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INSIDE THIS ISSUE:

In Memory of Christopher Uptain

FROM THE EDITOR: GSCSW, the field, and many loved ones tragically lost GSCSW Membership Chair Christopher Uptain in September 2020. Christopher touched many people during his time in the profession and working with GSCSW. Some, like myself, only had the opportunity of meeting him briefly. Others had the pleasure of having known him for years.

For this issue, we asked Members to contribute their reflections, memories, thoughts, and impressions of Christopher.

I was on the Membership Committee with Christopher. He was dedicated to growing the membership of GSCSW and spoke of wanting to find ways to diversify the membership and attract those who may not have considered joining in the past. I will miss his leadership and dedication.

~ Vivian Daniel MSW, LCSW

I had the pleasure of seeing Christopher whenever GSCSW held in-person events on Thursday evenings. He always greeted me with a smile and was so very friendly. I thought that he was the right person to greet everyone because he was so warm. I never really got to know him but when he greeted me, I felt his sweet spirit. His kind and warm heart will truly be missed.

~ Pamela Woods, LMSW

Pictured: Christopher Uptain at GSCSW event in 2019, back row, far right

Courtesy of Sojin P. Varghese, MSW, MPA, MLM, PhD

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PRESIDENT'S MESSAGE

Greetings, GSCSW members!

A lot has happened in the half-year since the Summer 2020 Clinical Page. I want to offer a big THANK YOU to Powell Burke, LCSW who joined our board as Clinical Page Editor!

As I have shared with you via email, we continue to grieve the tragic death of Christopher Uptain, LCSW who chaired our Membership Committee. Additionally, Rita Mathis, LCSW, who joined us as Secretary over the summer, had to step down due to family health issues. Thank you Rita for your service!

At the time of my last President's Message, several new board members were not yet finalized. I now want to take this opportunity to welcome to the GSCSW Board many who have been hard at work starting in the summer of 2020:

Welcome to Isom White, LCSW, Shaakira Ford, DSW, LCSW, and Kaila Tang, LMSW who are co-chairing our Anti-Racism and Diversity Committee.

Welcome to Jamie Bray, LCSW who is chairing our Rules and Licensure Committee.

Welcome to Dr. Davine Ricks, LCSW who is chairing our Continuing Education Committee.

Welcome to Michelle Pintado, LCSW who is co-chairing our Professional Education Committee.

Welcome to Pamela Woods, LMSW who initially began chairing our LMSW Committee, but who recently accepted the position of Secretary.

Welcome to Nancy Acevedo, LCSW and Will Smith, LCSW who are co-chairing our Legislative Committee.

Welcome to Kathy Woerner, LMSW who is now chairing the LMSW Committee.

Welcome to Kim Peery, LCSW and Kyra Jones, MSW as Co-Chairs for the Christopher Uptain Student Engagement Initiative. The Co-Chairs are starting the work of identifying student liaisons at each of the Georgia Schools of Social Work and exploring how GSCSW can best meet student needs. They are also creating a GSCSW Student Scholarship with the funds given in honor of Christopher Uptain.

Someone recently asked me what I most enjoy about my role as President of GSCSW, and my response came immediately: I have been in awe and so grateful for the hard work of so many social workers—board members, committee members, and general GSCSW members—who have the willingness to closely look at where change is needed, to thoughtfully explore possibilities, and to willingly invest the time, presence, and energy need to do the work!

Through the work of our Anti-Racism and Diversity Committee, the board has begun discussion around our commitment to engage as individuals, as a board, and as leaders of GSCSW in anti-racism. We are exploring the possibility of working with an anti-racism coach who has guided another state social work society in the process of addressing racism and white supremacy. The committee has offered an anti-racism book group to our membership, and the experience for many has been one of courage, openness, vulnerability and facing hard truths.

Another need we are addressing is to strengthen our commitment to advocacy through working with a lobbyist. Our Legislative Committee has been hard at work finding a lobbyist who is a great fit for our needs—and they found one! We hit the ground running this January with the Georgia Legislative Session. See the Legislative Committee section of Committee Happenings later in the Clinical Page to read about the great work we are doing.

Another way we are responding to change and need we see is through the Christopher Uptain Student Engagement Initiative (CUSEI). As you may have read, this initiative was inspired by Christopher and conceived as a way of honoring his memory. Our board is now joined by two co-chairs of the CUSEI Membership Committee. Welcome and thank you for joining our work Kyra Jones, MSW and Kim Peery, LCSW.

The CUSEI Committee will identify student liaisons at each of the area schools of social work in order to strengthen connections between GSCSW and our future social workers. We desire to support, network with, shape, and provide resources for social work students. Many GSCSW members have said to me, "I only wish I had found GSCSW when I was a student, I could have really benefited." We want to meet social workers at the beginning of their careers in order to help with the often confusing and hard-to-navigate processes they will meet! Additionally, the committee is developing a student scholarship with funds that were donated to GSCSW in Christopher's memory. There is much work to do, and thank you to our volunteers in this endeavor.

We, along with the whole world, have also pivoted to doing many things online, including our professional education offerings. I hope you were able to benefit from our Legislative Town Hall, Savannah Lunch and Learns (open to all members!), Fall Symposium, LMSW Salon, and Ethics event on returning to physical office spaces during the pandemic. Check out our website for upcoming events, including our Diane Davis Lecture coming later this month, and the Spring Symposium in April!

We have very recently appointed two members to co-chair our Membership Committee: welcome to Donna Parrish, MSW, PhD, and Leigh Fisher, LMSW. We are committed to connecting with our members and exploring ways to meet member needs, help members connect, and engage members in volunteering. Our Membership Committee is excited to do this work!

If you are interested in volunteering on any of our committees, please don't hesitate to reach out!

Christopher Uptain (continued from Page 1)

I am honored to have had the privilege of working with Christopher on the GSCSW board for the past few years. He was incredibly kind, thoughtful, intelligent, responsible, and a true gentleman. Christopher's commitment to supporting others and dedication to social work values left an indelible impression. His spirit will live on in our work and within our hearts.
~ Allison Sweenie, LCSW

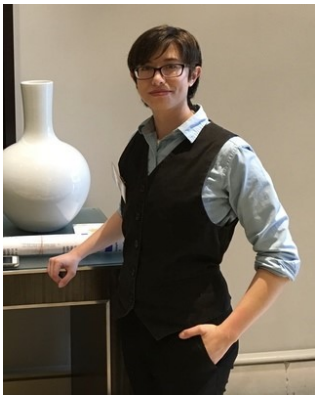
I remember the day I met Christopher first, at the registration desk of GSCSW Thursday night lecture series, with a smiling face, welcoming everyone pleasantly and always ready to help. His professional approach and amiable guidance motivated me to take membership. During the year-ending party of 2019, we got a chance to deliberate on our career aspirations and the various opportunities for social workers. When Diane handed over the Professional Education Committee Chair to Brenda, I used to help her with a few arrangements and Christopher was always there from the beginning till the end with a smiling face, getting all the chores done.

I always cherish the beautiful memories of him and miss his graceful presence and soft spoken nature.
~ Sojin P. Varghese, MSW, MPA, MLM, PhD

As a former Chair of the Membership Committee, I had the pleasure of getting to know Christopher, his kindness and his hard work, after CEU events—it became quickly clear Christopher was in attendance at every one, and never failed to offer a helping hand afterward. From there, I developed a friendship with Christopher and learned of the excellent work he did as a palliative care social worker with Wellstar Health System. When it came time for me to step down from my chair position and look toward a successor, there was only one person that came to mind, and that was Christopher. I knew he would serve the role with excellence, as he demonstrated his passion and commitment, time and time again, at every opportunity. I was not wrong—he served in a manner completely consistent with his character. Christopher earned his LCSW credential just prior to his passing—I view this as a well-deserved and likely joyous accomplishment, to which Christopher was able to enjoy in his final days. Christopher will be very much missed.
~ Griffin Smith, LCSW

Defining Our Own Lexicons, Creating Our Own Cultures

A Profile of GSCSW Member Lucia Caltabiano, LMSW



Pictured: Lucia Caltabiano

When considering my first piece for the GSCSW Clinical Page as Editor, I knew I wanted to interview and showcase a member. Historically, these have always been my favorite pieces whenever they've appeared.

I reflected on the language included in the calls for Clinical Page submissions sent out to GSCSW membership—"We are an inclusive publication," they read. And, regarding various events of 2020, "Issues of equality and justice that are foundational to social work have entered the greater cultural conversation in new ways. And, finally, "Submissions should support social work values and clinical growth."

That's what eventually led me to Lucia Caltabiano.

Lucia's name had already come to my attention via various professional listservs and Facebook groups: Like Lucia, I specialize in working with transgender and gender nonconforming clients.

Lucia, who uses they/them/their pronouns, is a trans-identifying clinician with a private practice in Duluth—though, like so many, they are currently concentrating largely on telehealth. Well before they decided on a career path, Lucia knew they wanted to work with kids. After earning their B.A. from Clayton State University, they went on to get their M.S.W. from the University of Georgia. They graduated in 2017, and, as of May of 2020, they have been in solo full-time private practice.

Prior to entering the world of private practice, Lucia gained experience working at a clinic serving people living with HIV/AIDS. Lucia helped clients struggling with recovery from chemical dependency, sex workers, and those who experienced and survived the earliest days of the AIDS crisis.

Lucia enjoys discussing language: its limitations, its malleability, its power. "Even though we have defined the parameters of these

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Lucia Caltabiano (continued from Page 4)

terms, what is 'nonbinary' for one person is going to be exceptionally specific," said Lucia. "We have these words, but it's not one or two experiences. It's a myriad of experiences."

The flexibility of language and its clinical importance came up when discussing working with younger trans clients. Due in part to cultural shifts dovetailing with the expansion of social media, "Adolescents have the ability to define their own lexicon," said Lucia. "I ask them to give me a lexicon to talk about their body. They do connect with language."

Lucia offered another example of interrogating the language we use clinically: they prefer the term "relationship therapy" to "couples therapy," because they work with diverse relationship configurations beyond dyads. Lucia described working with what are sometimes considered nontraditional relationship makeups as "a lot of fun," praising the "cultures they create for themselves."

When asked about some recent headlines relevant to their younger clients, Lucia grew temporarily grave. About recent legislative battles in the United Kingdom regarding puberty-blocking drugs for trans adolescents, Lucia said, "It's heartbreaking."

Lucia also verbalized the apprehension this can create for gender nonconforming people in the United States: "Is that what's going to happen to us? Are we going to be set back?"

Regarding public remarks from *Harry Potter* author J.K. Rowling deemed transphobic by many, Lucia reflected on their young, and even not-so-young, clients who have special relationships to the literature, saying, "It's disheartening."

However, Lucia was quick to point to the inherent strength in trans and gender nonconforming people—those who may have already struggled to live authentically and happily despite all-too-possible threats of discrimination or even violence. "My community, we are resilient," said Lucia. "We bounce back. We support each other."

In addition to their private practice work, Lucia has kept themselves busy connecting with clinicians in larger spheres. They have presented a number of continuing education events centered on trans issues; guest lectured at their alma mater, Clayton State, and at the National Association of Social Workers (NASW) George Chapter Conference; and was even voted Speaker of the Year at a conference for Licensed Professional Counselors. They expressed surprised enthusiasm for connecting with colleagues in these ways. "I love it!" said Lucia. "I didn't think I'd love it."

Free time is spent, in part, in the presence of a large animal family: Lucia has two cats, a dog, two pigeons, and a bearded dragon. About this menagerie, Lucia said, "Kids love them!" referring to their younger clients.

For the future, Lucia, like so many others, is looking ahead to a post-physical-distancing world once the pandemic is under control. "2021 needs to open back up to shared spaces," they said.

On a professional level, Lucia thinks about the importance of getting into new spaces where they can continue to effect positive change at a macro level. It's not if, they said, but "when and where to get in office." In the meantime, Lucia said, "Keep giving me a platform."

Lucia Caltabiano, LMSW, can be reached for individual, family, and group therapy—as well as professional consultation—via their website, https://www.resilientwellnessllc.org

Powell Burke, LCSW (he/him/his pronouns) is a psychotherapist in private practice in Atlanta, where he sees adults, adolescents, and couples. He specializes in working with transgender and gender nonconforming clients, as well as other members of LGBTQIA+ communities. He is trained in EMDR for the treatment of trauma, as well as Clinical Hypnosis and Emotionally Focused Therapy for Couples. Powell is also the current Editor of the GSCSW Clinical Page. He can be reached via his website, https://powellburkeLCSW.com

Navigating Virtual Clinical Care in a Pandemic

Pictured:

Alyce Wellons

We are currently living and practicing in unprecedented times. As psychotherapists and mental health practitioners with roots in a very traditional field, these changes are radical and are happening in the blink of an eye—none of this is how our field typically navigates change. But here we are! And I am truly proud of how we have embraced telemental health (TMH) and technology, enabling us to show up for our clients and in our communities and serve.

Make no mistake: mental health care is at the forefront of this pandemic, and we are on the front lines! Practicing online, especially during this time, brings up a lot of questions about who can practice, where and when. There is no one hard and fast rule, as different licenses and different states have different regulations.

Always update your research when making new decisions. Things are changing daily, and there is the hope that a national/interstate licensure will emerge during this time (fingers crossed, sign the petition!)

Here Are the Big Take-Aways:

- Always call the state licensing Board where your client is, and where you want to practice
- Always contact your malpractice insurance company for confirmation
- Have an updated TMH Consent/Informed Consent

Overview

Always assume you must be licensed in the state where the client is at the time of the session. You can typically be anywhere, but you should contact/research the state where you will be to verify you don't have to be licensed in that state as well.

- Call/contact/research the state licensing board in the state where the client will be to determine their current guidelines. Some are notoriously difficult, while others have surprising options (Colorado offers 20 sessions a year!). I would only take information from licensing boards and information that flows from those entities, as well as your malpractice insurance.
- Verify with your malpractice insurance that you are indeed covered for telehealth as well as practice in other states that have given their policy and consent.
- Have an TMH Informed Consent/Updated Informed Consent

TMH Across State Line Resources

For state by state, license by license as well as state by state COVID emergency polices check out the following:

- *Person Centered Tech*—They have a fantastic interactive map and update it regularly: https://personcenteredtech.com/50-state-emergency-teletherapy-practice-rules-counselors-mfts-psychologists-social-workers/
- *Shrink Space blog*: http://theshrinkspace.blog/covid-19-teletherapy-across-state-lines/
- *Telemental Health Laws*—For general, non-COVID information for all licenses and all states, check out the free iOS and Android app

TMH Training, Informed Consent, and Other Forms

In Georgia, you can't beat Becky Beaton, PhD and all her workshops, especially her 6-hour Ethics workshop on Telemental Health. This 6 hour TMH training is required in the state of Georgia and you can't get any better than Becky when it comes to knowledge and engagement.

Here is a link to her website for upcoming workshops: https://www.theknowledgetree.org/

Here is a link to her website store where you can find forms for your practice, including updated Informed Consent and TMH Informed Consent as well as many other forms for your practice: https://www.theknowledgetree.org/courses/category/Practice%20SmartForms

Florida

Regarding practicing across state lines in Florida: Florida has been the first state to implement the ability to register in their state as a telemental health (TMH) practitioner. This means that you simply follow these links, register in the state, obtain a registered agent (see

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Virtual Clinical Care (continued from Page 6)

below) and, if your client is in the state of Florida, you can continue to see them online.

Here is the link to Florida's Department of Health website—tap "Documents" for the registration application: http://www.flhealthsource.gov/telehealth/

Here is the link to the application: http://www.flhealthsource.gov/telehealth/files/application-telehealth-provider-registration.pdf

You do have to engage a registered agent in the state of Florida to have a Florida address. There is a list of companies providing this service for an annual fee, usually around $35-$50 a year.

One company comes up regularly on the forums where I am involved is Sunshine Corporate Filings LLC: https://www.floridaregisteredagent.com/?fbclid=IwAR0gwHJUy7ipV9unfbFinThvCfKrDs2NZkgJKJGTkmTKBuIMjcz8FVmj4uo

Psychologists

For Ph.D Psychologists, the PsyPact license allows you to practice online in 13 states; others will be added, pending legislation.

Here is the link for more information: https://psypact.org

ASPPB (Association of State and Provincial Psychology Boards) offers up-to-date information for Psychologists practicing across state lines during COVID: https://cdn.ymaws.com/www.asppb.net/resource/resmgr/covid19/temporary_interjuisdictional.pdf

National License Petition

There is a big push to get some form of national licensure and state reciprocity; now is the perfect time to advocate for ourselves! Below is information from Becky Beaton, Ph.D, who is my go-to for all things ethics and online practice:

Here is a reputable link to advocate for National Licensing & State Reciprocity via Telemental Health (TMH) after COVID-19! NASW and APA among others are advocating for TMH to be accessible to all: https://sign.moveon.org/petitions/national-licensing-state-reciprocity-for-telemental-health-providers?share=e52acf7a-c90c-4405-8366-64dbac5d63a2&source=email-share-button&utm_medium=&utm_source=email.

Pictured: Becky Beaton
Courtesy of the Knowledge Tree

This is a social justice issue in that we would finally able to reach people that would not otherwise have access to treatment due to lack of transportation, child and elder care, insurance coverage for TMH, and even phone therapy for those who don't have internet. There is currently bipartisan support in Congress, so this is the time to act. This is a reputable organization providing the link and petition.

Facebook Online Therapists Group

There are many Facebook and online forums where people share information and resources regarding practicing online. There is an excellent and informative Facebook group called **Online Therapists Group**. It has over 15,000 members worldwide, mostly in the US, and has a search feature to review posts and comments. You must request to join. If you are interested in practicing online, this group will be very beneficial to you. The moderator has created an impressive list of mostly free resources, videos, and classes. This group and resources cover aspects of practicing online, including how to assess and screen who is a fit for TMH, paperwork and forms (we need a specific MH consent form), emergency planning and much more.

As Becky Beaton often says, we are still in the wild wild west in regards to practicing online and TMH. It is our shared efforts, interest, and input that will help shape the field and create a landscape that reflects our passion for practice and care for our clients… all balanced with our integrity and ethical code.

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

Growing Together

Practicing the Inevitability of Change

People change radically over a lifetime. So do families. It's almost never easy.

In my work as a therapist, one thing I observe nearly every day is that many of my clients tend to take a polyester suit approach to family life. That suit fit great in the seventies, but a quick rummage through the newly minted sweat-pants drawer will remind you that—unlike the waistband of those polyester pants—our brains grow and change all the time. Thanks to neuroplasticity, our hearts and minds only stop changing when our breath does.

And yet, if I had a dime for every time I watched kind, loving parents of adult children give unsolicited advice more appropriate for a six-year-old, I would be able to fund that now-adult child's therapy indefinitely. Moreover, if I had two dimes for every time adult children returned the infantilization favor by treating their perfectly competent aging parents like six-year-olds, I'd have enough money to fund those parents' move to an all-inclusive village in Florida.

