

LPC Connection

Learn • Promote • Counsel

Official Publication of the Licensed Professional Counselors Association of Georgia

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Access to Mental Health Care in Rural America: A Crisis in the Making for Seniors and People with Disabilities

The American Mental Health Counselors Association (AMHCA) asked LPCA to find an expert to present at a congressional staff briefing examining the emerging crisis of access to mental health care in rural America. The event was held at noon on Tuesday, July 25, 2017, in Washington, D.C. LPCA invited Dr. Kay Newberry Brooks, LPC, to speak about the lack of mental health professionals in rural Georgia and throughout the USA (see the map Dr. Brooks presented on page 7). Dr. Books is the Aspire Behavioral Health Chief Executive Officer, Albany, Georgia. Aspire Behavioral Health is a Georgia community service board providing BH/DD services in Southwest Georgia.

The Health Resources and Services Administration (HRSA) has identified nearly 4,000 whole or partial U.S. counties as having serious mental health professional shortages. These are defined as areas where there is less than one psychiatrist per 30,000 persons. These shortages come at a time when the opioid crisis is worsening dramatically in our rural communities and suicide rates are increasing among middle-aged and elderly Americans in the far west.

Continued on page 6



Kay Newberry Brooks, Edd, LPC, Dougherty County Aspire Behavioral Health CEO, Albany, Georgia; Joseph Weeks, MA, LMHC, NCC, AMHCA President, Monponsett, MA; H. Gray Otis, PhD, CMHC, DCMHS-T, AMHCA Past-President, Cedar Hills, Utah; Suzanne L. Walker, MS, CCMHC, LCAS, LPC, AMHCA Immediate Past-President, Southport, NC; Joshua E. Maldonado, LMHC, LPC, CCMHC, NCC, AMHCA Board Member Representing the North Atlantic Region, Rochester, New York.

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EXECUTIVE DIRECTOR

Gale Macke lpca@mindspring.com

Advocacy

There are only three sentences required to add you to the Medicare Federal law; it is very similar to how we added LPCs to the current list of providers in reference to the 1013 Form. We are working with our national association, the American

Mental Health Counselors Association, as well as other organizations to encourage our Senator, Johnnie Isakson, to co-sign the legislation.

Business Update

Our new website continues to be enhanced by adding more options for our members. You now have access to sign up for events, consults, and members-only CEs. This will stream line the services that are available to our members. An online, private social circle for Clinical Supervisors is up and running. Participants can share what works and what does not. Our next project is a private social circle for students. The active blog site makes it easy to contact your fellow clinicians, make referrals, and post inquiries. It offers easy 24/7 access.

Our Staff

Mrs. Brittny Lyle, LPC, who also owns a company that provides CARF accreditation consultation, is assisting with CEs, Consults for licensure, and a multitude of services for members. Ms. Satina Thrower, MA in Counseling, has been assisting with the CPCS application. We are handling over 700 calls and emails each week between the three of us. The LPCA Board of Directors are all volunteers and work overtime to assist members and they are all outstanding mentors. We are always looking for those who want to get involved.

Standardized Forms have been developed, Supervision, CE certificates, and other forms necessary for licensure.

Why do we need to use these forms?

The LPCA CPCS Program reviewed thousands of CE certificates. Because of the lack of clarity and the licensing board's rejections based on insufficient information, LPCA has developed a "standardized" CE form. It is extremely important that every CE certificate very clearly state:

- Title of Event (if the title is not clear, then the certificate needs more information on it).
- In-person or electronically delivered. (webinar, online exam, etc.)
- Date.
- Location of event.
- Name of provider. By looking at the certificate can you locate the provider, phone or email?
- Who approved the workshop?
- Are they an approved provider?
- Objective of the workshop (at least 3 should be list).
- Number of hours and type of hours. Ethics? Core? Supervision? Telemental Health? Diagnose?

If you attend an event that does not contain the above information, notify the provider. A Resource Library will be added to our expanding website. We will be asking what information you would like to have available to you 24/7.

The list so far:

- Licensure questions from applicants and supervisors.
- How to start a private practice.
- Job hunt suggestions.
- Student issues.
- Insurance reimbursement dos and don'ts.
- New responsibility with my right to "diagnose".

Georgia Composite Board of PC, SW, MFT

New Rule: Licensing Board Rule 135-12 became effective on September 21, 2017.

The purpose of the rule is to clarify the new law which adds diagnose to the Counselors Scope of Practice. As you know, LPCA has been very successful in getting several important Laws passed. This was made possible by the never-ending work and support of our lobbyist, Ms. Julianna McConnell. Equally supportive are Senator Renee Unterman and Senator Lester Jackson. The new law and rule does have additional conditions added by NASWGA (all licensee must have proof of diagnosis training) and GPA added conflicting language about diagnosing. *Stay tuned...*

Policy on getting licensed: for all of those those working towards licensure, LPCA will offer a resource library filled with informational pages on coursework, directed experience, and most importunately of all the requirements around paperwork and supervision. These will be accessible on our website. You will receive email updates on how to access, as a member of LPCA, this new resource.

Diagnosis training update: In March of 2016, Rep. Tom Dickson asked, "How many counselors do you think will need to take a DSM-5 course?" We estimated approximately 500 counselors. To date 400+ completed an "approved" forty-five hour Diagnosis Training Program.

Diagnostic Training Programs are being offered by Georgia State University (CE Dept.), Cove Counseling, West Georgia Group, Development Counts, GSCSW, CEUConcepts, YourCEUs.com, American College of Psychotherapy, and LPCA of Georgia. These groups used a variety of experts in their field of study presenting the materials. The universities have reported to us that they have made special arrangements for staff and alumni to take their course.

FAQs about requirements to present a DSM-5 training:

- Why can't I provide just some of the DSM-5 trainings?
- Why can't I provide all the training, why do I need other experts to present?
- How much of the training must be on the DSM-5?

The associations (GSCSW, GAMFT, LPCAGA) promote "Best Practice." The associations worked together to ensure, as an authorized Continuing Education approval body by the GA Composite Board of PC, SW, MFT, that a training program approved by any one of the associations (GSCSW, GAMFT, LPCAGA) would be a true learning experience based on: a graduate level course, which includes months of detailed outside reading, quizzes, and exams, although taught by one

person, is not the same as a Training Program outside a university setting. A Training Program must deliver the material in a much shorter time frame, and without all the options, to verify if participants are really comprehending and able to implement the training into practice.

One person cannot be an expert in all the DSM-5 which covers: medical conditions and lifestyle contributing mental health concerns, anxiety disorders, depressive disorders, substance use, impulse control, conduct, personality disorders, somatic symptom and related disorders, neurodevelopmental, elimination disorders including feeding, eating, etc., obsessive-compulsive and related disorders, dissociative, trauma, and stressor related disorders, neurocognitive disorders, schizophrenia spectrum and other psychotic disorders, bipolar and related disorders, paraphilic, sexual functioning, and gender dysphoria.

The associations reached out to the following experts: attorneys of local, state, and national levels, Professional Liability Insurance Companies, and to the National Associations of each state chapter to ensure that the requirements to take and to teach the Diagnoses Training program would meet and exceed ACT377 requirements ensuring that there are the best possible clinicians available to the public.

Assistance to provide trainings: Those inquiring about providing a training, will continue to be provided with a list of “experts” who would be willing to present as a group or to host the training program. Mentors and training materials are also being supplied.

Attendees: Those that missed a module with one group have been provided opportunities with other groups offering the course to attend on the section that they missed.

CPCS Changes—Supervisors Exam: The Licensing Board has been clear! Supervisors must get up to speed on the ever-changing laws and rules or the Licensing Board will be requiring exams, audits, penalties, and fines.

LPCA is designing an exam for supervisors. The exam will be an “open book” type covering the law and rules to become licensed. Would you like to see this exam now? Contact us for details at LPCA@mindspring.com.

**LPCA 30th Annual Convention
& Regional Conference**



**Synergy:
Connect, Communicate, Collaborate**

May 9–12, 2018 Atlanta Marriott Century Center



PRESIDENT

Darrell Brooks, LPC, CPCS

My Personal Journey...

From where I began, until now, is one journey that has allowed me to understand what it takes to truly evolve in our profession throughout the years. I would like to take a moment to reflect back to the days of starting my journey to become an LPC. Well as some of you may remember, when you matriculated into your master level program, the library was where you researched articles. These were the days of the microfiche, and when typing a paper really meant typing on paper. Next, there may be some of you who can recall the usage of a dot matrix printer and peeling off the edges of the paper. Others may remember the time of actually traveling to class.

Today with technology, research is easier and gathering information is more readily available with round-the-clock information accessible at the push of a button. However, there is nothing more important than the many educators that pride themselves in conveying the essence of our profession. There is one that I would like to thank, my professor and advisor, Dr. Kelley Kirksey. As an educator, Dr. Kirksey looked beyond this second-year law student who challenged being on time for class, turned in papers late, and dozed off during Saturday morning class.

During my years as a student, I became interested in what this profession could do for me. So I began to generate income through a symposium entitled *How to Counsel the Black Family*. Although it was developed with the concept of providing Professional Counselors in northeast Ohio with the skills necessary to network with local and governmental individuals as well as religious and community leaders, it lacked something that only a true clinician would understand. Moreover, at that time, I missed it completely. It wasn't until my third year doing the symposium when it started.

During that third year, Dr. Kirksey and I had again gone through the format for the symposium. We added a benefits dance and stipends for our speakers. However, “Mr. Blizzard” decided to crash the party. With a wind chill factor of minus 12 below, the hall that was rented for the dance was empty; the music was there but not the people. As for the symposium, the speaker was there but not the 300+ attendees. Even Dr. Kirksey was snowed in from Youngstown, Ohio. I did not realize that my contract did not include a crucial clause, “Due to inclement weather that may reduce the attendance of attendees to below 50% if the registered individuals, your rate will be half of what is negotiated.” I still paid the speakers that showed up out of money from my student loan. Nearly bankrupted, I learned was that I was not ready to be an LPC.

During my graduate years, Dr. Kirksey, Dr. Merz, and other professors began to challenge me in understanding what it takes to be a clinician. Upon graduation and sitting for the NEC, I was ready, and after three tries I passed and became a LPC. That's right, three tries! Being a professional counselor was not my choice at the beginning, but it became my calling, and sometimes, you can be delayed, but will never be denied.

PRESIDENT-ELECT

Lisa King Smith, EdS, LPC

Over the summer I had the good fortune to attend the AMHCA Leadership Summit in Washington, D.C. to represent LPCA of GA. There, I met colleagues from the around the country and had the opportunity to attend several leadership workshops designed to enhance leadership and chapter growth. Gale and I connected and collaborated with several LPCs from other chapters. We came away with some great ideas that we hope to bring to our chapter and our region based on some innovative programs other states have implemented.

I am excited to announce that planning is underway for the 30th Annual LPCA Convention to be held in Atlanta. The Call for Programs and sponsorships are out. I encourage each and every one of you to make plans to attend, and perhaps even present. I would also like for you to encourage a colleague or co-worker to attend the convention this coming year as well. The theme for this year's convention will be around connectedness, interconnectedness and collaboration, entitled *Synergy: Connect, Communicate, Collaborate*. As humans, we rely on others and our daily connections with others. As practitioners, even those of us in private practice, we are not practicing entirely alone. Among several things, as professionals, we are connected with our clients, with our colleagues, with other professionals, and in our communities. I want to emphasize these connections, interconnections and the importance of collaboration in this year's convention. I am hoping to highlight how essential this is to us as Licensed Professional Counselors and to the success of the profession. In addition to a keynote speaker, this year's workshop tracks will include ethics, legal, supervision, addiction and trauma, as well as student poster sessions.

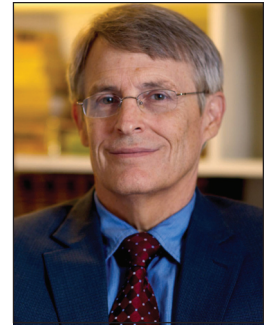
Make plans now to attend the convention, and bring a colleague to share in the experience and learning. I would love to introduce more students and young professionals to the importance of being involved in their profession. Networking and being involved in a professional organization is a proven avenue to success for every professional out there. LPCA is the only local chapter dedicated to advancing and advocating for the counseling profession in Georgia for over thirty years. I would love for our members to introduce more LPCs in the state to that value and the dynamic, connected organization that we are.



IMMEDIATE PAST PRESIDENT

Galen Cole, PhD, MPH, LPC, CPCS, WCP

Principles of a Happy, Romantic Relationship



My many years of counseling couples taken together with my personal experience with marriage (my wife and I have been married for over 40 years), has taught me that in order for a relationship to survive and thrive, both individuals in the relationship must understand and apply the following principles. With this in mind, my purpose here is to summarize these principles in a way that will increase your relationship satisfaction and the likelihood that it will endure the inevitable challenges of life.

The principles I outline here apply to what I refer to as a *Romantic Relationship*. By this I mean a relationship that includes friendship, physical intimacy, and a sense of exclusivity that requires loyalty and commitment to the relationship above other romantic relationships. Specifically, the principles I am referring to are as follows:

1. Take responsibility for your own happiness.

Until you do this you will find yourself demanding that your partner change in ways that make you happier. This creates what is often called a *power struggle*. This struggle tends to persist until both individuals in the relationship realize that no one can make them happy except themselves. This is because, assuming that you have a healthy brain, the emotional state called happiness is a consequence of consistently deciding to think and do things that create positive emotions even when things in your life are "not ok!" In other words, deciding that it's not what my partner says or does that makes me happy or sad, it's how I think about and react to what they say and do.

2. Accept responsibility for the problems in the relationship that you have some control over. This does not include infidelity, abuse, or addiction.

When you blame your partner for the problems in your relationship you give away all of your power to improve the situation. This makes you a victim who is at the mercy of your partner's willingness to do what you want them to do to solve your problems. With this mindset nothing can get better until your partner changes. Because you can't force your partner to change, you live in a chronic state of frustration. To overcome this, you must take your power back and focus on changing yourself by making yourself the kind of person you want your partner to be.

3. Consistently ask yourself the following questions (adopting "What's in it for my partner?" attitude)

"What can I do today that will help my partner feel loved?" This requires an understanding of your partner's "Love Language" (a idea popularized by Gary Chapman in his book titled *Love Languages*) and speaking your partner's



2017 AMHCA Leadership Summit in Washington, D.C.

Love Language(s) often. For example, if your partner's primary Love Language is "Acts of Service," to show your partner love you can consistently plan (preferably every day), to do things that your partner perceives to be an act(s) of service. An important point here is that when someone says, "I don't love my partner anymore," they mean they have decided not to plan to say or do things that makes their partner feel loved. A second important question that relates to the principle here is, "*What can I say or do today to bring greater peace to my relationship?*" This question reminds you that you have the power to bring peace or conflict to your relationship. Communicating to win an argument brings conflict. Whereas, communicating in a way that is most effective (listening and validating even though you don't agree) tends to bring peace.

4. **It's OK to disagree but it's never OK to be unkind!**

When you disagree you remember that you can either argue to be right, or to be effective. Again, this requires careful listening and validating your partner's opinion and perspective even if you disagree with it. An effective technique for listening is called Active Listening. In short, Active Listening requires tuning into what your partner is saying until you communicate to your partner that you actually understand what they mean before you attempt to make your points and clarify your own perspective.

5. **Discipline your thinking in ways that make you feel better about your relationship.**

Because your thoughts and beliefs tend to be the antecedents of your behaviors, this principle relates to and has bearing on all of the other principles. This is because all of us can learn to think in ways that make us either more or less satisfied with our lives and our relationships. This is not to say you should practice thinking in ways that make you happy about the bad things that happen in your life. It is, however, saying that you can learn to think in ways that make you feel peaceful no matter how difficult your life is. This idea is based on the fact that you can not change many of the things that happen to you but, you can change the way you respond to whatever is happening inside or around you. With this in mind, the goal here is to learn to think in ways that help you feel good about your partner instead of ways that make you feel disappointed or upset all the time. For example, if your partner does not do something you ask them to do you can either think thoughts that make you feel peaceful like "Oh well, I don't always remember to do everything I say I will do (the absolute truth across all humans)," or, you can think "Wow, my spouse does not respect me and never does what s/he says s/he will do!" Both thoughts are a choice. One way of thinking will likely lead you to become upset while the other leads you to a state of empathy that, even though you may not be excited that your partner forgot to do something, will help you feel better about your partner and the situation. The thinking that leads you to a more empathic feeling will typically lead to a better, more rational response. An important principle here is that we are all choosing over and over again to think thoughts that are making our relationship and, how we feel about it, either better or worse.

6. **Create a "Relationship Vision."**

Whether written down or simply discussed and agreed upon in some other informal way, the idea here is that happy couples somehow create a shared and agreed upon vision of what they consider to be a deeply satisfying relationship. In other words, they are "on the same page" when it comes to their mutual aspirations for how they want to relate to each other, the things they want to do together and separately, the things they want to acquire, and those things they want to associate with. Some examples of things you may want areas follows: we live a life of meaning and purpose, we have an enjoyable sex life, we have lots of fun together, we have children and raise them to be secure and happy, we live close to our grown children, we attend a variety of activities together, we support each other in everything we do, we are faithful and committed to each other, we are loyal and never speak badly about each other, we resolve our conflicts peacefully, we are best friends, we stay physically fit and healthy, we talk through our disagreements and do not share them with anyone outside our relationship, if we are struggling to get along we will seek help from a relationship counselor, we spend time alone, we go out together (date night, just the two of us) at least one day/night per week, we both have fulfilling careers, one of us stays home to raise our children while the other works, we share household responsibilities, we are good stewards of our finances—and save for retirement, we pray together, we attend church or synagogue or temple or mosque together, we plan fun dates and vacations, we always tell the truth, we trust each other, we make important decisions together, we are there for each other when things are hard, we pay it forward and serve our community, we are close to our family and friends, we always think and do things that make us feel closer, we end each day by asking what we did or said during the day that made us feel closer together (we use this information to improve our relationship), we are good listeners, we make each other a priority, etc. Once you decide on the elements in this vision (the things you want to do, get, become) you can use these as standards against which you determine whether what you are thinking, saying, or doing will help you achieve your goals and realize your vision. If not, you can make course corrections that helps both of you stay on the same page towards a happy, fulfilling relationship (Harvel Hendrix popularized the importance of Relationship Visions in his book *Getting the Love You Want*).

7. **Strive for intimacy.**

What distinguishes a romantic relationship from a friendship is physical intimacy—the whole sexual part of a relationship. If either partner decides, for any reason, to ignore this part of the relationship without the other partner's consent there is a strong chance that you will fail. To ensure success in this area it's important that the two of you have open and honest discussions about what your partner wants and does not want. Hopefully you do this before you make any long term commitment. If you are struggling in this area for any reason I strongly suggest that you get professional help to sort out what you both agree will be your unique recipe for great sex that is satisfying to both of you.

8. Pay attention to, and do what you can to remain well balanced and both emotionally and physically healthy.

Happy relationships are created by happy, healthy, disciplined individuals. If either partner has an addiction or a seriously dysfunctional habit like anger, infidelity, abuse of drugs or alcohol, these issues must be addressed head on before the relationship can become healthy and stable. Some of the habits that are destructive to relationship and that are often overlooked in this context include irrational thinking, complaining, and the habit of talking badly about your partner when they are not around. Although these habits aren't often considered to be nearly as problematic as addictions to drugs, over time they can be equally damaging to a relationship.

9. Do more of what works and less of what doesn't.

I ask all the couples I work with to make a habit of asking one another (at the end of each day) "What did I do or say today that made you feel more connected to me (or better about me and/or our relationship)? The answer to this question is invaluable because it provides each partner with a better understanding of how to better connect and improve the positive feelings in the relationship. If this is done consistently, over time, both partners will have gain an abundance of good information about "what works" in terms of how to improve their relationship with one another. Once they understand this concept they can begin to intentionally plan to do more of what works and less of what does not work in making the relationship better.

10. Make a habit of proactively repairing whatever damage is done when there is misunderstanding, conflict, or upset in the relationship.

In his book *The Seven Principles for Making Marriage Work*, John Gottman, PhD, calls repair attempts a secret weapon of emotionally intelligent couples. A repair attempt is anything a person in the relationship says or does in an attempt to diffuse a situation and prevent conflict from escalating out of control. My point here is that in healthy relationships both partners tend to start doing what they can to repair any damage done when there is conflict or upset. In my own marriage we have agreed that whenever one of us says or does something that is offensive the other person will ask the offender to apologize and say or do something to make up for what they have done to offend. Recently my wife and I were at a QT and, from her perspective, I said something in a disrespectful way. When we got in the car to leave my wife would not start the vehicle. I said something like "Come on, let's go!" My wife said I am not going anywhere until you say what you said differently. I said again, "Come on, I'm going to be late for my client!" She then said, "Now you have two things to repair—what you said inside and the way you are talking to me right now." Realizing she wasn't going to leave until I made a "repair attempt" I said as nicely as I possible could (even though I was not ok inside) "I apologize for the way I have spoken to you this morning." She then said, "Not good enough, I want you to say what you said in a kinder way." Again, realizing I was stuck I tried much harder to say what I had said earlier in a kinder, more respectful manner. Then

she said "Not good enough" and we both busted out laughing. Out of all the things my wife and I have done to protect our 42+ year marriage, I believe our willingness to repair and accept repair attempts has done the more to help us stay close and connected.

Once again, many more things can be said about how to create and sustain a healthy, happy romantic relationship. Based on my experience as a couples therapist and, as a husband who is still with the "love of my life" after four decades of the inevitable challenges that come with raising a large family, the principles outlined here represent what I considered to be the better part of wisdom when it comes to living "happily ever after" with that one special person in your life.

Continued from front page

Access to Mental Health Care in Rural America

Dr. Brooks, along with a panel of experts, discussed new policy approaches to these converging behavioral health crises. The panelists included:

Joseph Weeks, MA, LMHC, NCC, AMHCA President, Monponsett, MA

H. Gray Otis, PhD, CMHC, DCMHS-T, AMHCA Past-President, Cedar Hills, Utah

Suzanne L. Walker, MS, CCMHC, LCAS, LPC, AMHCA Immediate Past-President, Southport, NC

Kay Newberry Brooks, EdD, LPC, Dougherty County (Rural Southwest Georgia) Aspire Behavioral Health Chief Executive Officer, Albany, Georgia

Joshua E. Maldonado, LMHC, LPC, CCMHC, NCC, AMHCA Board Member representing the North Atlantic Region, Rochester, NY

Dr. Brooks' presentation on crisis of access to mental health care in rural America due to the shortage of work force, was well received, with many Senate staffers asking questions to bring to the Affordable Care Act discussions actively going on in Congress.



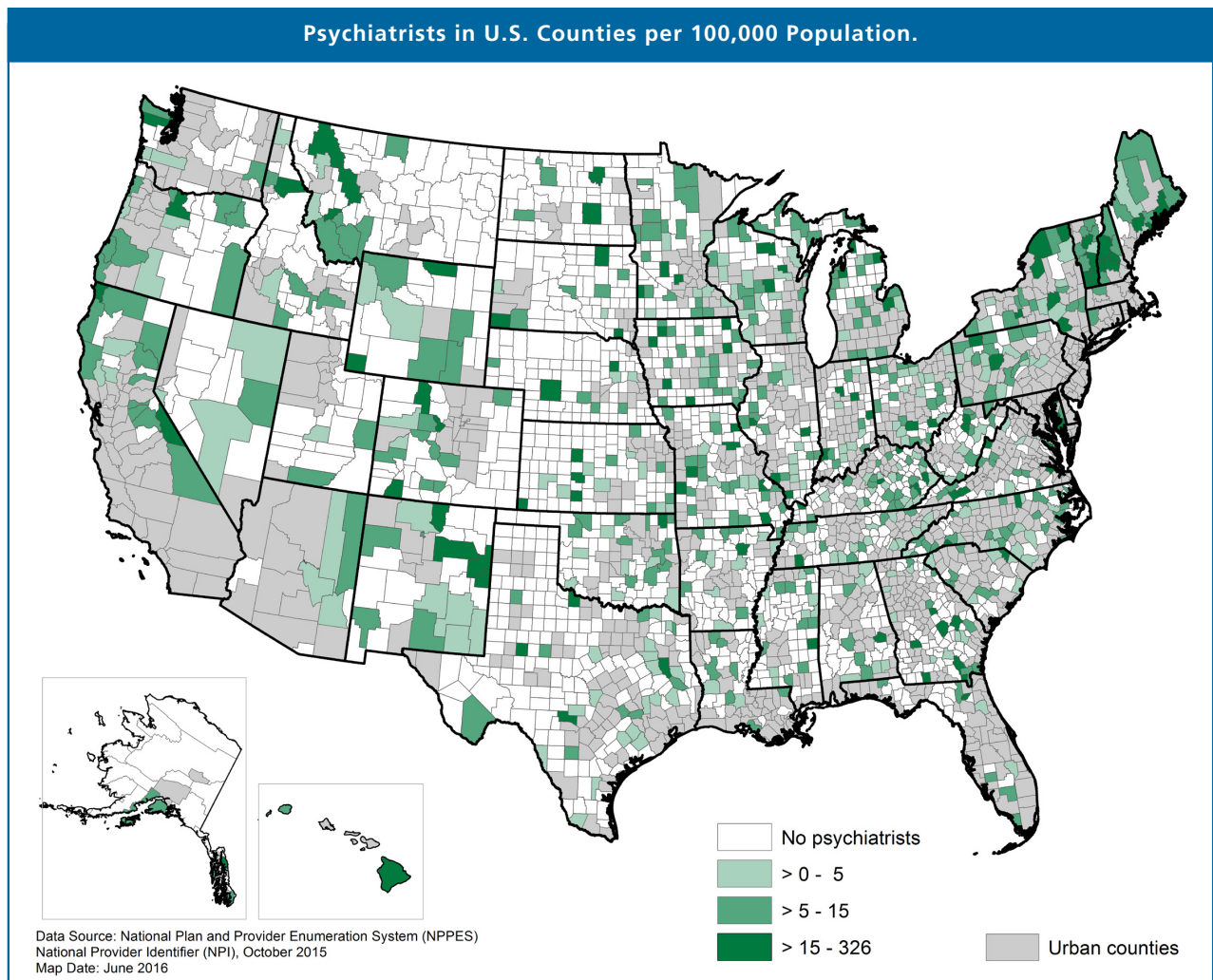
Dr. Kay Brooks, LPC, CEO of Aspire; Joe Weeks, LMHC, President of AMHCA; Gale Macke, Executive Director of LPCA of Georgia



Data Brief #160 • September 2016

Supply and Distribution of the Behavioral Health Workforce in Rural America

Over 15 million rural Americans face some kind of behavioral health issue—substance abuse, mental illness, or medical-psychiatric co-morbid conditions.¹ While a variety of professionals that can provide care for a broad range of behavioral health issues are usually available in urban areas, residents of rural areas often face shortages of behavioral health providers. In addition, primary care providers often play a much larger role in behavioral health care delivery than they do in urban settings, requiring integration of primary care and behavioral health services.²



CONTINUING EDUCATION

LPCAContinuingEducation@gmail.com

Title: *Mindfulness and Cognitive Behavioral Therapy in Everyday Practice*
Date: October 20, 2017
Location: Sweetwater State Park Visitor Center
1750 Mount Vernon Rd., Lithia Springs, GA 30122
Core: 5
Contact: Nicole Keating Phone: 407-927-6825
Email: nkeating2003@yahoo.com
Website: www.nicolekeatinglcsww.com

Title: *Using Internal Family Systems Therapy with Addiction Issues*
Date: October 20, 2017
Location: Foundations Midtown, 1708 Peachtree St. NW, Ste. 300, Atlanta, GA 30309
Core: 3
Contact: Dianne Gay Phone: 678-232-3402
Email: dianne.gay@uhsinc.com
Website: www.foundationsatlanta.com

Title: *Assessment and Treatment of Complex PTSD and Dissociative Disorders*
Date: October 20, 2017
Location: 1961 North Druid Hills Rd., Atlanta, GA 30329
Core: 5
Contact: Dawn Collinge Phone: 404-709-3171
Email: dcollinge@skylandtrail.org
Website: www.skylandtrail.org

Title: *Ethics and the 12 Shades of Gray Areas Interactive Workshop*
Date: October 20, 2017
Location: Hampton Suites Inn, Newnan, GA 30265
Ethics: 5
Contact: Sandra Phillips Phone: 706-750-4275
Email: sphillips@transformation3cs.com
Website: www.transformation3cs.com

Title: *Group Psychotherapy as a Neural Exercise: A Polyvagal Theory Perspective*
Date: October 21, 2017
Location: Oglethorpe University, Turner Lynch Campus Center, 4484 Peachtree Rd. NE, Atlanta, GA
Core: 6
Contact: Karen Piering Abbott Phone: 770-417-2772
Email: drpieringabbott@gmail.com
Website: www.bit.ly/2uG6Jrb

Title: *Tidbits and Tokens: Ideas on Making Counseling Sessions Active and Engaging*
Date: October 21, 2017
Location: 5598 Bells Ferry Rd., Acworth, GA 30102
Core: 5
Contact: Alica Davis Phone: 770-337-3122
Email: aliciadavislpc@gmail.com

Title: *TeleMental Health: Breaking Geographical Boundaries in Counseling*
Date: October 21, 2017
Location: 1900 The Exchange, Bldg. 100, Atlanta GA 30339
Core: 6 TeleMental: 6
Contact: Sonja Sutherland Phone: 404-835-6117
Email: ssutherland@richmount.edu
Website: www.counseloreducationLC.com

Title: *Dance Monkey Dance: Treating Male Anxious Performers*
Date: October 21, 2017
Location: 3045 Windy Hill Rd., Atlanta, GA 30339
Core: 7
Contact: Natalie Elliott Phone: 770-500-6083
Email: NatalieElliott.com
Website: www.SexTherapistNat.com

Title: *Addressing Opioid Addiction in Mothers and Infants in Georgia: Reducing Stigma and Pathways to Recovery*
Date: October 23, 2017
Location: Oconee Fall Line Technical College, 560 Pinehill Rd., Dublin, GA 31021
Core: 1
Contact: Elise Blasingame Phone: 770-451-0020 ext. 201
Email: elise.blasingame@hmbhga.org
Website: www.hmbhga.org

Title: *Maternal Mental Health: The Basics and Beyond*
Date: October 23, 2017
Location: Oconee Fall Line Technical College, 560 Pinehill Rd., Dublin, GA 31021
Core: 2
Contact: Elise Blasingame Phone: 770-451-0020 ext. 201
Email: elise.blasingame@hmbhga.org
Website: www.hmbhga.org

Title: *Youth Mental Health First Aid*
Date: October 25, 2017
Location: Murphy Harpst Children's Center, 740 Fletcher St., Cedartown, GA 30125
Core: 6
Contact: Kellie Roberts Phone: 470-261-4555
Email: kroberts@tanner.org
Website: www.www.tanner.org

Title: *Children Exposed to Domestic Violence: Best Practices for Clinical Therapists*
Date: October 27, 2017
Location: Mansour Conference Center, 995 Roswell St., Ste. 100, Marietta, GA 30060
Core: 5
Contact: Michelle White Phone: 404-209-0280 ext. 27
Email: mwhite@gcadv.org
Website: www.training.gcadv.org

Title: *Supervision Basics: Documentation, Regulations, and Screening (Methods)*
Date: October 27, 2017
Location: On The Border Restaurant, Kennesaw, GA 30144
Core: 6 Supervision: 6
Contact: Jeff Hughes Phone: 678-626-7210
Email: peak.solutions.expert@gmail.com
Website: www.peaksolutions.com

Title: *The Ethical Vortex: Navigating the Gray Space*
Date: October 27, 2017
Location: Hilton Garden Inn, 1065 Stevens Creek Rd. Augusta, GA 30907
Ethics: 6
Phone: 706-825-4691
Email: cramp@visitrcp.com **Website:** www.visitrcp.com

Title: *Ethical Review for the MH Professional*
Date: October 28, 2017
Location: 1905 Woodstock Rd., Ste. 7150, Roswell, GA
Ethics: 5
Contact: Jacqueline Oduselu Phone: 404-644-5523
Email: registration@peacemaker-solutions.com
Website: www.peacemaker-solutions.com

Title: *Supervision and Ethics in a Telemental Health Environment: Adapting To Today's Electronic Society*
Date: October 29, 2017
Location: On The Border Restaurant, Kennesaw, GA 30144
Ethics: 3 TeleMental: 3 Supervision: 3
Contact: Jeff Hughes Phone: 678-626-7210
Email: peak.solutions.expert@gmail.com
Website: www.peaksolutions.com

Title: *Substance Use Diagnosis: A Layered Analysis, The Changing Face of Addiction and Treatment (Session 4)*
Date: November 3, 2017
Location: 1817 Clairmont Rd., Decatur, GA 30033
Contact: A. Mendez Phone: 404-636-1457 ext. 438
Email: amendez@cccgeorgia.org
Website: www.cccgeorgia.org

Title: *ADD, ODD, or Just B-A-D*
Date: November 3, 2017
Location: 1209 S. Davis Dr., Warner Robins, GA 31088
Core: 6
Contact: Jeremiah Hopes Phone: 704-724-9727
Email: jhopes@centerofhopes.com
Website: www.centerofhopes.com

Title: *Exploring New Role of Feminism in Changing Couples Dynamics: Paradym Shift in Couples*
Date: November 3, 2017
Location: 3103 Clairmont Rd., Atlanta, GA 30329
Core: 3
Contact: Murray Dabby Phone: 404-545-2285
Email: murray@atlantasocialtherapy.com
Website: www.thecouplescollege.com

Title: *Core Elements of Crisis Intervention*
Date: November 9, 2017
Location: 111 Petrol Point, Peachtree City, GA 30269
Core: 6
Contact: Sharon Grant
Phone: 470-377-6839
Email: sharon@oasisofserenitycounseling.net
Website: www.oasisofserenitycounseling.net

Title: *Ethical Review for the MH Professional*
Date: November 10, 2017
Location: 1905 Woodstock Rd., Ste. 7150, Roswell, GA
Ethics: 5
Contact: Jacqueline Oduselu Phone: 404-644-5523
Email: registration@peacemaker-solutions.com
Website: www.peacemaker-solutions.com

Title: *Working with Parents as a Child/Adolescent Therapist*
Date: November 10, 2017
Location: Marietta Museum of History, 1 Depot St., Marietta
Core: 5
Contact: Amy Robbins Phone: 706-406-3404
Email: amyrobbinslpc@gmail.com
Website: www.amyrobbinscounseling.com

Title: *Telemental Health: Breaking Geographical Boundaries in Counseling*
Date: November 10, 2017
Location: 1900 The Exchange, Bldg. 100, Atlanta, GA
Core: 6 TeleMental: 6
Contact: Sonja Sutherland Phone: 404-835-6117
Email: ssutherland@richmount.edu
Website: www.counseloreducationLC.com

Title: *Working Across Racial Lines*
Date: November 10, 2017
Location: 3995 South Cobb Dr., Smyrna, GA 30080
Core: 5
Contact: Erin Evans Phone: 770-434-4568 ext 3001
Email: eevans@ridgeviewinstitute.com
Website: www.ridgeviewinstitute.com

Title: *The Dark Journey from Pain Medication to Heroin Use Disorder*
Date: November 20, 2017
Location: HITC, 44 Broad St. NW, Ste. 707, Atlanta, GA
Core: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: **From What's Wrong to What's Strong: Enhancing Client's Thriveability**
Date: November 27, 2017
Location: HITC, 44 Broad St. NW, Ste. 707, Atlanta, GA
Core: 6
Contact: Gary Byrd or Lynda Smith
Phone: 404-523-6074 Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: **Substance Use Diagnosis: A Layered Analysis, The Changing Face of Addiction and Treatment (Session 4)**
Date: December 1, 2017
Location: 1817 Clairmont Rd., Decatur, GA 30033
Contact: A. Mendez Phone: 404-636-1457 ext. 438
Email: amendez@cccgeorgia.org
Website: www.cccgeorgia.org

Title: **From Pain to Peace: Embrace Self-Awareness from Mind, Body, and Soul (Trauma-focused)**
Date: December 1, 2017
Location: 2801 Buford Hwy NE, Ste. T-100, Atlanta, GA
Core: 1.5
Contact: Natasha LaMarr Phone: 404-969-9722
Email: cocoalamarr@yahoo.com
Website: www.thewivesinc.com

Title: **From Pain to Peace: Forgiveness of Emotional Debt**
Date: December 1, 2017
Location: 2801 Buford Hwy. NE, Ste. T-100, Atlanta, GA
Core: 1.5
Contact: Natasha LaMarr Phone: 404-969-9722
Email: cocoalamarr@yahoo.com
Website: www.thewivesinc.com

Title: **From Pain to Peace: Learning How to Heal Your Inner Wounds (Grief and Loss Activities)**
Date: December 1, 2017
Location: 2801 Buford Hwy NE, Ste. T-100, Atlanta, GA
Core: 1.5
Contact: Natasha LaMarr Phone: 404-969-9722
Email: cocoalamarr@yahoo.com
Website: www.thewivesinc.com

Title: **From Pain to Peace: Understanding How Unresolved Issues from Our Past Compromises our Ability to Create Healthy and Stable Relationships**
Date: December 1, 2017
Location: 2801 Buford Hwy NE, Ste. T-100, Atlanta, GA
Core: 1.5
Contact: Natasha LaMarr Phone: 404-969-9722
Email: cocoalamarr@yahoo.com
Website: www.thewivesinc.com

Title: **Psychopathology and DSM Diagnosis for Mental Health Professionals**
Dates: December 4-6, 2017
Location: 30 Pryor St. Atlanta, GA 30303
Core: 40 Ethics: 5
Contact: Katie Lowry Phone: 404-413-8012
Email: kmlowry@gsu.edu
Website: www.secure.touchnet.com

Title: **Angry Couples: Stopping the Rage and Increasing the Love**
Date: December 4, 2017
Location: HITC, 44 Broad St. NW, Ste. 707, Atlanta, GA
Core: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: **Ethical Review for the MH Professional**
Date: December 6, 2017
Location: 1905 Woodstock Rd., Ste. 7150, Roswell, GA
Ethics: 5
Contact: Jacqueline Oduselu Phone: 404-644-5523
Email: registration@peacemaker-solutions.com
Website: www.peacemaker-solutions.com

Title: **Love Cycles, Fear Cycles: The Essence of Couples Therapy**
Date: December 8, 2017
Location: GA Nurses Assoc., 3032 Briarcliff Rd. NE, Atlanta
Core: 3
Contact: David Woodsfellow Phone: 404-325-3401
Email: woodsfellow@gmail.com
Website: www.marriagehelpatlanta.com

Title: **Gifts for Mind, Body, and Spiritual Healing for Clinicians and Their Clients**
Date: December 8, 2017
Location: 3995 South Cobb Dr., Smyrna, GA 30080
Core: 3
Contact: Erin Evans Phone: 770-434-4568 ext. 3001
Email: eevans@ridgeviewinstitute.com
Website: www.ridgeviewinstitute.com

Title: **Psychopathology and DSM Diagnosis for Mental Health Professionals**
Dates: December 11-13, 2017
Location: 30 Pryor Street, Atlanta, GA 30303
Core: 40 Ethics: 5
Contact: Katie Lowry Phone: 404-413-8012
Email: kmlowry@gsu.edu
Website: www.secure.touchnet.com

Title: **From What's Wrong to What's Strong: Enhancing Client's Thriveability**
Date: December 15, 2017
Location: Positive Solutions Family Enrichment Services, 1227 Augusta West Pkwy, Ste. 201, Augusta, GA
Core: 6
Contact: Gary Byrd or Lynda Smith
Phone: 404-523-6074 Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: **Introduction to Play Therapy**
Date: December 15, 2017
Location: 1269 Parker Rd., Conyers, GA 30094
Core: 6
Contact: Jill Osborne Phone: 404-234-0546
Email: kjillosborne@gmail.com

Title: **Keeping Your Ethics Professional**
Date: December 19, 2017
Location: High Impact Training and Counseling, Inc. 44 Broad St., NW, Ste. 707, Atlanta, GA 30303
Ethics: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: **From What's Wrong to What's Strong: Enhancing Client's Thriveability**
Date: January 18, 2018
Location: Positive Solutions Family Enrichment Services, 1227 Augusta West Pkwy., Ste. 201, Augusta, GA
Core: 6
Contact: Gary Byrd or Lynda Smith
Phone: 404-523-6074 Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: **Core Elements of Crisis Intervention**
Date: January 18, 2018
Location: 111 Petrol Point, Peachtree City, GA 30269
Core: 6
Contact: Sharon Grant Phone: 470-377-6839
Email: sharon@oasisofserenitycounseling.net
Website: www.oasisofserenitycounseling.net

Title: **Ethical Review for the MH Professional**
Date: January 19, 2018
Location: 1905 Woodstock Rd., Ste. 7150, Roswell, GA
Ethics: 5
Contact: Jacqueline Oduselu Phone: 404-644-5523
Email: registration@peacemaker-solutions.com
Website: www.peacemaker-solutions.com

Title: **Social and Cultural Diversity Ethics: Justice for All?**
Date: January 20, 2018
Location: 1900 The Exchange, Bldg. 100, