zoom) and after a little break this summer, will resume meeting in August. We are currently exploring ways Professional Education can offer safe and accessible learning opportunities. We are sending surveys to our members in hopes of identifying current needs and how we might better serve you, especially with regard to continuing education credits. If you have not already done so, please respond!

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 serving as GSCSW President!

Becky Anne, MDiv, LCSW, GSCSW President

president@gscsw.org

FROM THE EDITOR: You Have Amazed Me



Hello Dear Friends and Colleagues,

For those of you whose local, national, and worldwide communities have struggled to acquire the most basic of human rights—**we stand with you and we love you!** Isom E. White, LCSW, is one of our GSCSW members. Amidst our grief in a centuries-old struggle, he has taken the time to write the passionate, powerful, and purposeful article, *Mindful Connections with African American Clients*. It can be found in this edition of our Clinical Page. I strongly encourage us to read it with an open heart and an open mind. Let us listen. Let us ask ourselves those difficult questions. It is my hope that we can begin having those meaningful conversations and begin making change where it is needed.

My days as a Board Member are ending as I transition into other commitments. Thank you for the many opportunities I experienced as an Ethics Committee Member, a Professional Education Co-Chair and then as Clinical Page Editor. Our Board Members have forwarded their kind thoughts and words to me, and I thank them. Because of the individuals in our GSCSW membership, it has been six incredible years. In fact, I have met the most extraordinary people right here in GSCSW—an organization started 40 years ago by a small group of wonderful individuals!

Your impact on my life has been transformative. I watched you participate. I witnessed you volunteer your time, your resources, and your expertise—and often without expecting recognition. I felt enamored when you volunteered to be a panelist or a presenter—strolling in like a movie star, sharing wisdom, courageously self-disclosing, and lifting others. You showed up when you said you'd be there. I loved that you walked across a crowded room just to say, "hello."

You brought energy—synergy—excitement, friendship, conversation, wisdom, hope, and much more. I was challenged by your diverse perspectives. I breathed it in when you said things like, "Love and truth are the same." I witnessed your courage when you stood in a room full of people and gave voice to our fears and said, "I lost my first client to suicide." I was in awe of your leadership when you led a workshop about microaggressions for an audience filled with skin color other than your own. I felt inspired when we explored those exigent ethical dilemmas. I was uplifted when you wrote a thought-provoking article.

When you thought that perhaps you had bitten off more than you could chew, but you kept chewing away at it anyway, I admired you. When you felt nervous, but you "kept on" because what you had to say and what you were doing mattered, I appreciated you. Deeply. When you trusted me to help give voice to your community, I was both touched and willing. When you allowed yourself to be vulnerable, I felt mentored. And, I experienced profound compassion.

Your generosity opened your home to us, and we felt welcomed. Often your eyes were kind and smiles supportive. I heard you say, "Let me help you." I felt it when you believed in what we were doing. I loved it when we gathered for a meal. And met for coffee. When you looked happy to see me. When you gave me a tour of your work space. When we shared knowledge and books. When we read your poetry together. I felt connected when you sent a message saying how much you appreciated my leadership and contributions. Or when you showed up at a gathering because you thought I'd be there.

We absorbed the present moment together. We grew together. I remember it all. Thank you so very, very much.

Jacey J. Yunker, LCSW, ACTP, CCTP-II, CMHIMP

Departing GSCSW Board Member and Clinical Page Editor

Kristin Smith, LMSW, and Barbara Lewison, LCSW—You'll Be Missed!



What some of your friends and colleagues had to say...



"Kristin and I have worked together on the GSCSW Board for the past four years. It was a pleasure to be around an individual who was consistently kind, pleasant, intelligent, well-meaning, dedicated, and interested in growing. She really added something special to our team!"

"I will miss Kristin so much! Always happy to help and ready to offer support to others! Thanks Kristin!"

"Kristin has always been a great partner in planning the Jobs Panel. She brought excellent energy that will be missed!"

"Kristin has been a dedicated, thoughtful, and supportive member of the GSCSW Board. She was always willing to go the extra mile to support our Board in emergent projects and issues—and always with a smile. Kristin will be greatly missed!"

"Kristin has done great work coordinating salons and jobs panels for the enrichment of our existing LMSW members as well as attracting new members to GSCSW through her outreach to local social work programs. Thank you, Kristin!"

"Kristen Smith is an intelligent, thoughtful woman who has the tenacity and grit to hold her own with a group of much older social workers. Kristin, I am humbled by your energy, dedication, and ability to lead a room. Thank you for all you have done for GSCSW!"

"Barbara has been a fixture on the Board for such a long time! Her dedication to legislation is so steadfast, and she always, always persisted even when not getting the responses she wanted. Barbara's deep dedication and perseverance will be missed!"

"Barbara Lewiston will be sorely missed on the GSCSW Board for her encyclopedic knowledge of legislative issues, her command of the political and legal system, and her networking abilities. Barbara, we will miss your passion and spirit! You have so many great things ahead of you."

"Barbara is always friendly and willing to offer support! She will be missed!"

"Barbara brought heart, dedication, and much passion to GSCSW for over a decade. Her commitment to education and advocacy regarding legislative matters is unparalleled. We thank her for all of her hard work. She will be missed!"

"Barbara has gone well above and beyond, serving in this time-intensive and important role for so many years—complicated years of much legislative activity for social workers. Thank you, Barbara!"

"Barbara is one of the most generous individuals I know. She is generous with her time, her resources, and her passionate heart. There are countless ways she has advocated for others—much of this has been behind the scenes, pro bono and for more than 11 years! We are indebted to her. I took a trip to Washington D.C. with her in 2017, and I observed a room full of leaders (representing other Societies for Clinical Social Work from other states) take notice of her. Our Washington D.C. affiliates were so impressed with her passion and commitment that they asked her to join their group. Fortunately for us, she chose to stay with our Georgia branch! Her advocacy work is a constant core part of her being. I miss her already!"

Wishing Her Well: Alyce Wellons, LCSW, Moves to North Carolina



“I feel like I am a lucky gal. It’s been a wonderful ride and one of the highlights in my life.”

—Alyce Wellons, LCSW

There is a plethora of glowing words one could choose to describe Alyce Wellons. Two words in particular stand out to me; she is dynamic and generous. She engages opportunities to grow and she creates equally valuable, growth opportunities for others. Her presence in GSCSW embodied one of my favorite realities—the “win-win” connection with others—a lifestyle that embraces the gifts of others and shares the gifts of oneself. *Ahh...*those beautiful, powerful, dynamic, feedback loops!

I did not have the pleasure of personally knowing Alyce prior to our interview, but I felt her from afar. She was like a purposeful stone tossed into a nearby pond that caused a ripple effect—a circle beginning small, then vibrating outward until that one circle became many circles, and finally growing large enough to reach the perimeters of that pond—our GSCSW pond. This was and is, Alyce.

She didn’t just dip her toes into the waters. She dove right in with mind, body, and spirit—full of heart! Alyce has been a member of GSCSW for over 15 years. In fact, it’s been so long that she could not remember the year she joined GSCSW! Alyce has served our organization as Clinical Page Editor, Mentorship Co-Chair, Secretary, President-Elect, and an unprecedented and then necessary, two terms as President. She has participated as a panelist in salons and panel discussions, created and led workshops, written articles for our Clinical Page, and has been behind the scenes supporting friends and colleagues—nearly all of this pro bono. Alyce exemplifies the ultimate GSCSW volunteer. She shared that GSCSW instilled in her the internal value of “being part of a community and giving something back.” And give back, she did indeed.

“We had so much fun!” Alyce smiled as she recalled the beginning of her legacy. She remembered a time when GSCSW had struggled to exist, and she and other vital members collaborated to save GSCSW. Her assiduous involvement, and that of others, cultivated a then first-time membership exceeding 200 social workers. Alyce even reminisced about meetings at Fellini’s Pizza on Ponce de Leon Avenue in Atlanta. “It was the lunch headquarters—lots of GSCSW business got done there.”

Alyce found her clinical home in GSCSW where she cultivated lifelong friendships. She is grateful to many individuals for their contributions to her GSCSW experience. Dr. Stephanie Swann, a University of Georgia professor and current GSCSW member, was instrumental in preserving our organization when she brought in an additional young generation of GSCSW members. Trisha Clymore, our Administrator, has long been “the person behind the scene—patient, steady, willing, a person who made it happen.” Alyce continued with affection as she described Phyllis Glass, LCSW, as “the analytical mother”—an individual who also insists on having fun (and whom I have witnessed to elicit feelings of warmth and authenticity). Alyce’s gratitude continued as she shared the work of her wife, Sharon Burford, LCSW, MBA, and other key, past GSCSW Board Members: Barbara Emanuel, LCSW; Theresa Schafer, LCSW; Ginger Hensen, LCSW; and Metta Edge, LCSW. It was obvious to me that Alyce could have listed a multitude of individuals.

Originally from North Carolina, Alyce returns there after spending 30 years in Atlanta where she earned her Master of Social Work at Clark Atlanta University and later established a private practice. Her current passion involves teaching workshops that seek to preserve “the art and craft of psychotherapy” to the next generation of therapists. Alyce uses humor, lightness, and playfulness—serving as “the grease for all the wheels” when in session with clients. She invites us to “be awake in our lives” and to “be present with strength in our voice and with authenticity and boundaries.” Alyce plans to continue her online practice in Georgia, lead workshops and retreats, and open a small practice in North Carolina.

Passionate about her psychotherapy work with her clients, this day often begins with a gentle routine when her two dogs, Charles and Theodore (“Baby T-T”) demand their morning snuggles. She fills her white and green pottery mug decorated with a little daisy—a mug

Wishing Her Well: Alyce Wellons, LCSW, Moves to North Carolina

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she's had for 15 years—with coffee or perhaps ginger lemon tea. And then there is the lighting of a scented candle and the playing of music that suits her mood for the day.

When Alyce is not engaged with her clients, you might find her bicycling, white water rafting, kayaking, hiking, walking her dogs—anything outside. You also might find her practicing yoga and diving into the wisdom of psychologist, Dr. Tara Brach, and Buddhist author, Pema Chödrön. And every year for a week, Alyce disappears from the day-to-day grind and cultivates a deeper consciousness by immersing herself in an ashram (or spiritual-based yoga retreat).

I smile fondly as I recall this video conferencing interview. Alyce brought openness, enthusiastic smiles, interested lean-ins, thoughtful contemplations, a sun-kissed nose, and her signature, crisp, white blouse. I watched as Charles and Theodore ventured in and out of the room sharing only parts of their being—the computer screen capturing an ear here or a wagging tail there. Even then as I interviewed her from her new home in North Carolina, she continued to give. Many will be delighted to know that she'll be back to Atlanta for plenty of visits. May you be happy, our treasured Alyce!

Alyce Wellons, LCSW, is fully licensed in Georgia and North Carolina, where she currently offers her online practice. 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 based on her 21 years of training and experience in psychotherapy. Her areas of expertise and theoretical focus include attachment, addiction/recovery/relapses, dissociation, interpersonal theory, neurobiology, PTSD, and trauma. Additionally, Alyce has training in LifeForce Yoga. She has guest-lectured, written, and taught internationally on this work while incorporating mindfulness-based education and body-based techniques for anxiety, depression, relationship issues, recovery, daily-life stressors, and other mental health issues. You can contact Alyce Wellons, LCSW, at 404.664.3110, and you can find her online at www.alycewellons.com



Interview by Jacey J. Yunker, LCSW, ACTP, CCTP-II, CMHIMP
Departing GSCSW Board Member and Clinical Page Editor

Mindful Connections with African American Clients

By Isom E. White, LCSW



FROM THE EDITOR: *“Passionate, powerful, and purposeful. I implore you to read this.”*

The question is this: How do you (a non-African American) mindfully engage with your Black/African American clients on matters of racial injustice and police brutality?

Given the recent murders of Ahmaud Arbery, Breonna Taylor, and George Floyd, and the abysmal *history* of Black/African Americans dying by the hands of White/European American police officers in the United States, I must use my privilege and platform to help my fellow therapists navigate these cyclically tragic and traumatic events—traumatic events that get passed down from generation to generation and become an entire community’s truth. It is a shared truth that must be acknowledged for meaningful healing to take place.

Before I can even begin to help White/European American therapists show up for clients of color in the therapy room, I have to ask some critical questions. **Please, reflect on whether or not you are making your services available to the Black community and other communities of color.** How many Black/African American (or other persons of color) clients are currently on your caseload? Is there one? Five? One percent? Or five percent? Do you accept insurance or private pay only? Do you offer a sliding-fee scale? Do you accept Medicaid? If not, are you aware that these could be barriers to receiving your services for communities of color? Are you willing to change your practice to be more accessible to communities of color? Are you willing to accept less money? Are you willing to sacrifice the extra time that it takes to become paneled by insurance companies?

Can you hold in your awareness and accept that you may have unconsciously constructed these barriers to distance yourself from serving Blacks and other minority communities? **We haven’t even entered the therapy room and there is so much work to be done.**

Are you willing to educate yourself on the history of police brutality and systemic racism in the United States and its effects on the Black community? Furthermore, are you willing to accept this as truth for your Black/African American clients? Are you willing to accept the abhorrent history of White supremacy in America as a part of your truth and understanding? Can you become aware of the resistance or discomfort in doing this extra “work”? Let’s be honest, you already have a full caseload, a family, a partner, and your own issues/trauma in which to deal. Can you locate the sensation of discomfort in your body? Are you willing to accept that discomfort, breathe into it, and create the space needed within yourself to provide more compassion towards your Black/African American clients?

A helpful place to start understanding and educating oneself on the effects of White supremacy and systemic racism on the Black/African American community can be found in literature. **I strongly recommend that you read, *The New Jim Crow Mass Incarceration in the Age of Colorblindness* by Michelle Alexander.**

Let me pause and refocus the direction into the therapy room.

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As a White/European American clinician sitting across from your Black/African American client you are witness to the recent murders of their community members, the subsequent televised and demonized grief response, and your current position of power as a healthcare provider. **What do you notice is happening within you as you sit across from them?** Are you nervous about them bringing up their trauma from recent events? Are you uncomfortable processing their own experiences of overt and covert racism? Are you becoming present to moments when you have acted on your own prejudices? Do you notice feelings of guilt or shame for doing so? Are you insecure about your ability to sit with their trauma? Are you outraged, disturbed, and traumatized by your witnessing of a VERY public execution? Are you confused? Do you have questions? Are you able to notice what's happening in your body as these thoughts cross your mind? Do you notice the urge to approach or avoid the conversation? And can you breathe acceptance into those urges, emotions, and thoughts?

In doing so, even if you are partially successful, you may be able to practice the compassionate stillness it takes to be present to the trauma experienced by the Black community.

Holding all those reflections in a nice and neat little compartment as all therapists are so skillfully trained to do, you can begin the session. **And as your client sits across from you, here are a few tips on how to begin.**

1. Meet the client where they are. *"Where would you like to begin today?"* This invites your client of color to broach the topic of current events or not. Don't assume that just because it's happening and they're Black that they wish to talk about it in therapy.
2. If the client wishes to process their feelings about their current or past traumatic experiences with racism, **ACKNOWLEDGE** your race, privilege as a person of non-color, and your inability to fully understand the Black experience. *"I have no idea what it's like to be a person of color."*
3. Be mindful of your inner experience when your client is processing. Do you notice urges to avoid their trauma? Do you notice your own insecurities? Do you notice the urge to assuage your own guilt? Try to avoid asking, "How can I help?" Instead, try tip #4.
4. Be mindful and curious of their experience in the therapy. *"What is it like to process these feelings with a White /European American person?"* Can you notice shifts in their body language? Breathing? Can you notice if and when transference and countertransference has entered the therapy room?

Lastly, and most importantly. The best piece of advice I can offer to White/European American clinicians showing up for your Black/African American clients is to do the **RESEARCH** on America's history of *systemic* racism, so that you can **WORK** to acknowledge your **PRIVILEGE** without prejudice, which will then open space for you to remain present and truly **LISTEN** and empathize with the experience of being Black in America.

Isom E. White, LCSW, graduated with a Bachelor of Science in Psychology at Kennesaw State University in 2011, and with a Master of Social Work from the University of Georgia in 2015. He enjoys working with a variety of populations: late-adolescents, young adults and adults, LGBTQ+, and executive professionals who are dealing with anxiety, depression, anger, grief & loss, trauma, and life-transitional issues. Isom also embraces working with men's issues, high achievers/perfectionists, and healthcare providers. As an African American therapist, he holds a strong commitment to enhancing the quality of life and empowering people of African ancestry through advocacy, human services delivery, and research. Isom incorporates mindfulness-based cognitive behavioral interventions including Acceptance Commitment Therapy (ACT), Mindfulness-Based Cognitive Therapy (MBCT), and Dialectical Behavioral Therapy (DBT) to enhance the therapeutic process by cultivating non-judgmental awareness, compassion, and purpose. You can find Isom E. White at Counseling Associates for Well-Being at 3050 Atlanta Rd, Smyrna, GA 30080. You can reach him at 706-389-1708.

Mental Health and the Asian American Community

By Kaila S. Tang, MA, LMSW



As a native San Franciscan, I've had the privilege of being raised in a city rich in cultural diversity. I attended school alongside people of every color, sexuality, religion—you name it. The Bay Area was, and continues to be, referred to as a melting pot of cultures, and I quickly learned that variety was to be expected in my country. But I was wrong. Last summer, I moved to Atlanta and found myself in the midst of a new kind of different. I struggled to locate and connect with communities like those I previously called home. Asian communities, while they exist within Georgia, remain unseen and unheard—especially in the mental health arena.

Data reveals that Asians are expected to become the largest immigrant group in the U.S. by 2055, surpassing Hispanics. Currently, there are over 20 million Asian individuals living across the country. And although research suggests millions of Asian Americans (AsAm) suffer from mental illness, few AsAms actually engage in treatment. Furthermore, 69% of mental health counselors are White/European Americans, while only 3% are Asian American. Percentages are similar amongst social workers in the U.S. Needless to say, there is an obvious lack of Asian-identifying therapists within the field, and the ratio of AsAm providers to consumers is imbalanced.

Having worked with AsAm populations in the past, I am familiar with the stigma surrounding mental health within these cultural communities. Mental illness is a taboo topic in Asian cultures, and oftentimes, more traditional families attempt to “save face” by keeping such secrets hidden within the home. This creates a barrier to mental health treatment for family members and future generations by passing down the belief that mental illness is shameful. Other concepts, such as AsAms being considered a “model minority,” do little to aid AsAms during challenging moments.

Cultural stigma surrounding mental health not only influences individual desires to seek treatment but also desires to enter the field professionally. For example, in many Asian households, a career in the mental health field is not considered as prestigious as a career in such areas as medical science, engineering, or law. Many Asians do not believe mental health concerns require treatment, let alone, acknowledge these concerns as legitimate. It is therefore crucial to address these issues sooner rather than later, so that AsAm individuals do not suffer in silence and forgo treatment until mental conditions deteriorate significantly.

Cultural barriers to mental health treatment can be discouraging. Regardless, to respect and understand cultural perspectives on mental illness is to meet the client where they stand. Social workers who are culturally sensitive and ethically responsible aim to meet the needs of underserved and underrepresented groups such as AsAms and empower individuals to speak their truths. As a Chinese American therapist who is passionate about both representing my people and engaging AsAms in mental health treatment, I am continually striving to destigmatize and promote the importance of mental wellness within my community. Such a mission acts as the impetus behind my submission. I hope this article helps to inform the reader about the state of mental health in AsAm communities. I hope this article sparks conversation on how the social work community within Georgia can come together to better support our AsAm neighbors. Considering that the month of May honors both Asian Pacific Islander heritage and mental health awareness, there is no better time to extend a hand to those who remain hidden in the eyes of the healthcare system.

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Kaila S. Tang, MA, LMSW, identifies as a Chinese American psychotherapist based in Atlanta, GA. Her work centers on Asian American mental health in areas such as identity, multicultural issues, trauma, and attachment. For any questions you may have, please email her at ktang@sweetgrasscounselingga.com

Mindfulness-Based Stress Reduction: What Is It and How Can It Help?

By Jini F. P. Tyler, LCSW



One universal commonality is that we all experience stress. The struggle to maintain balance when we are faced with multiple demands and obligations is real. Young children to older adults can experience uncomfortable physical sensations, unhelpful thinking patterns that can maintain this imbalance, and behaviors that can inadvertently increase stress levels. I have worked with children as young as six who talk about the uneasy feelings associated with stress. It is concerning to know that even a six-year-old can feel pressure to perform and behave in idealistic and predictable ways. The consequences of chronic stress are multi-faceted, which can include an increase in anxiety, depression, heart disease, high blood pressure, stroke, eating disorders, skin and hair problems, and gastrointestinal problems. Therefore, it is imperative that therapists practice modalities specifically designed to manage stress in a healthy manner.

One model which has been empirically validated and shown to lower stress levels is Mindfulness-Based Stress Reduction (MBSR).

MBSR is an eight-week, systematic group program that was founded by Jon Kabat-Zinn in 1979 at the University of Massachusetts Medical School. **A central focus of MBSR is intensive training in mindfulness meditation that brings awareness to the present in a non-judgmental compassionate stance to alleviate suffering while practicing wisdom and intentionality.** Originally, MBSR was designed to help people with chronic illnesses, but it has since evolved to include a variety of stress-related concerns such as underlying anxiety, depression, pain, fatigue, sleeping difficulties, headaches, and poor concentration. This experiential process includes several demonstrations of mindfulness practices, including yoga, which have been shown to change brain responses associated with sympathetic nervous system activation.

MBSR is less didactic and more about the experience of “awarenessing” (a term used in MBSR to reflect the present way of being). Elana Rosenbaum writes about the present focus of “awarenessing” in her workbook, *The Heart of Mindfulness-Based Stress Reduction*. She describes MBSR as an active process designed to engage the whole person in the present moment, to relieve suffering, and to cultivate understanding, wisdom, kindness, and generosity. During group sessions, members are invited to demonstrate respect, authenticity, and love in a non-judgmental environment (Rosenbaum, 2017). Classes are conducted in a supportive and invitational environment, where facilitators model acceptance and encouragement to engage in mindful practices versus thoughts of judgment towards members who may be hesitant to participate. The classes can last up to two and a half hours and are broken down into the following topics:

1. Introduction to the foundation of mindfulness/“awarenessing” and establishment of group guidelines
2. Establishment of perspective and its relationship to responses
3. Emphasis on the mind/body connection, yoga, body scan, sitting/walking meditation
4. Exploration of stress/stressors and the automatic structures that maintains the stress response
5. Exploration of stress hardiness
6. Education and practice of communication skills, such as active listening
7. Integration of mindfulness into everyday practice as a coping mechanism, change, and permanence
8. Review of practices, support, and maintenance

A major focus of MBSR includes our relationship with stress and how to view it differently, bringing awareness to attitude, accepting what we feel and noticing where we feel in the body. Richard Lazarus as cited in *Sincero*, in 2012, explains that stress is experienced when a person perceives that the “demands exceed the personal and social resources the individual is able to mobilize.” Thus, how we interpret an event is more important than the event itself. MBSR teaches and reinforces the use of the acronym: STOP: Stop Take a breath Open, observe Proceed. This is a mindful practice which serves to remind us that we have the power to choose our response to a stressor and to notice how the stressor is impacting our mind and body.

Mindfulness-Based Stress Reduction: What Is It and How Can It Help?

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The research demonstrating the benefits of MBSR is compelling. Several studies have shown how mindfulness supports “increases in gray matter concentration within the left hippocampus” or optimal functioning of the hippocampus (part of the limbic system associated emotional regulation, memory processing, learning, motivation, etc.) (Holzel, et. al., 2011). Studies also have shown significant negative correlations between mindfulness and depression, dissociation, rumination, social anxiety, difficulties in emotional regulation, and cognitive reactivity (Keng, et al., 2011). In addition, Daniel Siegel describes the benefits of mindfulness as an enhancement to our physical, mental and social well-being, creating an attunement or resonance within ourselves by harnessing specific circuits in the brain to grow and promote resilience and well-being.

MBSR is a highly effective program backed by many years of research. I am grateful to be a MBSR group facilitator after receiving intensive training led by Elana Rosenbaum, LCSW, a pioneering teacher of MBSR at the Center for Mindfulness at the University of Massachusetts Medical School. Through my training, I have seen firsthand the benefits of this program and have integrated the learned meditation practices into my daily self-care routine. If time is limited, even spending two to five minutes “awarenessing” has helped to strengthen my concentration and calm any bodily sensations related to stress. I hope that many individuals will take advantage of the mindfulness way of being to help manage the stressors of everyday life.

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Learning Disabilities and the Scope of a Social Worker

By Sojin P. Varghese, MSW, MPA, MLM, PhD



“If a child can’t learn the way we teach, maybe we should teach the way they learn.”
—Ignacio Estrada

Social work is a professional service based on scientific knowledge and skills for helping and empowering people in need. Many social workers find working with pupils who have learning difficulties to be extremely interesting and rewarding—an area that has seen dramatic advances in recent years. Often, social workers work with children or are closely associated with school social work.

The above quote aptly describes the present educational scenario wherein educating children becomes about bringing forth an assembly-line production of school graduates. The system refuses to acknowledge the child in his own individual identity, thus step-parenting a considerable number of students who have difficulties coping with that system. Teachers in the new millennium have an unprecedented responsibility of enriching students with ever exploding information. The role of teachers is to make the country independent and self-sufficient in every sector by guiding and molding the children efficiently and effectively. It is by undertaking the stupendous task of making students competent on par with their counterparts that they are able to contribute to the nation with their innovations, interventions, decision-making, and problem solving with independent and logical thinking.

Concept

A learning disability or learning disorder is an umbrella term for a wide variety of learning problems. It is not a problem with intelligence or motivation. Kids with learning disabilities aren’t lazy or dumb; in fact, most are just as smart as everyone else. Their brains are simply wired differently. This difference affects how they receive and process information. **Simply put, children and adults with learning disabilities see, hear, and understand things differently.** This can lead to trouble with learning new information and skills and how to put them to use. The most common types of learning disabilities involve problems with reading (dyslexia), writing (dysgraphia), math (dyscalculia), motor skills (dyspraxia), language (aphasia, dysphasia), memory recall (dysnomia), auditory and visual processing, and using expressive and receptive language.

Paying attention to normal developmental milestones for toddlers and preschoolers is very important. Early detection of developmental differences may be an early signal of a learning disability, and problems that are spotted early can be easier to correct. A developmental lag might not be considered a symptom of a learning disability until a child is older, but if recognized when a child is young, one can intervene early. When someone knows a child well and thinks there might be a problem, their getting the child evaluated can be helpful.

It can be tough to face the possibility that a child has a learning disorder. No parent wants to see their children suffer. One may wonder what it could mean for the future of their child or worry about how their child will make it through school. But the important thing to remember is that most kids with learning disabilities are just as smart as everyone else, they just need to be taught in ways that are tailored to their unique learning styles. By learning more about learning disabilities in general, and a particular child’s learning difficulties, you can help pave the way for their success at school and beyond.

Learning Disabilities and the Scope of a Social Worker - Continued from page 12

Role of Social Workers

Social workers have a keen responsibility in supporting children with learning disabilities. **First, social workers should try to understand the child as an individual without any prejudice and judgment.** Social workers are instrumental in furthering the purpose of schools: to provide a setting for teaching, learning, and attaining competence and confidence. All the methods of social work have significance in learning settings whether it be through case work, group work, community organization, social welfare administration, social action, or social work research. Social work values should be considered carefully while handling such cases so that one's impact is ethical and positive.

Secondly, a major function of a school social worker or a child social worker is to identify and support children with learning disabilities. They work as a link between the school and families and the community to identify the discrepancy between the potential and performance. Their duties include the following: assessment; psychosocial study; functional, behavioral, and mental health screening; casework; counseling services; consultation; being an adult advocate and community liaison; referring and collaborating; school involvement; the training of teachers, parents, and students; and providing low cost, school-based research and advocacies. The Individualized Education Plan (IEP) is widely recognized and used in the United States of America. An IEP is designed to meet the unique educational needs of a child, who may have a disability. The IEP is intended to help children reach educational goals more easily than they could otherwise. It is meant to give the student a chance to participate in "normal" (mainstream) school culture and academics as much as possible.

This inclusive education has emerged as part of new educational policy. **The Individualized Education (IE) program is a comprehensive approach where each and every individual, who experiences learning challenges, is given special personalized care and attention.** In this approach, children with learning challenges are taught additional, helpful skills and educated along with mainstream students. Even though they are normal children, their capacity to comprehend or process new material is different and can be a slower process than the mainstream agenda. Under these circumstances, individualized special attention is required and many of the children can benefit from the IE program. Another challenge involves making sure all teachers know about the IE program and supporting them in better understanding the needs of children who have learning disabilities.

The learning disability social worker helps diagnose children with learning disabilities and who are in need of special services. **Such children receive an IEP that describes the child's current level of performance, sets educational goals for the child, details special education services the school will provide, and lists the modifications the school will make on the child's behalf.** The learning disability social worker may participate in the creation of the IEP and acts as the child's advocate.

Though it is challenging to work with children who have learning disabilities, it is always rewarding and satisfying to observe the positive changes and academic advancements made by these children.

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Dancing with Dreams

By Ann Coco, LCSW, NBCCH



Dreams... we all have them, whether or not we remember them. They beckon, inspire, scare, inform, confuse, delight, and heal us. Some seem to “simply” be a review of the day, where we are trying to work things out; others are symbolic puzzles that may take hours, days, months or even years to begin to understand. Dreams can be prophetic. **Dreams can heal if we but listen.** So, how do we help our clients explore their dreams as a means towards healing?

For longer than I want to admit, I used to think that it was my job to analyze the dreams that my clients brought to therapy, and that was often their expectation too. They didn’t understand many of them—often judging them as stupid, silly, scary, or crazy—and then they’d plop them into my lap and would ask me to tell them what they meant. And, I didn’t know. And, any analysis I did give was often incorrect or inadequate, though, there were times I’d land on something that resonated.

As the years passed, I did get somewhere by taking a client back into their dream, using hypnotherapy, and asking them while in trance what different elements in their dreams meant, and what was the general message of the dream. **In his book, *Healing Dreams*, Marc Ian Barasch speaks of dreams as “the proverbial travel that broadens the mind. We are explorers visiting a foreign land whose terrain, citizens, customs, language, and beliefs are not entirely familiar.”** So, in this metaphorical vein, we, as therapists, could see ourselves as travel guides in the land of dreams. It is not so much our job to interpret what the travelers are seeing and experiencing as it is to take them there, support them, and introduce ways they might explore the terrain and go treasure hunting.

One of the first steps in helping a client explore their dreams is to encourage a dream journal. It is a priceless tool in understanding one’s dreams. Not only is it a place to write down, draw pictures of, and give initial impressions and feelings of our dreams, but it is an invaluable resource to discover our own symbolic language. Once we have had a few years of journaling our dreams, these journals hold the key to the symbolic language in our dreams. Many dream dictionaries have been written over the years, ready to tell us what it means when water appears in our dreams... or houses, or snakes, or whatever might pop up. But our journals (or our client’s) will tell us ours. It is our symbolic language from our dreams. Journals reveal that. In addition, reading back over our dreams is very revealing. Periodically, I read over about a year or more of my dreams (and encourage clients to do likewise). It is always enlightening. Themes we hadn’t noticed before are evident when we go through our journals. They might provide answers or just more questions... but there is always a deepening.

My favorite dream teacher and writer is Robert Moss. **Moss suggests several things in exploring dreams.** The first is to write down our initial feelings upon awakening and those remembered while in the dream. Next, give the dream a title. Then, tell the dream as it occurred, without commentary... just what happened. Once the dream is out, have the dreamer tell how it might relate to what is currently going on in her/his life. Ask if a message came through or if the meaning is obscure...or somewhere in between. If the meaning is elusive, you can have your client go back into their dream (in their mind or in hypnotherapy) and try to ascertain the meaning by perhaps asking questions of a person or element in the dream about whom they need more information. **This can be particularly helpful in nightmares, when a client might go back in and confront or ask questions of their “monster” and see what unfolds.** As the therapist, it can be helpful to assist the client in exploring what they want to know and who (or what) they need to ask before they do the dream re-entry. Focus on what the client (not the therapist) is curious about. Clients usually have a good gut as to what is important for them to know. After all, it is their dream.

After your client has thoroughly worked through the dream in this way, then you can offer sharing about what struck you in their dream—it is important not to present it as the truth, but simply how the dream landed with you. Moss suggest preceding with “If it were my dream...” In this way, you are simply offering other possible hits without telling the client what their dream means. Do this with an openness that communicates if what you said falls flat with the client, it isn’t their truth. If it resonates, then they can add this to the mix in unfolding the dream.

Lastly, after exploring the dream, have the client come up with an action to “bring their dream out into the world.” A client might do this by sharing their dream, writing it down, drawing or painting it, creating a sculpture of it, writing a poem about it, dancing or acting it out, eating an edible element of the dream, following through on an action in the dream, or whatever comes to mind. By acknowledging and bringing the dream into the waking world with an action, the dream and the dreamer somehow get activated to unfold even more meaning. That unfolding may be a later realization, a string of synchronicities or even more dreams in other nights that bring your client more clarity. Dreams often spill out into the waking world just as the waking world spills over into dreamland. Taking an action to affirm this, quickens things. It also brings on more dreams. The unconscious mind likes to be noticed and appreciated, as we all do. **By no longer discounting dreams, by paying attention, by sharing them, by taking action on them, by listening, we open up so much more of ourselves and of our clients.** There is magic and wisdom in dreams. Dare to listen. The terrain may at times seem strange and even scary, but there are riches there that you and your clients don’t want to miss.

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Couples and COVID-19: Staying Connected

By Cathy Marakovits, LCSW



Since the beginning of quarantine and the consequent changes many of us have incorporated into our lives, it has been apparent that life under COVID-19 has illuminated what is present in our relationships. Many couples have come together and shined as partners. For others, these conditions (social distancing, working from home, etc.), combined with financial worry, have served as a pressure cooker for couples. Any fissures that pre-existed in the relationship have been exacerbated during this time. When I was asked to write an article for our organization on couples during COVID-19, I found myself wanting to fill my living room with friends who are also colleagues that specialize in marriage therapy. Given social distancing, I did the next best thing and reached out to these friends; I was curious about their experiences working with couples during this time, as well as their thoughts about what might help some couples come out stronger in the end. The following is a compilation of my ideas combined with those of my colleagues.

Breathing room is a necessity.

Many couples aren't used to spending the amount of time together that they have in the past several weeks as they've found themselves working from home, or worse, unemployed. It's important to normalize the need for couples to allow for individual time and space and for the other to not personalize this need. For many couples, they require more breathing room to engage in individual interests or just time to reflect without any demands/expectations on them. This includes working in different areas of the home if they are fortunate enough to have enough space to do so. Equally important is finding creative ways for couples and family members to find time together sharing fun.

Grace under pressure is always a good idea, especially with our partner.

In recent weeks, I find myself coaching couples on the concept of grace... a principle I've highlighted more recently. To me, grace is the ability to be gentler and more forgiving of the other, reminding oneself that their partner, though sometimes misguided, truly has good will. I encourage couples to give their partner the benefit of the doubt if they find themselves ruminating on ways in which they perceive their spouse is falling short. It's interesting how when we exercise poor judgment or disappoint our partner, we tend to be forgiving of ourselves—chalking the error up to overwhelm or stress. Meanwhile, when our partner makes a similar misstep, we tend to attribute their behavior to character flaws that are lifelong attributes. Partners may benefit from stopping, taking a few breaths, and generously considering what might have contributed to their spouse's (or significant other's) miss. When under unusual amounts of uncertainty and stress, it is helpful to practice generosity of spirit.

Rx: A one-minute hug

I watched an interview recently between Ellyn Bader and Janice McWilliams, LCPC, in which she spoke about the brain, couples, and COVID-19. Many points she made are worth repeating. Currently, for many people, cortisol and adrenaline levels are high. Not only are these stress hormones elevated, but the typical ways in which people tend to counterbalance them have been less accessible in recent months: visiting family and friends, attending outdoor concerts in the spring, going to the gym, etc. She mentioned that the "first sign of increased stress hormones is heightened irritability and that irritability will wreak havoc on your marriage." She spoke of the importance of consciously increasing oxytocin to counterbalance cortisol through increased affection and fun with one's spouse and children: piling up together on the couch to watch a movie, taking long hugs, cuddling, giving/receiving a massage, having intentional sex, spooning to sleep, petting pets more regularly, and having silly time together.

The wisdom of self-care and sunlight

Related to this is the importance of good self-care during this time. If we engage in better self-care, we are going to be a better partner. Most of us are used to going to work and at the end of the day leaving it there. For those of us working at home, it is important to get outside and get some separation from your work at the end of the day. During an online training I recently took, Nan Wise, PhD, spoke of the significance of getting natural sunlight outdoors twice daily for 15 minutes. The sunlight travels through the eye, activating the hypothalamus which helps to regulate mood. This one small step has been significant for many of my clients during this time.

Take a teamwork approach and see it through your partner's eyes first.

Now that our state and our country are opening up and loosening some restrictions, some couples are faced with opposing views on what to allow for themselves and for their children. Their behavior may parallel what we are seeing in our communities, social media, and the

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media as they seek information that tends to support what they believe. In reality, this is a unique time in which we find ourselves, and couples would benefit from practicing the art of suspending their own experience temporarily, long enough to fully hear and consider their spouse's perception before sharing their own. After this, they are able to see where they overlap and build from there. As I heard Terry Real, PhD, say sometime during this crisis, now is the time for couples to come together working as a team with a common purpose rather than focusing on individualism. In my experience working with couples for many years, that takes the capacity to listen generously to one's partner rather than trying to convince them to accept their own view as the correct one.

Building on your strengths and learning new skills in a crisis is challenging.

As I contemplate those couples with whom I'm working who are doing well right now, they share several factors in common. They are practicing the tools they've learned over our work together. They are being more responsible in their delivery when they speak, listening generously, practicing grace and forgiveness, emphasizing partnership, and being conscious of what they put into the space between them as a couple. They are also practicing good self-care and self-soothing to detoxify so they can bring their best selves to the relationship. I love my colleague's suggestion to his couples: identify the strengths of their relationship during this time and incorporate it into their mission statement as a couple. This is such a unique time for couples and for us as therapists to be walking alongside them and facing our own unique pressures in relationships, whether they be with our partners, families, or ourselves.

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Not My First Virus

By Franklin Abbott, LCSW



Photo by Paul Nguyen

Most of us have had an encounter with the flu or a more minor viral infection. The last flu I had was 30 years ago, and I have had a flu shot and luckily no flu since then. I have had short bouts with viruses while traveling in Africa and India. Nothing more than a day down and a day to recover but it was memorable and scary. My most prolonged and intimate relationship with a virus is with the one that appeared in the early '80's which was ultimately named Human Immunodeficiency Virus (HIV). **I had been in private practice as a psychotherapist for three years when HIV surfaced, and my clients and friends began showing symptoms.** It took awhile for a test to be developed, but once it was, our doctors advised us not to take it. A positive on the test would put your medical insurance at risk and there were no treatments. Many gay men (and HIV surfaced first in the gay men's community) were left in a state of fear.

Every year there would be an International AIDS Conference. AIDS was the disease that you would get from becoming HIV positive. All the medical research institutions would release any new information about the virus and its treatment. For many years there was no good news. A wave of deaths would occur in the gay community after these conferences, and so many who were suffering from the illness would lose hope and give up. Research on the virus and its treatment continued, and we all hoped for a vaccine. In 1996, 15 years after HIV first surfaced, the first viable treatment was made available. The antiretroviral therapy called "the cocktail" pulled thousands of HIV infected individuals from the precipice of death and restored them to vitality.

A vaccine has been elusive, but in 2012, Pre-Exposure Prophylaxis (PrEP) was introduced as a prophylactic. Many sexually active gay men take this medicine to reduce the possibility of contracting the virus. Many have abandoned safer sex practices that were so important in the community in the earlier years of the epidemic. Because of the antiretroviral cocktail used to treat the disease, it is no longer considered a death sentence. Doctors tell their HIV infected patients they will die of something else. And PrEP makes unsafe sex even more irrelevant. Why use the inconvenient condom when you can take a pill and do as you like?

More than 700,000 have died so far in the US of AIDS, and more than seven million have died worldwide. In 1985 the NAMES Project AIDS Memorial Quilt was launched to create a memorial. More than 50,000 panels are part of a giant tapestry that has been displayed on the National Mall in Washington and in sections all around the country. There is literature, art and music, and many films of note on AIDS from the era that were inspired by the pandemic.

I recently rewatched one that reminded me of our current situation with COVID-19. *And The Band Played On* was released in 1993, and was based on a 1987 book by journalist Randy Shilts who also perished in the pandemic. The movie takes its title from reports about the last hours of the sinking of the Titanic when the band continued to play as the ship went down at sea. Shilts used it to underscore the huge political indifference the current president and his administration showed regarding the AIDS pandemic. **Because HIV was sexually transmitted by what was thought by many to be transgressive and immoral sex acts, there was little support or even acknowledgement of what millions of Americans were going through personally or with friends and family members.** It took President Ronald Reagan nearly four years before he said the word AIDS in public. Funding for the treatment and care of those infected with the virus was woefully inadequate. Mass protests resulted. But help and compassion from the government were absent. The virus had been politicized. Leadership at the top was a void.

Political impediments are different. **COVID-19 does not carry the stigma AIDS did.** But it has shut down large segments of the economy as we try to contain it, and it has become a political football for an insecure president and administration that fear it may cost them the next election. President Trump's behavior is on par with President Reagan's when it comes to compassion. Neither showed any—and I think both will be remembered for failed leadership that cost thousands of lives and wreaking collateral damage on the societies they were entrusted to shepherd.

When the reality of the presence and ferocity of the COVID-19 became apparent early in the year, it felt to many of us who lived through the AIDS crisis like a bit of déjà vu. This time the stage was international, and the victims were more often older people. The current coronavirus works differently than AIDS. It is not bloodborne but airborne. It incubates for days rather than months or years, and it infects many people who show no symptoms and can easily pass it on to others. It kills its victims much more rapidly, and those who survive it often have long-lasting complications. Right now there is no vaccine, no effective prophylaxis, and no effective treatment. Unlike the AIDS virus, COVID-19 was identified quickly and research on treatment and vaccines are underway. We have no idea of when or if this research will be effective. Instead of safer sexual practices we self-quarantine, maintain social distancing, practice hygiene measures like hand washing and wearing masks in public.

Not My First Virus - Continued from page 17

We are still in the early days of the COVID-19 pandemic. Time will tell if and what kind of relief will come. Politics will continue to do more harm than good in a game where leaders blame victims or third parties and do not accept responsibility.

As a psychotherapist whose practice has spanned over forty years, I have seen the effects of pandemics on my clients and myself. **I think we go through the stages of grief when our safety is lost.** I think we adapt in phases and succumb to anxiety and depression at times. Some of us “numb out” in denial. Others spin out in obsession. And we can be mighty inconsistent, denying it one day and then obsessing about it the next. A major difference this time, is that many of us are doing this while being physically isolated. **During the AIDS pandemic and once clarity came on how the disease was transmitted, there were lots and lots of hugs and many shoulders to cry on.** We held hands at vigils and offered and received healing touch. Cruel Corona has deprived us of that, and we struggle to find ways to communicate support over the internet and at the six-feet, social-distancing intervals.

I remember that as a gay psychotherapist for gay men who were infected with HIV or scared of it for themselves and others, I experienced an echo. **When we share trauma with clients, we are more impacted by their feelings.** We may maintain clinical distance and keep our professional boundaries, but we still have feelings about their feelings, and it seems inauthentic and unhelpful to say we are fine or act as if the pandemic is not pressing on us as well. After all, we are choosing to see our clients online in part for our own protection. That too makes an explicit statement about our concerns for our own safety.

Self-care and collegial support are so important in times like these. **I have discovered that allowing myself to feel tired, scared, sad and angry are important to my self-care.** I don't have to learn a foreign language or a musical instrument or embrace the plethora of online experiences if I don't feel like it. What might look like wasted time is sometimes battle fatigue. It is okay if I sleep late, take a nap or go to bed early. Defending against a deadly enemy is exhausting. It is also helpful to allow that I don't always know how to deal with the logistics of the pandemic. What was not okay yesterday may become more okay tomorrow. Our knowledge is growing, and we are also sifting through competing narratives about safety.

I attended my first Zoom conference with reluctance, and I found myself really tired after two days of following that process in a format that required the building of new neural pathways. It was during a spiritual conference for gay men, many of whom I have known since the AIDS pandemic began. Of course, we talked about COVID-19. We had changed a live conference to a Zoom conference because of the virus. One old friend in his closing remarks, a long-term AIDS survivor, talked about learning to love the HIV virus. **He said it had given him the gift of finding life more precious and of being kinder to others and more compassionate with himself.** I was moved by what he said. I am not in a place yet to feel grateful for COVID-19. I have read about people who enjoy the slowing down, the time with family or in nature, and the time to complete tasks long set aside. I allow that one day I may indeed be grateful for this great pause in my life. Right now, I am taking it one day at a time. I have good days and hard days. I have moments of distress and moments of insight. I am nearly 70, and I feel dismayed and disheartened that my plans for travel to see loved ones and to embrace cultural diversity have been interrupted. When will I get back to the life I was enjoying?

Living with uncertainty is always challenging. And yet it is one of the life lessons we need to learn the most, especially as we age. As clinicians we have helped many clients through times of uncertainty after they have lost someone or something of value or after they have lost their way. We have extended a hand in sympathy like a parent to a child in distress for guidance. The hand we extend now is a virtual one. And if our hand is shaking a little too, it is just because we are all standing on shaky ground together.

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"I Can Read You Like a Book": Helping Your Clients Via Bibliotherapy

By Chris Curry, LCSW



"You think your pain and your heartbreak are unprecedented in the history of the world, but then you read. It was books that taught me that the things that tormented me most were the very things that connected me with all the people who were alive, or who had ever been alive."

– James Baldwin, American author (1924-1987)

As a clinical social worker who is privileged to own an independent bookstore, I'm naturally inclined to see the value in using bibliotherapy with my psychotherapy clients. Although this modality encompasses everything from "How-to" titles to novels, I'm a proponent of "creative" bibliotherapy. This type uses novels and memoirs to help clients discover a connection with their own personal issues. It puts things in perspective. The reader gains information, ideas, positive role models, and hope.

All of us who have sat with a client who is stuck understands the ambivalence to change—sometimes my best interpretation doesn't work. **When, regretfully, I find myself almost lecturing, I back up and suggest a book—sometimes a frontal assault can't scale the wall of a beautifully constructed defense, but the journey and discussion about a well-chosen novel can get us in the back door!** As an aside, I do advocate for reading versus watching a movie. The movie is "all there", but a reader will imagine what they know and populate the characters, settings, and voices with their own reality. I see this a lot in the book groups we do at the store. It's amazing how nuanced and different individual group members experience the same character—they truly bring themselves to the book.

When it works, bibliotherapy sparks a process that begins with identification—the client makes a connection with a character or a situation in a story that mirrors their own personal issues. They might discover a different take or perspective on a fixed notion that has shadowed their lives for who knows how long. By empathizing with the character and following their emotions and struggles, the client undergoes a cathartic release that prompts insight and behavioral change. Check out *Indian Horse* by Richard Wagamese which explores substance abuse, sexual abuse, and early childhood trauma. Memoirs are helpful to shift a client's fixed personal narrative toward balance and growth. It makes me think of *The Glass Castle* by Jeanette Walls.

The right book can prompt healing, empathy, hope, and resilience. And readers discover they are not alone; that's the "universalization" stage of bibliotherapy. This works beautifully with kids. I recommend *Wonder* by R.J. Palacio and *Freak the Mighty* by Rodman Philbrick to kids who are confronting bullying because they are "different". (I also recommend it for kids who are bullies.) For elderly clients you can't beat Fredrik Backman's, *A Man Called Ove*, and unforgettably, *Our Souls at Night* by Kent Haruf, a lovely story about intimacy late in life. If the current zeitgeist leaves you feeling pessimistic and in need of hope read Hans Christian Andersen's *The Emperor's New Clothes* for a pick-me-up—I do!

How do we incorporate bibliotherapy into our practice? First, your client has to be a reader. If the idea smacks of their high school experience of having to read Hamlet (the last book they were assigned) it's a no-go. Second, the book has to be a good story—not too "difficult" a read—or, too long. For teens and those who may have reading difficulties, graphic novels have opened up some great possibilities. *You* have to have read the book or at least have read a review/analysis of it. (It would be counterproductive for a client with an eating disorder to read how a woman got the man by slimming down and making herself more perfect.) Short stories can be another avenue—check out *Vampires in the Lemon Grove* by Karen Russell for a very 21st century vibe or a book by Edgar Allen Poe for some eternal lessons on anxiety and guilt.

Another approach is to inquire about books your client has found interesting. This was brought home to me when one of my tough "manly man" clients was going through a painful divorce. He told me that he liked Jack Reacher stories. I was inwardly skeptical but further exploration revealed that he identified with Jack's vulnerability even though he was the best fighter, marksman, lover, spy in the

"I Can Read You Like a Book": Helping Your Clients Via Bibliotherapy

Continued from page 19

entire universe. (That vulnerability is there in the books, but I don't know about Tom Cruise's movie version as I can't fathom how he pulls off a faithful version of *Reacher*). It's interesting that one of the first forays into bibliotherapy was the establishment of a library at the Tuskegee VA Medical Center in 1924. I have found that my veterans are open to reading about characters in theaters of war, because it gives them a way to discuss similar experiences and feelings. And, these books, like *Yellow Bird* by Kevin Powers, are invaluable for me as a way to understand their experience.

And, lastly, how do you find the "right" book for a client? **One thing to keep in mind is that sometimes a book you think is *perfect* doesn't do a thing for a client, but the discussion on that can be illuminating as well...** So, how can you get some help with the theme? *We can't read every book!* One way is to check out Goodreads.com. At the store during book group discussions, I use the questions that accompany many of the titles, and boy, do some of them prompt members reflections on how their personal experiences resonate with the book. On that same site, you can also read the comments from readers who will give insight to you on how people experience the book. There's also Tolstoytherapy.com—great recommendations by problem category (e.g., accepting oneself, depression, anxiety, grief, etc.). And, there's a book that I have not read yet, but sounds really interesting—*The Novel Cure: From Abandonment to Zestlessness: 751 Books to Cure What Ails You* by Ella Berthoud and Susan Elderkin. Happy reading!

Christine Curry, LCSW, is a 1981 graduate of the University of Georgia's MSW program following several years working with adolescents in residential treatment settings in the Cleveland, OH area. Her postgraduate experience includes working in residential treatment in the Atlanta area and as a psychotherapist at Families First, Ridgeview Institute, and a group private practice in Cobb County. She has been in solo private practice for over 20 years. She divides her time between her two offices in Marietta and Zebulon and managing her independent bookstore, A Novel Experience in Zebulon. You can find Christine at curry1737@gmail.com.

Summer Reads Recommended by You

FROM THE EDITOR: Consider learning more about our Black/African American community and supporting their businesses by exploring and purchasing books at one of their bookstores. Some Black/African American owned bookstores in the metro Atlanta area include the following: Medu Bookstore, For Keeps Bookstore, Nubian Bookstore, and Black Dot Cultural Center & Bookstore. Or, find literature at the bookstore inside of Atlanta's very own National Center for Civil and Human Rights museum.

"migrants and human rights", information on

—Sojin P. Varghese, MSW, MPA, MLM, PhD (www.theadvocatesforhumanrights.org is a place to start)

By Alexander, Michelle. **The New Jim Crow: Mass Incarceration in the Age of Colorblindness**

—Isom E. White, LCSW

By Andersen, Hans Christian. **The Emperor's New Clothes**

—Christine Curry, LCSW: "If the current zeitgeist leaves you feeling pessimistic and in need of hope...(read this) for a pick-me-up—I do!"

By Backman, Fredrik. **A Man Called Ove**

—Christine Curry, LCSW: "...for elderly clients you can't beat (it)"

By Carruthers, Charlene. **Unapologetic: A Black, Queer, and Feminist Mandate for Radical Movements**

—Karen Tantillo, LCSW

By Cummins, Jeanine. **American Dirt**

—Christine Leeds, LCSW: "It's a searing inside view of the immigrants trudge through Mexico on their way to the promised land. Painful to read and I suspect very accurate. A very worthwhile read."

By Dalai Lama, His Holiness, and Archbishop Desmond Tutu with Douglas Abrams. **The Book of Joy: Lasting Happiness in a Changing World**

—Jacey J. Yunker, LCSW, ACTP, CCTP-II, CMHIMP

By Dana, Deb. **The Polyvagal Theory in Therapy: Engaging the Rhythm of Regulation** (Norton Series on Interpersonal Neurobiology)

—Sherri Cauthen LCSW, RPT-S

By DiAngelo, Robin. **White Fragility: Why It's So Hard for White People to Talk About Racism**

—Vivian Daniel, LCSW, and Karen Tantillo, LCSW

By Ehrmann, Max. **The Desiderata of Happiness: A Collection of Philosophical Poems**

—Jacey J. Yunker, LCSW, ACTP, CCTP-II, CMHIMP: "Timeless—absolutely beautiful—and particularly comforting in troubled times."

By Fetell, Ingrid Lee. **Joyful: The Surprising Power of Ordinary Things to Create Extraordinary Happiness**

—Jacey J. Yunker, LCSW, ACTP, CCTP-II, CMHIMP: "Full of practical ideas to give us a relief from the 'heavy'."

Summer Reads Recommended by You - Continued from page 21

By Frankel, Laurie. **This Is How It Always Is**

—Cheri Augustine Flake, LCSW: “A nice break from clinical books or non-fiction in general. This novel is about a family’s journey with a child that is facing gender identity issues. This family is so loving that it may remind you of why you wanted to be a social worker in the first place. It did this for me, for sure. Much love and light to you!”

By Gottman, John M. **Why Marriages Succeed or Fail**

—Sharman Colosetti, PhD, LCSW

By Gottman, John M. **The Relationship Cure**

—Sharman Colosetti, PhD, LCSW

By Haruf, Kent. **Our Souls at Night**

—Christine Curry: “A lovely story about intimacy later in life.”

By Lerner, Harriet. **Why Won’t You Just Apologize: Healing Big Betrayals and Everyday Hurts**

—Keira Oseroff, LCSW, CEDS: “It is a must read!”

By Lerner, Harriet. **The Dance of Anger: A Woman's Guide to Changing the Patterns of Intimate Relationships**

—Lauren Morris, LMSW: “My current favorite book that has been immensely helpful in my own life.”

By Mackesy, Charlie. **The Boy, the Mole, the Fox and the Horse**

—Jacey J. Yunker, LCSW, ACTP, CCTP-II, CMHIMP: “A beautifully illustrated book that is full of comforting wisdom for all ages—even the pages smell good!”

By Noah, Trevor. **Born a Crime**

—Jacey J. Yunker, LCSW, ACTP, CCTP-II, CMHIMP: “It’s Trevor! What’s not to love?! He uses humor and naked authenticity to share the story of his life—a total ‘page turner’.”

By O’Neil, Mike, and Newbold, Charles. **Boundary Power: How I Treat You, How I Let You Treat Me, How I Treat Myself**

—Sharman Colosetti, PhD, LCSW

By Palacio, R. J. **Wonder**

—Christine Curry, LCSW: (For) “kids who are confronting bullying because they are ‘different’. I also recommend it for kids who are bullying.”

By Philbrick, Rodman. **Freak the Mighty**

—Christine Curry, LCSW: (Another book for) “kids who are confronting bullying because they are ‘different’. I also recommend it for kids who are bullying.”

Summer Reads Recommended by You - Continued from page 22

By Pinkwater, Daniel. **The Big Orange Splot**

—Sherri Cauthen LCSW, RPT-S

By Plummer, Deborah L. **Some of my Friends Are...: The Daunting Challenges and Untapped Benefits of Cross-Racial Friendships**

—Vivian Daniel, LCSW

By Porges, Stephen W. **The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe**

—Sherri Cauthen LCSW, RPT-S

By Powers, Kevin. **The Yellow Birds**

—Christine Curry, LCSW: “My veterans are open to reading about characters in theaters of war, because it gives them a way to discuss similar experiences and feelings...and (these books) are invaluable to me as a way to understand their experiences.”

By Real, Terrence. **The New Rules of Marriage: What You Need to Know to Make Love Work**

—Sharman Colosetti, PhD, LCSW

By Russell, Karen. **Vampires in the Lemon Grove**

—Christine Curry, LCSW

By Thompson, Colin. **The Short and Incredibly Happy Life of Riley**

—Sherri Cauthen LCSW, RPT-S

By Towles, Amor. **A Gentleman in Moscow**

—Carla Bauer, LCSW: “We get a beautiful example of how one man lived out a rich life within the confines of a small hotel. That feels timely!”

By Wagamese, Richard. **Indian Horse**

—Christine Curry, LCSW: “Explores substance abuse, sexual abuse, and early childhood trauma.”

By Walls, Jeannette. **The Glass Castle: A Memoir**

—Christine Curry, LCSW: “Helpful to shift a client’s fixed personal narrative towards balance and growth.”

By Yousafzai, Malala. **I Am Malala**

—Jacey J. Yunker, LCSW, ACTP, CCTP-II, CMHIMP: “I feel mentored by her courage—an incredible story.”

CHEWY BITS: Your Favorite Self-Care Strategies

My favorites are the following: (1) journaling—for about 35 years now, (2) time outdoors on the balcony reading or eating near the bird feeder, (3) rereading passages from Pema Chödrön, Thích Nhất Hạnh, or Mary Oliver, and (4) using breathwork.

—*Merrilee Stewart, LCSW, BCD*

FROM THE EDITOR: We were unable to locate the complete diacritical mark over the “a” in “Nhât” and under the “a” in “Hanh”.

I make a point to get out in the sun and fresh air daily and just walk. It’s important to break away from the blue light of the Zoom screen and the recycled, filtered indoor air. The quiet time gives me a chance to catch up on audible interests or just to breathe and listen to the absence of cars and buses zipping by. My walk is restorative. —*Sadaqa Ward, LCSW*

Massage. —*Vicky Spry Baltz, LCSW*

My favorite self-care strategies include the following: listening to music, gardening, dancing, yoga, spiritual rituals, meditating outside, walking my dog, cuddling with my purring cat, talking with close friends, spending time in nature—hiking, walking, and camping, recharging alone, reading, and watching movies. —*Barbara Lewison, LCSW*

A few of my self-care strategies include: (1) getting outside and taking a mindful walk, (2) ensuring that I’m getting enough rest and sleep, (3) going to the beach (and if I can’t go, I imagine being there) and (4) yoga and exercise. —*Jini Tyler, LCSW*

I need to laugh, so I enjoy watching comedy specials on Netflix. —*Charity H. Hochberg, LMSW*

My favorite self-care strategies are the following: (1) taking long baths with scented oils, (2) participating in massages and facials, and (3) walking outdoors on a sunny, breezy day. Activities that allow me to take long deep breaths are preferable, because they help me to pause any busy thoughts associated with the work we do. —*Jessy Halaby, LMSW*

I enjoy the following: (1) music of all different genres—depending on how I’m feeling and what I need, (2) yoga—even doing only five minutes can make me feel better, and (3) being outdoors—especially when I focus awareness on sights, sounds, smells, and other sensations. —*Allison Sweenie, LCSW*

Cooking a really nice and healthy meal! Also, being in nature. —*Christina Fisher, LCSW*

My favorite self-care strategies are reading, being outside in nature, and listening to music. —*Jamie Bray, LCSW*

I like taking 20-plus-minutes, Epsom salt baths with added lavender scents. I also recently have committed to working out a minimum of three times per week for life. —*Pamela Woods, LMSW*

My favorite self-care strategies are the following: (1) daily meditation, (2) some form of exercise—used to be the gym, but now I have to be creative—which is usually biking, walking, online yoga classes, online Orange Theory classes, online YMCA classes, and my own free weight routine, (3) eating healthy, nutritionally-dense foods, (4) getting 7-8 hours of sleep, (5) connecting with friends and family, (6) doing some daily spiritual practice (e.g., reading, listening to podcasts, making a gratitude list, etc.), and (7) intentionally connecting with my husband every day through a spiritual reading, poem, Oracle cards, etc. —*Allyn St. Lifer, LCSW, CPCC*

CHEWY BITS: Your Favorite Self-Care Strategies - Continued from page 24

I enjoy these activities: (1) playing outside with my kids, (2) walking—I especially love nature trails, and (3) group fitness classes—but now due to COVID-19, these are at-home Zumba videos. — *Maria Londono, LMSW, CAMS*

Ongoing life events and the recent state of the world have made working on self-compassion and gratitude a part of my self-care routine. However, my favorite self-care strategies include the following: (1) spending time with my nephew, (2) vacationing near the ocean, and (3) basically anything outdoors with nature—gardening, bird watching, camping, fishing, etc. (I really miss living in Maine.) I also love watching documentaries and docuseries about true crime. — *Sherri Cauthen, LCSW, RPT-S*

I enjoy the following: (1) talking to friends and family, (2) discussing current affairs and listening to the news, (3) outings and traveling with family, (4) engaging in socio-political activities, and (5) helping family in daily routines. — *Sojin P. Varghese, MSW, Ph.D*

Travel. Food. Massage. — *Kunle L. Adebayo, LMSW*

My favorite self-care strategies during this time are the following: (1) doing facials, (2) reading a good book, and (3) having quality time with my wife, son, and candy crush. It makes such a difference when working with clients through telehealth every day, and it allows me to recharge. — *Josalin Scott, LCSW, LICSW*

I love staying busy! I have 25 acres so there's always something to rake, saw, prune or mow. And, our indie bookstore is closed to browsing, so my bookstore partner and I are revamping our shelves—still can't readily remember if "K" comes before "L"... :)

—*Christine Curry, LCSW*

Self-care for me includes the following: (1) listening to John Denver or Broadway musicals, (2) being outdoors (!) —hiking, camping, and exploring new places with the family, and (3) having cups of coffee or tea on the porch when it rains. — *Stacie Fitzgerald, LCSW*

I enjoy the following: (1) listening to music, (2) getting some fresh air (jog/run), (3) getting an intense HIIT workout is always great, (4) reading a good book, and (5) enjoying a good laugh while watching Netflix. — *MarLa Lynn Dixon, MSW*

In a perfect world, I'd have easy and frequent access to the beach/ocean while practicing mindfulness under an umbrella. But most days, sitting in my backyard and paying attention to nature brings much needed peace. — *Keira Oseroff, LCSW, CEDS*

My go-to self-care strategies usually involve nature. Pre-pandemic, I tried to find a new trail to hike at least once per month. Now that I have some concerns about how many other people might be on the trails, I've been spending a lot of time in my garden. If I only have a few minutes, just stepping out onto my back deck and doing some deep breathing and/or using the 5-4-3-2-1 grounding technique is a quick way to get myself regulated. — *Lori Ayling, LCSW*

I enjoy facetimeing with my 13-month-old granddaughter, exercising, and sitting by my pool reading a good book.

— *Marlene Sukiennik, LCSW*

The best self-care for me is doing the preventative work...and for me, this means doing the following: (1) snuggling with my kids—my loves—and my dog every day, (2) meditating every day, (3) doing yoga every day, and (4) going outside every day to sneak in alone time out on my porch with a big novel as often as I can. :) Much love and light to you! — *Cheri Augustine Flake, LCSW*

CHEWY BITS: Your Favorite Self-Care Strategies - Continued from page 25

I find that I need laughter, creativity, nature, learning, and connection for my self-care. I can get all of these through taking a walk, time with friends, taking a CEU, knitting something new, and spending time with my family. The key is making all of this a priority and not just a "if I have time". — *Neitcha Thomsen, LCSW, CCATP*

Running. —*Donna D. Parish, PhD, LMSW*

My favorite self-care strategies evolve and change in correlation to where I am at and what I need at that stage of my life. It has consisted of the following things: massage, attending support groups, therapy, pursuing my passion, taking a hot shower/bath, pampering myself by using lotion, wearing fuzzy socks to bed, eating balanced meals, walking 30 minutes every day, getting enough sleep, being true to my values and to myself, being kind to myself, talking to friends, watching TV, advocating for myself, and trying new things like horseback riding or ice-skating. — *Lauren Morris, LMSW*

I enjoy the following: (1) playing and recording music, (2) relaxed afternoons in the backyard with my wife and daughter with mimosas in hand, (3) running and participating in improv—and offering free sessions around the world, and (4) cooking a new meal.

— *Murray Dabby, LCSW*

My husband and I have increased our travel adventures. That's right! We leave the planet Earth's crises behind as passengers on the USS Starship Enterprise under the original command of Captain Jean-Luc Picard. We zoom through countless galaxies at warp nine, meet fascinating alien species, vacation on the planet Risa, and relax in the holodeck. We return to the planet Earth so that I can reconnect with nature before any anticipated encounters with the Borgs. —*Jacey J. Yunker, LCSW, ACTP, CCTP-II, CMHIMP*

COMMITTEE HAPPENINGS

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

CEU COMMITTEE

Stephanie Barnhart, LCSW, continues to be invaluable to us. We are so grateful for her volunteer-based, behind-the-scenes work. She has approved countless continuing education hours for us so that we may go on to share our expertise with the healthcare community.

ceu@gscsw.org

CEU Committee Members:

Stephanie Barnhart, LCSW

Davine Ricks, PhD, LCSW (Incoming Chair)

CLINICAL PAGE COMMITTEE

Clinical Page is seeking a new Editor and has room for co-editing! If you enjoy reading, writing, editing, fact-checking, and reaching out to other members, this might be a good fit for you. In addition to the GSCSW Board Member role, the Clinical Page Editor is responsible for sharing the voices and wisdom of our membership in a way that supports social work values, clinical growth, the importance of connection, and the preservation of GSCSW's history. If you think you might be interested, we'd love to hear from you!

Jacey J. Yunker, LCSW, ACTP, CCTP-II, CMHIMP, Departing Editor

clinicalpage@gscsw.org

ETHICS COMMITTEE

We are all facing new gray areas in the balancing of codes of ethics, law, personal values, and safety as we navigate these unprecedented pandemic times. We face new challenges to that balance, both as we work via telehealth under some relaxation in legal regulations, and also as we make decisions around when and how to ethically and safely return to our offices for in-person sessions.

Our Code of Ethics doesn't have specific answers on how to balance client determination, confidentiality, and personal safety (of therapist and clients) in these times. It remains incumbent on each of us to make the best decisions we can to honor the legal, ethical, and value considerations that guide our work under these less than optimal circumstances. As always, supervision and consultation can be of valuable help in thinking through the gray areas. One focus of personal reflection, supervision, and consultation might be on discerning the transference and countertransference issues that might be impacting our decision-making. For example, are we eager to return to our offices because it is clinically best for our clients and we believe it is now safe for all, or is it because of our own preferences for in-person work or our fears about practice diminishment if clients resist continued telehealth?

Your Ethics Committee encourages you to seek supervision or peer consultation when navigating ethical 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 our options and motivations with others. We invite your ethical inquiries to the Ethics 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 the following: 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.**

ethics@gscsw.org

Ethics Committee Members:

Carla Bauer, LCSW (Chair)

Carol Finkelstein, LCSW

Phyllis Rosen, LCSW

Corinne Warriner, PhD, LMSW

COMMITTEE HAPPENINGS

DIVERSITY COMMITTEE

The role of the Diversity Committee will be to seek out and represent the needs of members whose communities have been marginalized and to ensure that all voices in GSCSW are heard and have equal representation.

diversity@gscsw.org

Diversity Committee Members:

Isom White, LCSW (Incoming Co-Chair)

Kaila Tang, LMSW (Incoming Co-Chair)

SAVANNAH COMMITTEE

The Savannah Committee oversees the needs of Savannah-area members and maintains the rich programming and networking of this area within the greater context of GSCSW.

savannah@gscsw.org

Savannah Committee Members:

Ruthie Duran Deffley, LCSW (Chair)

LMSW COMMITTEE

The LMSW Committee is honored to announce that Pamela Woods, LMSW, will become the new Chair beginning in July of 2020. She has been a member of our committee since last year. She is also a recent Clark University graduate. Congratulations on your new role, Pamela! The LMSW committee is thankful that members Kim Peery, LMSW, and Mark Navarre-Jones, LMSW, are continuing in their roles. Chris Dorsey, LMSW, has left the committee, and we were so pleased to have had him with us.

Although, our Spring Salon titled, *How Social Workers are Changing the World: Focusing on the Connection between Micro, Mezzo, and Macro Levels of Practice*, was cancelled due to the COVID-19 pandemic, we are excited to have some enriching salon topics in the future. We are also enthusiastic about finding creative ways to be more involved with the MSW programs throughout the metro Atlanta area.

LMSW Committee is open to having members join! As a committee member you can help plan events—in particular our Spring Salon gathering. You also have the opportunity to speak to MSW students about the benefits of joining GSCSW. Becoming a member is not only a valuable way to network, but it can improve your communication, leadership, organizational, and creative skills.

I will be departing from my LMSW Committee Chair role. However, I had such a wonderful experience fulfilling the Chair role since 2016. I want to thank all the incredible social workers who made the experience such a memorable one.

Kristen Smith, LMSW, Departing LMSW Committee Chair

lmsw@gscsw.org

LMSW Committee Members:

Kristen Smith, LMSW (Departing Chair)

Pamela Woods, LMSW (Incoming Chair)

Chris Dorsey, LMSW (Departing Member)

Kim Peery, LMSW

Alexandra Lawrence, LMSW

COMMITTEE HAPPENINGS

MENTORSHIP COMMITTEE

Our Mentorship Committee is excited to continue offering “one-to-one” mentoring for GSCSW members. Our committee is comprised of a diverse group of LCSWs. 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 can be found on our GSCSW website. We welcome experienced LCSWs interested in volunteering time to our Mentorship Committee!

mentor@gscsw.org

Mentorship Committee Members:

Autumn Collier, LCSW (Chair)
Danna Lipton, LCSW (Chair)
Ephrat Lipton, LCSW, ACSW, BCD, CEDS
Tara Arnold, PhD, LCSW, CEDS-S
Paul Olander, LCSW, JD, NBCCH, CCTP, TIH-P, RRT-P

LOW-COST SUPERVISION COMMITTEE

We continue to feel most grateful for the warmth, wisdom, and leadership of Phyllis Glass, LCSW. We are currently looking for additional experienced supervisors who wish to lift and support our members in their journeys to become more seasoned.

supervision@gscsw.org

Low-Cost Supervision Committee Members:

Phyllis Glass, LCSW (Chair)

MEMBERSHIP COMMITTEE

We want to welcome our new Savannah-area members and all other new members! We are delighted to have you aboard, and we look forward to sharing experiences with you. We are pleased to share that our membership is nearing 470—a number that keeps growing.

Our Membership Committee attends most GSCSW events. We are often the friendly faces signing you in before a function. We frequently collaborate with our Professional Education Committee during continuing education gatherings. 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 might have. Additionally, we collaborate with other GSCSW committees, GSCSW members, and folks of special interest outside of GSCSW, in order to recruit, retain, and engage membership. It is our plan to continue consulting with our GSCSW Board regarding new opportunities for cultivating a culture of equity, diversity, and inclusion and to further foster community, strength, and wellness among our membership.

membership@gscsw.org

Membership Committee Members:

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

COMMITTEE HAPPENINGS

PROFESSIONAL EDUCATION COMMITTEE

Big changes have happened in GSCSW's Professional Education! We said a heartfelt goodbye to Diane Sitkowski, LCSW, as she departed from her GSCSW Chair position. She will be sorely missed. Diane was a tireless worker who gave generously of her skill and time. I, Brenda Romanchik, LCSW, ACSW, CTP, have stepped up as ongoing Chair in February—and just in time for COVID-19! The Professional Education Committee will be rolling out a new plan for continuing education that includes more virtual learning options. There is currently an opening for the Co-Chair position.

Brenda Romanchik, LCSW, ACSW, CTP, Professional Education Committee Chair

professionaled@gscsw.org

Professional Education Committee Members:

Brenda Romanchik, LCSW, ACSW, CTP (Chair)

Christi Humphrey, LCSW

Michelle Pintado, LMSW, CAD-II, CSSW

Hannah Sievers, LMSW

Teri Sivilli, LCSW

Antoinette Thorton, LCSW, CSAC, CSOTP, CLC, CCTP

Sonjin Varghese, LMSW, MPA, MLM, PhD

SOCIAL MEDIA AND PUBLIC RELATIONS COMMITTEE

Social Media Committee manages both the GSCSW Facebook Group and GSCSW Facebook Page. This committee explores new and creative ways of using social media and other marketing tools to communicate the latest news and events coming out of GSCSW. We thank Natasha Vayner, LMSW, for her time and expertise!

socialmedia@gscsw.org

Social Media and PR Committee:

Natasha Vayner, LMSW (Chair)

LICENSURE AND RULES COMMITTEE

The Licensure and Rules Committee will support GSCSW members wishing to become Licensed Clinical Social Workers as they navigate their way through the process and rules of the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists. We are in the process of solidifying this committee.

licensure@gscsw.org

Licensure and Rules Committee Members

Jamie Bray, LCSW (Incoming Chair)

COMMITTEE HAPPENINGS

LEGISLATIVE COMMITTEE

Currently, our committee continues legislative conference calls as we advocate for mental health legislation in Georgia with the Mental Health Policy Partnership, which includes the following organizations: National Association on Mental Illness (NAMI-GA), American Foundation for Suicide Prevention (AFSP) Georgia Chapter, National Association of Social Workers (NASW-GA), Mental Health America (MHA) of Georgia, Georgians for a Healthy Future, Center for Victims of Torture (CVT), and the Behavioral Health Service Coalition (BHSC). In addition to educating membership about current state legislative issues, our GSCSW Legislative Committee looks forward to continuing the work that began several years ago to revise the language in the Rules and Regulations section of the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists. Currently GSCSW is exploring options to hire a legislative lobbyist, and we have not yet made a financial commitment to secure someone. During this process, GSCSW will also consult with Laura Groshong, LICSW, and Director of Policy and Practice from our national organization, Clinical Social Work Association (CSWA).

This past spring, Becky Anne, MDiv, LCSW, and I engaged with several members who expressed interest in serving with the GSCSW Legislative Committee. I'm extremely proud and excited to introduce the committee's four new members below—to whom I can confidently pass the torch as I plan to depart from my chair position this fall. GSCSW and the Legislative Committee say goodbye to Julie Justus, LCSW, and Donna Parrish, MSW, PhD, who participated on our committee for the past two years. Thank you for your invaluable service to our committee!

This summer, the GSCSW Legislative Committee warmly welcomes and introduces its newest members: Co-Chairs, Nancy Acevedo, LCSW, and William Smith, LCSW; and committee members, Tristin Chipman, LMSW, and Kimari Collier, MSW.

Nancy Acevedo, LCSW, completed her undergraduate studies in criminal justice at Texas Christian University, and she earned her Master of Social Work with a concentration in mental health from Kennesaw State University. Nancy currently works for the Department of Juvenile Justice as a mental health provider inside a Regional Youth Detention Center. Her passion for working at the intersection of our legal system and mental health services has led Nancy to get more involved in advocacy and to push for both grassroots and policy-driven social change. Nancy is excited to use her passion and skills as a member of the GSCSW Legislative Committee.

William Smith, LCSW, attended the University of Georgia where he studied political science and social work. He graduated with his Master of Social Work from the University of Washington in Seattle in 2012. Currently, William owns and manages a small group practice where he also serves as psychotherapist and clinical supervisor. He is a certified EMDR therapist and is working toward becoming a Fellow of the American College of Healthcare Executives (FACHE). By working with the Legislative Committee, William is excited to serve as an advocate for his peers, clients, and the citizens of Georgia. William is particularly interested in improving and expanding telehealth services in Georgia, rural hospital stabilization, and monitoring legislation that may negatively impact community members as a result of the COVID-19 quarantine.

Tristin Chipman, LMSW, earned her Master of Social Work degree and a Marriage and Family Therapist certificate from the University of Georgia in 2017, and then went on to open a private practice in Decatur in September of 2019. Tristin is particularly interested in feminist viewpoints, relational and systems theory frameworks, and working toward a certification in EMDR. Tristin believes in the power of our shared community, sees social work as political action, and knows how important it is to share our knowledge and experience as we build alliances with the legislative bodies as part of our advocacy mission. As a Canadian who can't vote in the US, Tristin is excited to work with the Legislative Committee and all of GSCSW, because she feels participating in legislative advocacy is an important civic responsibility to stay grounded, both as a social worker and as a resident of Georgia.

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LEGISLATIVE COMMITTEE

Kimari Collier, MSW, graduated from the University of Georgia with a Master of Social Work with a concentration in clinical studies. Kimari's background and training is centered around trauma and grief. Kimari is currently working as a cold case advocate for the Georgia Sexual Assault Kit Initiative (SAKI). Kimari has always been interested in policies and laws, and she is excited to be able to engage in legislation centered around social work. Kimari was inspired to join the GCSW Legislative Committee for the opportunity to advocate for herself and other social workers.

Welcome Nancy, William, Tristin, and Kimari! We are so fortunate to have you!

Legislative Updates and Lobbyist Search.

The Georgia General Assembly had suspended its session, effective March 14, 2020, through June 11, 2020, due to the COVID-19 pandemic. The Georgia 2020 Legislative session resumes on Monday, June 15, for day 30 of the legislative session. Most importantly, elections for the office of Georgia State Senate and the Georgia House of Representatives takes place this year. A primary is scheduled for June 9, 2020, and a primary runoff is scheduled for August 11, 2020. The general election will be held on November 3, 2020, and a runoff election is scheduled for December 1, 2020. ***Please be sure to make your voice heard this year at the polls. Change is possible and begins with each and every one of us!***

As always, our GSCSW Legislative Committee encourages involvement in the legislative process and members to join the Legislative Committee. Please feel free to email us with any questions or legislative interests you'd like us to follow. Thank you again for your interest and support of the legislative issues that are so important to our clients and our profession. Our committee will continue to strive for social justice, equality, and mental health parity!

Finally, I've been honored to serve the Georgia Society for Clinical Social Workers' Legislative Committee for the past 11 years. I thank each and every one of you who has contributed to advocating for issues related to social work and mental health legislation—and demanding justice. I also thank each and every one of you who has contributed toward my growth in our organization and in my professional career as a clinician. Although I'm transitioning off the Legislative Committee soon, I plan to remain involved with GSCSW. I'll truly miss serving with the many insightful, ethical, and compassionate colleagues, mentors, and fellow advocates on the GSCSW Board.

Yours in Advocacy,

Barbara Lewison, LCSW,
Legislative Committee Outgoing Chair

legislative@gscsw.org

Legislative Committee Members

Nancy Acevedo, LCSW (Incoming Co-Chair)

William Smith, LCSW (Incoming Co-Chair)