So why does this happen? Why can't we let each other grow? Why is it so hard to grow together in a way that makes us actually *want* to maintain our relationships that represent decades of shared experience?

You may recall that the late psychologist, Salvador Minuchin, said that families have a certain structure and that they function as a kind of system. It is not an entirely closed system—it exists within larger systems that have a shaping effect on the family through sociocultural forces like racism, sexism, poverty, inherited wealth, religious influences, and so forth. But, within all that, the family has its own cultural system. If one member changes, the whole system is impacted just the way that a wagon wheel's functionality would be affected by changes to its spokes.

And within any culture, there are rules, roles, and norms. That's why, when someone breaks a family rule—even if the "transgression" supports the health of the individual—the whole family is affected. And most of us have an initial aversive response to unexpected change that can be explained by evolutionary biology.

In a quote often misattributed to Anaïs Nin wrote, Elizabeth Appell wrote, "And the day came when the risk to remain tight in a bud was more painful than the risk it took to blossom."

But what if blossoming means going against your role or disrupting family rules and norms? Depending on how rigid those rules are, some people may choose to stay in the bud. That may mean foregoing college, not entering a healthy relationship with someone who doesn't "fit" with the family culture, avoiding spiritual exploration, and so forth. The pull to remain within the family and the fear of losing one's place in it—may be too much of a deterrent.

Have you ever watched a client contort themselves endlessly to be what their family (often tacitly) demands so as to stay in the bud? What was the cost of this crushing equilibrium? Maybe it ended up "okay" in the end, but more often than not, it doesn't. At some point, somebody gives up and finds a way to escape. Maybe they simply stop talking to the family. Maybe they become addicted. Or maybe they find an even more devastating escape.

Though it speaks of a different kind of crushing force—the pervasive damage caused by racial oppression—Langston Hughes' poem "Harlem" asks,

"What happens to a dream deferred?

Maybe it just sags

like a heavy load.

Or does it explode?"

And then comes a grief bigger than anyone could have imagined. It's bigger than the fears, guilt, and self-doubt that kept everyone "in line" before; this is because, at this point, hope for a "happy ending" is usually lost. Finally, it becomes clear: when each member of the family was working so hard to "fit" and monitor themselves and each other for how they "should" be, they missed…well, life. They didn't even recognize that they were missing all those millions of "this moment" and "this moment." They missed the chance to know what lit a

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halcyon glow of shared memory because even if the ones who "escaped" can still remember earlier days, why would they want to?

But just as often, there can be a road back if the desire to heal is greater than the pain. It's different for every family, but it involves a kind of radical honesty, a willingness to admit the ways in which we've hurt others, a suspension of judgment, and, perhaps, most importantly, a letting go of trying to impose our will on the lives of other adults—even if they are the people for whom we have once been, or for whom we currently are, in a caregiver role. It takes practice and it doesn't happen the moment you decide to do it, so there is a lot of, *"I'm sorry I interrupted you," "could you tell me more about what you mean?,"* and sometimes, *"that doesn't work for me, but we are different people and I am not going to stand in your way."* True togetherness means growing alongside one another in a way that involves freely offered (non-coercive) connection, mutual respect, and an awareness of when one has strayed from a place where their values and behaviors are aligned.

And that's a great place to start. We can begin by simply asking our clients what their values are. How do their values (tacit or stated) relate to those of their family? If their values are wildly different from each other (meaning our clients' values vs. those of their families), can they be together without imposing your values on each other? Is it possible that these values could be articulated and reinforced through coaching and setting appropriate boundaries? If so, this could be the beginning of a new and healthier chapter for all involved.

There may be instances where that is just too much to ask. The client may state your values, attempt to set a boundary, and find that they are alone in the willingness to work toward a healthier relationship. In the preface to "Leaves of Grass," the poet, Walt Whitman, advised this:

"re-examine all you have been told in school or church or in any book, and dismiss whatever insults your own soul; and your very flesh shall be a great poem, and have the richest fluency, not only in its words, but in the silent lines of its lips and face, and between the lashes of your eyes, and in every motion and joint of your body."

It may be that life can move forward safely through a firming up of boundaries and an agreement to accept a certain degree of distance. But you've likely observed that humans tend to know when they are experiencing "an insult to their souls." In those cases—such as abusive situations—the distance may need to be complete.

Life is fluid, though, and, as we know, people change. Families may disperse and then come back together in a healthier configuration. Or—best case scenario—they may do the work early and avoid the break.

So, I'm going to leave you with a totally ridiculous analogy that I hope you'll remember with an internal chuckle in challenging moments—your own and those of the people to whom you provide care:

Imagine that being part of a family is like being in various stages of the three-legged race during school field days of yore. When you're a kid, it's super fun and can result in getting across the finish line while learning valuable lessons in community, bonding, and mutual hilarity. But, while an occasional three-legged race for old-times sake can be fun, a person can't go through life like that. Nobody gets where they want to go in a timely way and, ultimately, it's just too much damn closeness. Also, this way, nobody breaks a hip.

Janie Mardis is a Licensed Clinical Social Worker with over ten years of experience in counseling and case management. She is currently a clinician with Mindful Transitions, a practice serving the mental health needs of older adults. Feel free to reach out to Janie at jmardis@mindfultransitions.com or (678) 637-7166.

Thoughts of Current Graduate Social Work Students in Terms of Learning and the Pandemic

The three authors serve as part-time, non-tenure track instructors in the School of Social Work at the University of Georgia. The authors decided to poll each of their masters-level classes to get a current picture of how students feel about their education and their future, particularly in the era of COVID-19.

Each student was asked to voluntarily complete a survey that asked questions about how they feel their academics, practicum placements and future has been or will be affected by the pandemic. Fifty-one students replied.

The following questions were included in the survey:

1. On a scale of 1-10, how academically impacted do you think you have been as a result of changes in your classrooms due to COVID-19 restrictions?

2. On a scale of 1-10, how professionally impacted have you been as a result of changes in your internship placement role due to COVID-19 restrictions?

3. On a scale of 1-10, how excited are you for your future career as a social worker?

4. Has your excitement about your future career as a social worker changed since the start of the global pandemic?

5. What has been the biggest impact on you personally and professionally as a result of the global pandemic?

6. What if, on the night after graduation, while you are asleep, something magical happens and when you wake up, you go to work at your absolutely perfect dream job. What would that look like?

7. What do you think is an appropriate salary for a full time, entry level position in social work following graduation?

8. If you were to be offered a position with a lower salary than you expect, are there other benefits or perks that would entice you to take the job?

9. What do you think are the top 3 primary legislative priorities that our professional organizations should be working toward?

10. What do you think is the most pressing concern or biggest worry for new social workers entering the field at this time?

11. Is there anything else important you would like to share?

The following paragraphs summarize their responses, and some of our additional thoughts.

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Learning and the Pandemic (continued from Page 10)

In regard to COVID-19 affecting and impacting their classroom experiences, just over half of the respondents (56%) felt impacted in their classroom experiences at a 7 or higher on the Likert scale. While all of the classes were initially offered in a hybrid format—meaning half of the students met in person, socially distanced and wearing masks, while the others joined via Zoom—many students felt uncomfortable coming to class at all, especially as the semester progressed. From the student comments, many felt this impacted the relationships they would normally be able to have with both their professors and their cohort. In addition, multiple students described how difficult it is to spend such long hours on digital platforms and how it affected their concentration, mood, and motivation. Some discussed the stress of not leaving their homes much and trying to help their children in their educational settings at the same time as attending to their own. Setting boundaries between school, work, and family proved difficult, especially for those students who had both virtual classes and mostly virtual internships.

Professionally, 41% of students felt they had been impacted in terms of changes at their internships at a 7 or higher. Despite that, a full 26% said they did not feel impacted. This may be due to differences in location of internships and which agencies were able to offer face to face settings. Several students did note that it was stressful trying to engage people over the internet for counseling. Others stated they did not get enough experience in their internships due to the virtual setting. For many students, connection to other co-workers and networking opportunities felt limited in their internships, just as indicated in their classrooms. Again, achieving work/life balance was more difficult for some students due to class, field placement, etc., all taking place from home. Some students with mostly virtual internships reported concerns about fulfilling their required hours, indicating a potential need for field supervisors to provide support and clarity on time management, while also being creative in offering asynchronous opportunities for learning in the capacity of the placement role.

Despite the above, more than 87% of the students completing the survey felt excited about their future careers in social work at a 7 or higher on the Likert scale. Clearly, even with the pandemic, students remain hopeful about their careers and the things they can accomplish post-graduation.

A full 60% say their excitement about their future career as a social worker has not changed since the start of the pandemic, while 30% say it has changed. The remaining 10% say their excitement fluctuates, and some worry about not being able to celebrate their hard work and the accomplishment of obtaining their master's degree with the traditional "graduation walk," which also impacts their excitement.

In question 6, many students recognized this as a "miracle question" and most talked about the settings that they feel inspired to work in. Given how varied social work is, the answers to this question were just as varied. The students are hopeful about working in hospitals, addiction treatment centers, private practice, schools, veterans services, DFCS, behavioral health, forensic social work, and even management. Many had dreams of being able to move right to their full licensure (LCSW) and skip the three years in between.

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Learning and the Pandemic (continued from Page 11)

Regarding salary, this was a bit difficult to assess in terms of accurate reflection of student expectations following graduation. The question asked about an appropriate salary for a full time, entry level social work position, not necessarily what the students expected as their starting salaries. For example, 60% of the student responses indicated a belief that $50,000 a year is an appropriate salary, 22% felt that $40,000 was an appropriate salary, and 26% felt that $60,000 annually was an appropriate salary. A full 10% of students felt that $70,000 or higher was an appropriate entry level position salary. If the respondents expect the salaries listed here, many may be disappointed based on average salary statistics. For example, a nationwide study of 2017 social work graduates published in 2018 indicated a mean starting income of $44,309 for female-identified MSW graduates. In Georgia, according to Glassdoor, the average social work position paid $42,790 in 2020. CareerExplorer posts entry level social work positions in Georgia as $29,500.

Collectively we are united in our dismay at this financial future for new graduates, and we want to highlight this as a problem that needs to be addressed in Georgia. The three authors represent a wide range in terms of our social work careers. Our lives have intertwined in multiple stages of professional interactions, and we have diverse experiences and numbers of years in the field. We feel it is important to state our shared belief that, particularly for students of marginalized identities, an early career path in clinical social work is often not viable because of lack of access to opportunities and financial resources. We envision the profession taking responsibility for this by providing more flexible career opportunities and accessible supervision and mentorship, as well as competitive and equitable financial returns. We encourage the field to examine practices in hiring and supporting new graduates—particularly those who identify as people of color and/or trans or queer—to provide salaries more in line with these expectations in order to expand delivery of clinical services by diverse clinicians.

In terms of salary negotiation, students indicated that there are some things that are important to them that would allow them to consider accepting a job for a lower salary than they hope for. Students were able to choose multiple items that would allow them to consider a lower salary. The top four responses were: comprehensive health care, paid time off, flexible schedule, and quality supervision.

In terms of the top 3 legislative priorities that students believe our professional organizations should be working on, students listed the following: 1) accessible health care including mental health care; 2) anti-racism and racial equality; and 3) Social Work Reinvestment Act (a national initiative that includes advocacy for higher salaries for people in the social work profession).

The students had very diverse responses regarding pressing concerns or biggest worries for those entering the field. Many were concerned about acquiring jobs, having a decent salary, or paying off student debt, and how these things would be accomplished with the added stressor of COVID-19 limitations. Additionally, students were concerned about burnout, whether or not they have been adequately trained to do their jobs, and establishing work/life balance. Again, multiple students felt these concerns were exacerbated because of the pandemic.

In conclusion, we were not surprised by the responses and comments related to balancing virtual classroom environments with virtual work environments with home and family commitments because we ourselves have experienced that constant juggling act. As instructors, we felt frustrated with the atypical classroom environment and struggled to feel as connected to our students. We are all clinicians first and rely so much on human connection. Pedagogical tips to teach compassionately through a social justice lens during COVID-19 included ideas such as allowing students to turn off cameras, increased flexibility for attendance, changing strategies to engage online participation, and creative discussion and break-out room ideas. Trying to embrace these and cover the expected content, while often speaking to mostly blank boxes on a screen, was difficult at best.

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Learning and the Pandemic (continued from Page 12)

However, we are also encouraged by the excitement level our students still feel as they prepare to enter the profession. Reading their responses about what they hope to do in their careers was rewarding because we constantly remind them our profession is vast and broad and offers a plethora of opportunities to work with varied client systems. Despite all the challenges of COVID-19 and its impact on their MSW experience, our students are excited to join us in the field, and we are proud of their commitment and resilience. We hope the profession of social work will collectively acknowledge the difficulties and complexities that COVID-19 has presented in the development of these students, and encourage compassion and commitment to values of equity and social justice as we embrace them as new professionals.

Jamie Bray, LCSW, Tristin Chipman, LCSW, & Amy Shipp, LCSW

The three authors serve as part-time, non-tenure track instructors in the School of Social Work at the University of Georgia.

Jamie Bray is in private practice and specializes in working with children, adolescents, and families. She is passionate about supervision for those who are working toward their clinical license, as well as teaching more seasoned professionals about supervision. She is on the GSCSW board, serving as the chair of the Licensure & Rules Committee.

Pictured: Jamie Bray

Tristin Chipman is an LCSW in Decatur, GA. In addition to teaching in The School of Social Work at UGA, she has an independent practice called Collaborative Therapy Southeast in Decatur, GA, and is a member of the GSCSW Legislative Committee.

Pictured: Tristin Chipman

Pictured: Amy Shipp

Courtesy of the University of Georgia School of Social Work

Amy Shipp, LCSW is the Trafficking Specialist Family Advocate for the OVC-funded Envision Project at the Georgia Center for Child Advocacy. In this capacity, she provides intensive case management services to commercially sexually exploited youth and their non-offending caregivers and assists with the specialized program efforts of the project. Amy is also a part-time instructor at the University of Georgia School of Social Work.

Connecting With the Corona Clinical Crew

Like many others busily accommodating these days of disruption and dismay, creative souls everywhere have risen to the challenge. One such group was in supervision with Polly Hart, an old-timer having to learn her own new tricks. But without a moment's hesitation, the group went to Zoom, the phone, emails, and whatever got the job done. Then Polly got curious, put together a survey of sorts, and in no time at all wrote the following summary about supervision **In The Days of COVID**. Supervision consisted of virtual Zoom meetings monthly, individual supervision via phone, and packets of homework to be read and studied prior to each Zoom. Below, each subject begins with a thoughtful quote from one group member, followed by other members' comments.

Zoom

"I wouldn't change a thing about Zoom—it has forced us all to get out of our comfort zone and grow! And I think people are more likely to use Zoom and be able to stay at home." ***-Alace***

Other comments:

"Yes, you can build and create relationships on Zoom."

"I LOVE ZOOM—I don't have to drive."

"It kept us connected when others were shutting down."

"I'm old school. Connection happens in a room with conversation, body language, voice inflection—I don't feel that with Zoom."

"I'm learning to tolerate Zoom but am far from embracing it."

"Just plain fabulous. I was used to using technology in another job. No fighting traffic, packing a meal, scheduling child-care, dressing the kids, fastening seat-belts…"

Individual Phone Sessions

"I appreciate the one to one—it gives time for more in-depth exploration and time for Polly to share some of her years of experience." ***-Amy***

Other comments:

"It was easier to get to know each other when we got "off track" and shared more about our backgrounds."

"Phone sessions can be scheduled more conveniently."

"I can discuss working toward being a supervisor myself rather than just stick with case questions. I could bring up questions that might not have been of interest to others."

"I loved that we could focus more on individual questions and areas that I didn't understand."

Homework

"Homework has been helpful—keeping my mind stimulated and allows me to keep learning. It reminds me how much learning brings me joy." ***-Chris***

Other comments:

"Homework assignments make me push my brain and forces me to critically think. Combined with group, it has facilitated much professional growth."

"Homework assignments kept me intrigued about the things I don't know and want to know more about."

"The assignments and study guide Polly created to supplement our "in-person" learning have been very thought-provoking, diverse and welcome."

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Clinical Crew (continued from page 14)

The Biggee: the Virus

"Covid has allowed me more bonding and connecting with my family. It has slowed life down, forcing me to take better care of myself." *-Aisha*

"I am very discouraged by the lack of care my neighbors have shown. How does a society built on individualism adapt for the benefit of the common good?" *-Kim*

"I am personally concerned with the cavalier attitudes displayed by much of America toward this virus and pandemic. For me it's about those more vulnerable than me, supporting the health of my community, and following experts' advice." *-Sarah*

"I don't know quite what to say about the virus. I don't want to get it and I don't want my family to get it." *-Shanti*

A Wise and Thoughtful Summary

"Since the virus, I miss the closeness of sitting together. But still am somewhat discouraged that our profession has previously shied away from the possibilities that a remote experience can bring to the table. I think about all of the tools of the world. We can learn to increase connections and learning when we use ALL THE TOOLS." *-Kathy*

Polly Hart, LCSW, BCD

Polly Hart, with 40 plus years practice in the field of family clinical care, began a second area of interest early in her career supervising a wide variety of mental health professionals. Today her practice is exclusively in teaching and supervising. She values that her work has given her many wonderful relationships with younger practitioners, and keeps her up to date with clinical trends. She is currently writing a pragmatic guide for those interested in becoming a supervisor, and like most of us, looking forward to leaving the virtual world behind. Phone: 678-947-0644 Email: ewilart@aol.com Web Site: https://pollyhartlcswsupervision.com

Courtesy of Polly Hart

How Freedom of Speech is Used as Violence Against Marginalized Communities

Note: This piece is an adaptation of the author's TEDxTalk "Oppressed by Freedom," which can be seen here: https://youtu.be/bRSEaGoUJB8

The right to freedom of speech has been a persistent area of contention in the United States. We continuously debate about what we can and cannot say. Yet, I frequently witness how hateful rhetoric affects the people I work with and the ones I love. I've also faced hateful messages myself. So I wonder, should we change the ways in which we talk about freedom of speech? In this piece, it is not my goal to engage in a legal argument about the right to freedom of speech. As clinical social workers, we consider the effects that laws and policies have on people's well-being. We also ponder how individuals and communities are affected by their social environment. Hence, my goal is to move beyond a conversation about the semantics of freedom of speech and think about how what we say affects others. In order to understand these effects, we have to understand how freedom of speech works.

Regarding freedom of speech, the U.S. Constitutional first amendment calls, in part, for not creating laws that could limit freedom of speech. In general, the right to freedom of speech protects the content of what we say, no matter how offensive it can be to different groups, as long as it is not violent speech (i.e., harassment and threats). However, hate speech isn't a legal concept—there are zero laws in the United States that cover hate speech. Although in other parts of the world, this may not be the case: In 2018, a woman in South Africa was sentenced to three years in prison for insulting police officers using racist slurs (Swails & Adebayo, 2018).

As social workers, we know that what we say can intentionally or unintentionally hurt others. For many of us, the hurtful words we hear are not just isolated events. These hateful comments become what some may call "a death by a thousand cuts." The people who tend to be "cut" by hateful speech are mostly marginalized communities and already oppressed groups. And these hateful messages don't land without harm. For many, these words become the difference between life and death. They translate into racial profiling by law enforcement and the death of African-Americans (Tate et al., 2020), LGBTQI+ youth completing suicide (Price-Feeney, 2020), Muslim communities being bombed at their places of worship (American Civil Liberties Union [ACLU], 2020), and migrant children dying in detention centers (Hennessy-Fiske, 2019). In these cases, as in many others, hate speech is a form of violence.

We tend to prioritize physical violence, but we ignore the impact of rhetoric as violence. After all, violence is a form of aggression meant to dominate another person. This then makes hateful, violent, and aggressive speech just another form of domination over marginalized communities. Not by physical force, not by chains, not by imprisonment, but by the use of words protected by the right to freedom of speech. Many use freedom of speech to define minorities, categorize them, reduce them to inaccurate adjectives, and shape their narratives. Feeling hurt then turns into being constantly oppressed and repeatedly violated. Now, if you are thinking, "I have never thought about it this way," then you may be privileged enough to not have experienced this form of violence. If this is the case, I encourage you to listen to those on the other side of hate speech. It is, after all, our responsibility to our communities.

If I used my right to freedom of speech in this article in a way that made you think more about this issue, I invite you to join me and many others in caring about our incredible communities. What can you do? I encourage you to try three things:

1. *Ponder*—Ask yourself, How are marginalized communities being affected by what I say using my right to freedom of speech? How can I move beyond a conversation of disagreeing and agreeing and arrive at a conversation where I can engage in the initiatives of marginalized communities for equity and inclusion? How are my clients being affected by rhetorical violence? How can I support my clients facing rhetorical violence?

2. *Engage*—Ask yourself, what is happening with marginalized communities in my neighborhood? What are they doing? How can I engage?

3. *Support*—Not only financially, but also with your time and your voice. Listen to what marginalized and oppressed communities have to say.

I hope that the next time you exercise your right to freedom of speech, you pause and wonder, how can I use my freedom of speech to

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Freedom of Speech (continued from Page 16)

to build a better place for everyone? After all, the fierce Harvey Milk, a gay community organizer and politician who was killed for using his right to freedom of speech to denounce discrimination and demand equality said, “Rights are won only by those who make their voices heard.”

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Luis R. Alvarez-Hernandez, MSW, LCSW, CAMS-II

Luis R. Alvarez-Hernandez is a Licensed Clinical Social Worker and a Certified Anger Management Specialist. Luis is currently a PhD candidate at the University of Georgia’s School of Social Work and a Doctoral Minority Fellow with the Council on Social Work Education. He has worked with children, youth and families, immigrants, LGBTQ individuals, people living with HIV/AIDS and other chronic conditions, adults experiencing mental health and substance use difficulties, community groups, and university students. Luis is a researcher and educator in the areas of diversity, social work education, and LGBTQ+ and Latinx well-being.

Short-Term Disability: An Additional Opportunity for Client Advocacy

Short term disability (STD) is a benefit, usually offered by employers, that allows employees to take time to heal from an illness/injury, take time after having a child, and/or take time for mental health reasons and still get paid (if approved). Many do not realize that applying for a mental health STD claim is an appropriate action to take for a client who has survived trauma, a client who is having a difficult time transitioning from a face-to-face job to working from home, or a client who has chronic major depressive disorder. Taking time off work by filing STD allows the client to focus on treatment without the stress or distractions from work; however, there are not a lot of people who take advantage of this benefit for multiple reasons. People are hurting and sometimes need a break to gain mental clarity and emotional stability.

I am not a practicing clinician or therapist, but in my line of work, I hear about the hurt and mental anguish people are experiencing through racism, social injustice, sexism, and illness/death of family and friends. Listening to people talk about their struggles is one of the integral parts of what I do and is not too far from what most of you do daily. The other vital part of what I do involves evaluating people for employer-supported STD benefits for mental health claims. Filing for STD can generate a lot of additional stress and anxiety not just for the client, but for the mental health provider as well from not knowing what information is needed and/or not having enough time in the day to treat clients and complete STD paperwork.

I am an LMSW who works for a private third-party administrator (TPA) that executes STD and other leave plans for employers. In my years of experience, I have learned that there is a common link that keeps people and their mental health providers from effectively advocating for themselves and their clients, respectively: the lack of benefit education. Daily, I explain the difference between STD and Family Medical Leave (FMLA) to both employees and providers who have not been advised on what the two are. My experience confirms that knowledge births a better opportunity for advocacy.

Through this experience of education, Affirmed Direction (AD) was created. AD was formed to help clarify general leave misconceptions as well as educate employees and their mental health providers on how to effectively advocate. When one knows the rules, one can efficiently play the game! For instance, does one have to send office visit notes when they have been requested? The short answer is no—there are alternative ways to convey the information TPAs need. There are numerous ways to advocate for client STD benefits while saving the clinician time.

AD is here to help if there are questions or general concerns about STD. We are offering reduced price 15- and 30- minute consultations due to the economic crisis caused by the pandemic. Contact AD at info@affirmeddirection.com or 470-268-7533.

Shauna McFarland, LMSW received her B.S. degree in biology from East Carolina University. She went on to obtain her MSW from the University of Texas in Arlington. Shauna has worked in the TPA industry for several years, and spends her free time crocheting and baking. Shauna is also a new blogger at MacNificent ReCreations— https://macnificentrecreations.com—where she posts her ReCreations from baking and crocheting.

Trauma Is Like Peanuts

While hosting a training centered on childhood trauma, I put this picture on the screen:

I then follow up by saying, “Trauma is like peanuts.”

At this point, the participants are confused. They are thinking either two things: “What do peanuts have to do with trauma?”; or “I want my money back” (although the training is free). While reading the title of this article, you may have had similar thoughts. To better explain to parents how trauma impacts everyone differently, I use my “peanut-trauma” analogy.

Peanut-Trauma Analogy

We have a sibling group of identical twin sisters, Olivia and Danyale. Both girls are Black/African-American, 15-year-olds who were raised in the sametwo-parent household. Both girls excel in school and have healthy social relationships with peers and family. Olivia is allergic to peanuts and Danyale is not.

Moving forward with this story, I will refer to any traumatic event as a ***peanut.***

May, 1 2019: Olivia and Danyale both received a ***peanut*** *(witnessed a shooting in the community).*

May, 1 2020: Since witnessing shooting, Olivia has struggled with managing mental health symptoms. She is failing classes, distant from peers and has refused to talk with parents. Danyale continues to thrive in school, peer and family relationships.

No Peanuts Allowed

Although these two girls are twin sisters, from the same household, and witnessed the same event, they both have completely different reactions. Just how some children may consume a peanut and be completely fine, others may have an adverse allergic reaction.

Many schools in our country have regulated the consumption of peanuts in their buildings. Although it may only be a small percentage of children allergic, schools have prioritized *protective factors to protect all youth.*

As social workers, it is imperative that we educate our clients and communities on trauma and, most importantly, protective factors to lessen the risk. According to American Trauma Society, protective factors exist at individual, relational, community, and societal levels.

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Examples of protective factors:

- ◊ Supportive family environment
- ◊ Nurturing parenting skills
- ◊ Stable family relationships
- ◊ Household rules and monitoring of the child
- ◊ Parental employment
- ◊ Adequate housing
- ◊ Access to health care and social services
- ◊ Caring adults outside family who can serve as role models or mentors
- ◊ Communities that support parents and take responsibility for preventing abuse

I've educated thousands of parents, educators, mental health professionals, and youth by using the "peanut-trauma" analogy. Although you may be an expert on trauma, the people you serve are not. I invite you to educate your clients and specifically parents about complex trauma in a simple way.

Phylicia Anderson, LCSW

Phylicia Anderson, LCSW is the Founder and Executive Director of Black Girl Flo Inc. Black Girl Flo is a nonprofit organization promoting public awareness of pressing issues uniquely affecting Black girls. Furthermore, Phylicia's clinical work, advocacy and passion have been the catalyst to develop mentally healthy, resilient young people for the past ten years. Her professional experience ranges from diversity inclusion work in higher education in Michigan to clinical therapy for children and families in Ohio and Georgia. She currently resides in the coastal region of Georgia where she serves on the leadership team of a behavioral health service organization. In this role she leads a team of clinicians and professionals in a multi-district, school-based mental health program serving youth and families.

Migrants and Social Security: A Reflection on a Post-COVID Scenario

Migration and migrants are topics of discourse across the globe today. We know how vulnerable this group of people is, who travel far, crossing borders, for better employment, in terms of wage and opportunities, leaving all dear and near ones behind. As stated by Bustamante (2011), migrants are inherently vulnerable as subjects of human rights, from the time they leave home to initiate their migration.

Migrants, by the very term, imply being alien to the space they move into, encountering many hurdles and challenges regarding labor and welfare. UNESCO/UN-HABITAT (2012) identifies that internal migrants are treated as second-class citizens. They face numerous constraints, including lack of political representation; inadequate housing and lack of formal residency rights; low pay; insecure or hazardous work; limited access to state -provided services such as health and education; discrimination based on ethnicity, religion, class or gender; and extreme vulnerability of woman and child migrants to trafficking and sex exploitation. Migrants are, in fact, the most affected victims of COVID-19 at its outbreak, due to travel ban, uncertainty of employment, and impending health threat.

Influence of Globalization

Migration has always been a significant characteristic of human civilization. It can be seen as a human endeavor to survive in the most testing conditions, both natural and man-made. Can every movement be seen as migration? Though migration has existed historically, in the context of globalization and opening of the world economy it has assumed a greater significance for all countries, and society as a whole. Across the world, people are on the move—international students; highly skilled workers; retirees; refugees; economic migrants; those within global care chains; nomads; and those whose unauthorized state leaves them vulnerable to every kind of human rights violation, including slavery. Even the term “migration” presently seems inadequate to define the movement of people across the world, as 21st-century culture, communication technologies, and transportation make mobility much easier, thereby enabling people to think and act beyond the boundaries of their countries.

Every migration has inducing and influencing factors which drive it, such as more employment and anticipated better earnings. Even though the immigrants sometimes won’t care about the future social security at their place of destination during the initiation of migration, it matters a lot when they land in a new place. The need escalates and requires ensured social security measures if the migration is a family one.

During this COVID-19 season, issues and needs of migrants who are stranded in strange places, struggling for necessities and amenities and looking for favorable policies from governments, are widely discussed and analysed by policy experts across the world. ILO’s Social Security Convention of 1952 reminds that countries are expected to provide basic social security measures included in the convention, not only for the people employed, but also for their dependents.

ILO’s Social Security (Minimum Standards) Convention of 1952

Even though 164 million migrant workers of the 258 million international migrants worldwide help to boost the economies of their host and home countries, migrant workers are often excluded and set aside from social protection coverage. Migrant workers, compared to nationals working their entire lives in one country, face major social, legal and security hindrance in accessing social protection benefits. They are denied access or have limited access to social security, in many cases, because of their status or nationality, or insufficient periods of employment and residence, depending on the immigration policy of the country.

International Labour Organisation is the apex body concerned with labor legislations and other aspects of work. The ILO is constitutionally bound to promote social security programs and measures providing a basic income to all in need of protection. The Social Security (Minimum Standards) Convention, 1952 (No. 102) is the flagship of all ILO social security conventions, as it is the only international instrument, based on basic social security principles, that establishes worldwide-agreed minimum standards for all branches of social security. It lays down the minimum standards for the level of social security benefits, along with the conditions under which they are granted, and covers the nine essential branches of social security: medical care, unemployment, old age, sickness, employment injury, family, invalidity, maternity and survivors' benefits.

Though Convention No. 102 covers all branches, it requires that only three of these branches be ratified by the member states, which allows for a step-by-step extension of social security coverage by the ratifying countries. The minimum objectives of the convention relates, for all the nine branches, to the percentage of population protected by the social security schemes, the level of minimum benefit to be secured to the protected persons, as well as to the eligibility conditions for entitlement and the period of entitlement to the benefits. It does not guide how to reach these objectives, but leaves some flexibility to the member states. These protections can be reached

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through universal schemes; social assistance schemes; and social insurance schemes with earnings-related components, flat-rate components, or both. The principles anchored in it are: i) general responsibility of the state for the due provision of the benefits and the proper administration of the institutions; ii) participation of employers and workers in the administration of the schemes; iii) guarantee of defined benefits; iv) collective financing of the benefits by the way of insurance contributions or taxation. It also requires regular actual valuations to be carried out, in order to ensure sustainability of the schemes. Furthermore, it lays down that the social security schemes are to be administered on a tripartite basis, which aims at strengthening and guaranteeing social dialogue between governments, workers and employers.

Thus, Convention No. 102 is considered as a device for the extension of social security coverage and provides the ratifying countries with an incentive, by offering flexibility in its application, on the basis of their socio-economic level. Established as an up-to-date standard by the decision of the Governing Body of the ILO in 2001 and sanctioned by the International labor Conference in 2011 as a reference and benchmark in the gradual development of the comprehensive social security coverage at national level, this convention ensures social security for the workers which provide them with better protection measures by the country. ILO, being the helm of all labor legislations and programs, has a vital role in maintaining justice for all the workers regardless of country of origin or country of employment. Ratification by more countries paves way for smooth accessibility of social security by higher numbers of workers.

Social security is the protection which a society provides for its members, through a series of public measures. Social Security Convention of 1952 ensures protection for migrant laborers who are challenged by the inaccessibility and unavailability of social security benefits. The convention not only covers benefits for the laborer but also for their dependents including benefits like income, health care and support for the dependents.

The whole world is presently undergoing an unprecedented time, with many uncertainties and struggles for health care and existence. Such programs give hope for the affected or stranded ones. Such legislations of global applicability are the need of the hour since migration has become a day-to-day affair as result of globalization and drastic advancement in the sphere of technology, communication and transportation. The upcoming years are certainly not expected to be golden years for migrants. Hopefully governments across the globe would provide due consideration to the migrants who struggle for existence and enact social security legislations favoring them.

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Dr. Sojin P. Varghese (MSW, MPA, MLM, PhD)

I am currently not working but taking care of my family. So to be professionally active I am volunteering with St. Vincent de Paul Society, Pro Life and St. Thomas PSR in Smyrna. I am also a member of GSCSW Professional Education Committee. My areas of engagements include public policy analysis, socio-political advocacy, and research and consultation. Email: sojinpv@gmail.com Phone: 404-353-4161

Chewy Bits: Inclusive Clinical Practice

"How do YOU communicate commitment to inclusive clinical practice?"

I seek to communicate inclusive clinical practice in a number of ways:

- In my email signature.
- In my Psychology Today profile message (and soon to be website content).
- My decision to be on some insurance panels to serve those who need to use insurance, and my decision to take Medicare to serve the elderly and people with medical and mental health disabilities.
- My memberships in NASW, CSWA, GSCSW, and how I've joined to learn how to continue to advocate for a better mental health care system, and to advocate for social/racial justice and equality (on all levels) for our Georgia clients.
- My office location in Decatur is considered to be in a diverse neighborhood.
- My office suitemates are of a different race than myself (Black).
- My private practice office artwork.
- My openness to discuss questions about racial issues, and spiritual or cultural differences when they come up with clients, as well as addressing racial inequities from the get-go (I also have a mental health research background, so informed consent after the horrifying Tuskegee experiments has been a major focus of my professional training and ethical and moral values).
- My participation in anti-racism and anti-discrimination work in my diverse Atlanta neighborhood.

My ongoing commitment to professional development and training in various areas in order to learn more to effectively help (and not retraumatize) LGBTQI, racially, and/or culturally diverse clients.

~ Barbara Lewison, LCSW

One of the ways we communicate our commitment to having an inclusive practice is through our presence on the internet. We mindfully select images showing diverse sizes, races, and relationships; have a visible statement on our website about welcoming diversity; and regularly post to social media on topics of diversity such as affirming Black Lives Matter and LGBT+.

~ Elaine Moss, LCSW, RYT

I try to create a therapeutic space of inclusivity by bringing in books and toys that show the faces and experiences of diverse groups of people. I found wonderful cloth dolls with diverse skin tones and clothing that represent people from around the world and within our diverse country itself. My children's books explore a range of diverse topics that include such topics as same-sex marriages and the advantages and beauty of having Black hair. I also have lots of nature representation like plants, shells, pine cones, stones, and pictures of animals, because regardless of an individual's socioeconomic situation, these things tend to be universally accessible to all people.

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

Winter Reading Recommendations from Members

I would like to recommend ***Minor Feelings: An Asian American Reckoning*** *by* ***Cathy Park Hong****.* The book is a blend of memoir and a cultural commentary. She writes from her experience as a daughter of Korean American immigrant and uses her story to examine Asian American identity within the context of America's structural racism.

Some significant excerpts:

"Minor feelings occur when American optimism is enforced upon you, which contradicts your own racialized reality, thereby creating a static of cognitive dissonance. You are told, 'Things are so much better,' while you think, Things are the same. You are told, 'Asian Americans are so successful,' while you feel like a failure. This optimism sets up false expectations that increase these feelings of dysphoria."

"Minor feelings are also the emotions we are accused of having when we decide to be difficult—in other words, when we decide to be honest. When minor feelings are finally externalized, they are interpreted as hostile, ungrateful, jealous, depressing, and belligerent, affects ascribed to racialized behavior that whites consider out of line. Our feelings are overreactions because our lived experiences of structural inequity are not commensurate with their deluded reality."

~ Vivian Daniel MSW, LCSW

Joy Johnston, LCSW, a local therapist and author, has written a lovely book/workbook entitled ***The Self Compassion Workbook: Practical Exercises to Approach Your Thoughts, Emotions and Actions With Kindness***.

This workbook is a true gift to anyone along the journey to deepen their self compassion!

Joy Johnson, a gifted psychotherapist, coach, and writer, has shared stories, tools, and exercises from her years of experience to help others find a way to deepen their connection to their own self compassion.

This book and workbook offers accessible tools that are perfect for mental health professionals, clients, and anyone on the journey to deepen their connection to their most powerful healing resource—self compassion!
This workbook shines with authenticity, accessibility, and practicality. It is a keeper for the ages and will surely be on the top of the bookshelf to return to over and over again for years to come!

You can order it from her website, https://therapywithjoy.com, as well as Amazon and other book retailers.

~ Alyce E. Wellons, LCSW

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Reading Recommendations (continued from Page 24)

My Beautiful Brown Boy *by* ***Karen Starks, PhD****. A true story of how a mother affirms her son's ethnic identity during daily activities and at bedtime.*

~ Pamela Woods, LMSW

The Sociopath Next Door *by* ***Martha Stout****—a great overview of the one in 25 persons in the population who have Antisocial Personality Disorder or traits. It is enlightening to know how often they appear in your everyday life.*

Then there's an old classic, the research updated—***I Hate You, Don't Leave Me****, by* ***Hal Straus and Jerold Jay Kreisman****.* Again, an overview—this time on Borderline Personality Disorder with research included. The updates of this older classic attest to the popularity and helpfulness after all these years.

~ Polly Hart, LCSW, BCD

It has been out for awhile, but i still find it an easy read and a MUST for anyone working with children, particularly those who have been or currently are in the foster care system: **Bruce Perry, *The Boy Who Was Raised as A Dog.***

~ Jamie Bray, LCSW

Sing a Rhythm, Dance a Blues: Education for the Liberation of Black and Brown Girls *by* ***Monique W. Morris***

~ Phylicia Anderson, LCSW

I recommend three books: ***The ACT Workbook for OCD*** *by* ***Marisa T. Mazza, PsyD; Asperger Syndrome and Anxiety*** *by* ***Nick Dubin;*** *and* ***The Curious Incident of the Dog in the Night-Time*** *by* ***Mark Haddon.***

~ Neitcha Thomsen LCSW, CCATP

Overcoming Trauma through Yoga: Reclaiming Your Body *by* ***David Emerson and Elizabeth Hopper, PhD****.* So many people, especially trauma survivors don't trust their bodies and even hate them. This book provides a theoretically-grounded approach to connecting mind and body. This book offers a trauma sensitive yoga interventions to use with clients who have experienced trauma.

The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma *by* ***Bessel van der Kolk, MD****.* I'd be surprised if I were the only one to recommend this hugely important work. As the book itself states, the author "uses recent scientific advances to show how trauma literally reshapes both body and brain, compromising sufferers' capabilities for pleasure, engagement, self-control, and trust. He explores innovative treatments—from neurofeedback and meditation to sports, drama, and yoga—that offer new paths to recovery by activating the brain's natural neuroplasticity."

~ Elaine Moss, LCSW, RYT

COMMITTEE HAPPENINGS

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

LEGISLATIVE COMMITTEE

GSCSW Putting Voice Back in Georgia Capitol

GSCSW is working to put voice back in the Georgia Capitol. The GSCSW Legislative Committee is pleased to announce that GSCSW has hired Jamie Lord as our lobbyist for the 2021 legislative year.

Jamie is the President of the Georgia Capitol Group. She is a well-known figure at the Georgia Capitol, an experienced lobbyist with a rich background in representing Georgia nonprofit organizations, education, and child advocacy. Jamie frequently collaborates with her husband, Andy Lord, who is also a lobbyist; Andy has represented mental health advocacy groups including NAMI Georgia.

Jamie will be working closely with the GSCSW Legislative Committee to identify, analyze, monitor, and advocate for legislation that affects our profession and/or our consumers. The GSCSW Legislative Committee will then communicate the legislative updates to our organization as a whole. Furthermore, Jamie will also work with GSCSW to help our organization build relationships with lawmakers, and encourage the testimony of GSCSW members or consumers in relevant legislative meetings.

The legislative committee is also collaborating with the Georgia Mental Health Policy Partnership to identify top legislative matters to monitor and/or advocate for, with priorities currently including healthcare disparity violations, broadband internet access in rural Georgia, affordable housing, civil rights, and protecting budgetary funding of mental health services.

GSCSW is expecting Jamie to attend our annual town hall in September to meet our members, provide updates of our work and accomplishments from the 2021 legislative season, and discuss the 2022 legislative priorities with our organization.

We feel extremely fortunate for the opportunity to work with Jamie, and have total confidence that she will represent our organization with the highest level of professionalism.

Legislate Committee Members:

Nancy L. Acevedo, LCSW (Co-Chair)

William Smith, LCSW (Co-Chair)

Julie Justus

Donna Parrish, PhD

legislativeadvocacy@gscsw.org

COMMITTEE HAPPENINGS

ETHICS COMMITTEE

Ethical Deliberation Around Priority COVID Vaccination for Therapists

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. As always, supervision and consultation can be of valuable help in thinking through the gray areas, whether pandemic related or other ethical dilemmas. We also invite your ethical inquiries to the ethics committee: Submit questions to ethics@gscsw.org.

The committee has addressed a variety of interesting inquiries, most recently one regarding the inclusion of therapists among first priority COVID vaccination rollout. We share that deliberation in this issue of the Clinical Page as an example of ethical exploration within the frame of our code of ethics. We also recently sponsored a webinar with Laura Groshong LICSW, Director of Policy and Practice for CSWA, on safely and ethically returning to our offices after working via telehealth amidst pandemic.

The GSCSW Ethics Committee received an ethical inquiry regarding COVID-19 vaccination priority, with the specific request that it be addressed at large, as an ethical issue for consideration. The inquiring member noted the recent volume of email on the GSCSW listserv around inclusion of social workers among healthcare providers eligible for first priority vaccination and questioned the appropriateness of this for private practitioners, able to see clients remotely and safely. She notes, "I am…seeing clients remotely since mid-March 2020. It was my understanding that not only is this safer for us but also our ethical responsibility toward our clients. I question how private practitioners who are doing remote sessions qualify as part of the 1A group currently receiving vaccination for COVID."

The Ethics Committee shares the questions voiced in this inquiry, specific to private practitioners under the age of 65 who are able to provide services safely via telehealth rather than working on the frontlines or in facilities requiring face-to-face exposure. (Therapists 65 and over would be included under separate age priorities independent of profession.) We welcome the inquiry and opportunity to explore the ethical consideration. However, we recognize the issue as an example of the gray area of ethical deliberation rather than a matter of absolutes on which it would be appropriate for GSCSW to take a specific position regarding what individual social workers should do about vaccination priority.

We all need to be vaccinated, for the protection of ourselves, our loved ones, and our clients, for safety in our personal lives as well as in order to return safely to face-to-face practice. That is a widely shared, if not universal, personal value. In a perfect world, the supply and distribution of vaccines would be such that everyone received them at once. We don't live in that perfect world. The next best scenario would be the crystal ball that could line us up according to actual individual risk and vulnerability. Absent that, we are left with the reality of an imperfect priority rollout that can at best attempt to follow the science in predicting and protecting risk. So suggested guidelines for vaccine rollout begin with frontline healthcare workers who face direct exposure each day and move from there to other "essential" workers facing high exposure and to seniors and those with compromising health conditions who have been shown to be at higher risk of severe illness or death if they contract COVID-19.

The question for us is where should private practice therapists under the age of 65 fit into that priority ranking? Most of us have been able to work safely via telehealth during this pandemic. While it has not been our ideal chosen modality, it has kept us removed from the frontline risks. Others might work closer to the front lines: working with children, for example, where face-to-face work is perhaps necessary, telehealth less effective than with adults. A related consideration might be whether we can safely return to our offices even after vaccination, before our clients and the general public have been sufficiently vaccinated as to make it safe for all concerned. How might that consideration bear on the question of our inclusion in first priority vaccination?

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COMMITTEE HAPPENINGS

ETHICS COMMITTEE

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The CSWA guidance referenced in the member's inquiry presents Phase 1A vaccination criteria as "essential workers who work in hospitals and long-term care facilities" (https://www.clinicalsocialworkassociation.org/Announcements/9520583). This clearly does not describe private practitioners, not working in those sites and able to provide services via telehealth. It was less clear which of subsequent phases might include those of us who don't meet other age or health criteria. The CDC website, however, states Phase 1A more broadly as "healthcare personnel" with examples including outpatient facilities, physicians' offices, and therapists (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations.html).

These broader CDC guidelines have been widely, though inconsistently, interpreted as including all mental health providers among essential workers currently eligible. This interpretation and its implementation are inconsistent from state to state, and in some states, vaccination is not currently open to therapists. In Georgia, however, on this interpretation, therapists have flocked to vaccination sites, often even seeking easier-access counties other than their own. They have not been turned away as ineligible. Vaccination sites have not examined the specifics of where and how therapists work. By these guidelines and their implementation here, there does not appear to be legal or procedural impediment to therapist vaccination in this first priority phase—which does not mean that there are not ethical considerations or that it was an intentional inclusion.

Ethical consideration looks beyond legal allowances, restrictions, or obligations, to what is consistent with the principles and standards of our professional code of ethics. Specifically, as social workers, we look to the values, ethical principles, and ethical standards of the NASW Code of Ethics.

Proponents of participation in this first phase of vaccination have noted that Georgia is behind in rollout, urging healthcare workers to set an example for others. This argument might be consistent with the social work value of *service and the corresponding ethical principle of helping to address social problems.* In contrast, increasing difficulty getting appointments reflects that current demand exceeds supply, especially so since eligibility has been expanded to those over 65, who are having difficulty getting appointments. These supply vs. demand issues might suggest a different aspect of the social problem to be addressed—that of limited access—and might point us to the value of *social justice*, the ethical principle of *challenging social injustice*, and to ethical standard 6.04: *Social and Political Action*.

The ability of therapists in private practice to work safely from home is a place of privilege that stands in contrast to many of our fellow citizens: some who are included in priority categories—from frontline hospital workers (Phase 1A), to first responders, teachers, grocery store clerks, etc. (Phase 1B), to broader sectors of essential workers in transportation, food sector, construction, and more (Phase 1C)—as well as multitudes yet uncategorized who have to risk daily exposure in order to maintain jobs to keep food on the table and bills paid. We know from COVID statistics that risk of severe or fatal illness from the virus is generally higher among those 65 and older or with pre-existing health vulnerabilities (included in Phases 1B and 1C).

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COMMITTEE HAPPENINGS

ETHICS Committee

(continued from Page 28)

We know, too, from virus and employment statistics that in both its health and economic aspects, the virus has disproportionately impacted people of color and other minorities, in part due to underlying health issues and disparate healthcare access and in part due to disproportionate representation among customer-facing jobs lacking in flexibility. Yet nowhere in the prioritization of vaccines has this been addressed. There has been substantial media coverage of hesitation among people of color to trust vaccination, based on the legacy of distrust sown by history (for example, the Tuskegee Study). The social work standard of social and political action calls for us to be engaged in ensuring that all people have equal access to resources to meet their basic needs. We are called to act to expand that access for the vulnerable, disadvantaged, and exploited people and groups. As social workers, we advocate for our clients and for the disenfranchised. So, we might ask ourselves: if I receive first priority vaccination, was someone else at greater risk prevented from getting an appointment? What can I do to advocate for clients and/or minorities who lack access to vaccination?

The code of ethics cannot anticipate every potential scenario and certainly does not speak directly to pandemic. It does not provide black-and-white directives on specific situations, only guidelines to help us align behavior with values, principles, and standards of our profession. Also, it is often the case in ethical dilemmas that two or more ethical principles are in conflict, and no course of action can satisfy all: Do we follow the principle of helping to address social problems by participating in early vaccination, or do we focus on social justice, stepping aside to let those at greater risk go first? Are we able to advocate for an improved rollout strategy, or is the situation set as is? Regardless of when we get our own vaccines, can we advocate for clients and others by helping those most at risk obtain access? Sometimes all we can do is choose the principle that reflects our highest value or yields the best imperfect outcome.

Another principle of our code of ethics is *client determination.* In keeping with that spirit, each of us must make our own ethical decisions. And whatever we individually decide about vaccination priority, maintaining client safety remains an essential value.

This inquiry has presented an example of the kind of deliberation that is warranted when we face ethical dilemmas: what are the applicable laws, rules, and standard of care procedures; how do the ethical values, principles, and standards of our profession bear on the situation? In professional matters, these take precedence over our personal values. As with other ethical dilemmas, this deliberation is one we can have with ourselves, in consultation with supervisors and/or with the ethics committee, and/or as a community of peers, whether through our informal personal connections or our larger GSCSW venues (for example, our listserv or our ethics CE salons).

We hope that sharing this deliberation is helpful not only to the initial inquirer but to the GSCSW membership community.

Ethics Committee Members:
Carla Bauer, LCSW (Chair)
Carol Finkelstein, LCSW
Phyllis Rosen, LCSW
Corinne Warrener, PhD, LMSW
ethics@gscsw.org

COMMITTEE HAPPENINGS

ANTI-RACISM AND DIVERSITY COMMITTEE

For the month of February the Anti-Racism and Diversity Committee is co-facilitating a session during the next board meeting with GSCSW President Becky Anne. The purpose will be gauging the interests of the board regarding matters related to anti-racism and diversity issues within the organization of GSCSW and the community at large.

The co-chairs of the AR&D Committee will then meet with its committee members on Feb. 22 to discuss the future vision of the board.

The book club facilitated by Dr. Shaakria Ford continues to hold an intimate space for discussions surrounding race and racism in the United states.

Anti-Racism and Diversity Committee Members:

Shaakira Ford, DSW, LCSW (Co-Chair)
Kaila Tang, LMSW (Co-Chair)
Isom White, LCSW (Co-Chair)
diversity@gscsw.org

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. Look for upcoming information on our Lunch Learns—4th Wednesday of the month at noon. Next one is March 30th—Professional Wills.

Ruthie Duran Deffley, LCSW (Chair)
savannah@gscsw.org

LMSW COMMITTEE

The committee is 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.

LMSW Committee Members:

Kathy Woerner, LMSW (Chair)
Kristen Smith, LCSW
Kim Peery, LMSW
Mark Navarre-Jones, LMSW
Joan Pope, LMSW
Sherree Figel
Carrie Harold, LCSW
lmsw@gscsw.org

CEU COMMITTEE

The CE Committee is busy approving CE applications for members and non-members throughout Georgia who want to offer Continuing Education events for Social Workers. GSCSW offers CE approval to members at a discounted cost. For more information about our CE approval process, please check out GSCSW's website under "Apply for CE's".

CEU Committee Members:

Davine Ricks, PhD, LCSW (Chair)
Stephanie Barnhart, LCSW
ceu@gscsw.org

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!

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
mentor@gscsw.org

LOW-COST SUPERVISION COMMITTEE

As a service to the clinical social work community, GSCSW offers reduced-fee LCSW supervision to our members who are recent MSW graduates. Our supervisors are GSCSW members who are seasoned clinicians, and who have expertise in a variety of modalities, theoretical orientations, populations, and specialties.

Currently there are 37 supervisors listed on our website with their contact information and a brief description of their specialties. Fees per person for supervision range from $40-$80 for individual (up to 2 supervisees) and $30-$40 for group. MSWs can contact the supervisors directly to discuss details and to negotiate fees.

Clinical supervision is required by the licensing board to apply for a clinical social work license. But more than that, supervision is an important aspect of becoming a clinician. It provides a safe place to learn, to grow, to gain confidence, to develop our skills, and to help us tolerate those moments with clients when we worry that we don't know what we're doing.

And seasoned clinicians, we are always looking to recruit more supervisors. We understand that you may be reducing your fee, but we also know how exciting and meaningful it can be to help launch the next generation of clinical social workers. So please feel free to contact me.

Phyllis Glass, LCSW (Chair)
supervision@gscsw.org

MEMBERSHIP COMMITTEE

GSCSW welcomes our two new Membership Co-Chairs, Donna Parrish, PhD and Leigh Fisher, LMSW. The committee chairs will be exploring with their committee how to best connect and serve GSCSW Members in the months and years to come. If you are interested in serving on the Membership Committee, please contact the co-chairs.

GSCSW also welcomes Kim Peery and Kyra Jones as Co-Chairs for the Christopher Uptain Student Engagement Initiative (CUSEI). The co-chairs are starting the work of identifying student liaisons at each of the Georgia Schools of Social Work and exploring how GSCSW can best meet student needs. They are also creating a GSCSW Student Scholarship with the funds given in honor of Christopher Uptain.

Membership Committee Members:

Leigh Fisher, LMSW (Co-Chair)
Donna Parrish, PhD (Co-Chair)
Vivian Daniel, LCSW
Christi Humphrey, LCSW
Molly Kosar, LMSW
Kim Peery, LCSW (Co-Chair, CUSEI)
Kyra Jones, MSW (Co-Chair, CUSEI)
membership@gscsw.org

COMMITTEE HAPPENINGS

PROFESSIONAL EDUCATION COMMITTEE

Upcoming events:

Inner Life of a Therapist— March 4, 2021
Spring Symposium—April 24, 2021—Sharon Roszia, MS
Summer Symposium— TBD

More information about these events and how to register can be found on the Events page on the GSCSW website: www.gscsw.org/events

Professional Education Committee Members:
Brenda Romanchik, LCSW, ACSW, CTP (Co-Chair)
Michelle Pintado, LCSW, CAD-II, CSSW
Christi Humphrey, LCSW
Hannah Sievers, LMSW
Teri Sivilli, LMSW
Antoinette Thorton, LCSW, CSAC, CSOTP, CLC, CCTP
Sonjin Varghese, LMSW, MPA, MLM, PhD
professionaled@gscsw.org

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!

Natasha Vayner, LMSW (Chair)
socialmedia@gscsw.org

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.

Jamie Bray, LCSW (Chair)
licensure@gscsw.org

CSWA - Update on State of Emergency (1/14/2021)

The State of Emergency has been extended to April 20, 2021. It was scheduled to end next week on January 20th. This means psychotherapy through videoconferencing or audio only means will be covered by Medicare, and likely private insurers.

Listed below is new information about President-Elect Biden's *American Rescue Plan for expanding health care in four different areas when he takes office. These plans are designed to ensure: Expansion of Health Care; Expansion of Access to Behavioral Health Services; Ensuring Adequate Funding for Veterans; and Combating Gender-Based Violence.* These are detailed below:

President-Elect Biden's American Rescue Plan - Health Care Section

Expanding access to behavioral health services. The pandemic has made access to mental health and substance use disorder services more essential than ever. The president-elect is calling on Congress to appropriate $4 billion to enable the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration to expand access to these vital services.

Preserving and expanding health coverage. Roughly two to three million people lost employer sponsored health insurance between March and September, and even families who have maintained coverage may struggle to pay premiums and afford care.

Ensuring adequate funding for veterans' health. COVID-19 has put enormous pressure on America's veterans and on the Veterans Health Administration that is charged with providing and facilitating top-notch care for them. The president-elect is committed to ensuring America delivers on its promise to the people who have served our country. To account for increased usage as many veterans have lost access to private health insurance, higher overall costs, and other pandemic-related impacts, the president-elect is immediately requesting an additional $20 billion to make sure that veterans' health care needs can be met through this crisis.

Combat increased risk of gender-based violence. The COVID-19 pandemic has exacerbated domestic violence and sexual assault, creating a "shadow pandemic" for many women and girls who are largely confined to their home with their abuser and facing economic insecurity that makes escape more difficult. President Biden is calling for at least $800 million in supplemental funding for key federal programs that protect survivors.

CSWA will continue to keep you informed about the issues that affect LCSWs and our patients.

Laura Groshong, LICSW, Director, Policy and Practice
Clinical Social Work Association
lwgroshong@clinicalsocialworkassociation.org

CLINICAL SOCIAL WORK ASSOCIATION

THE NATIONAL VOICE OF CLINICAL SOCIAL WORK

Strengthening IDENTITY | Preserving INTEGRITY | Advocating PARITY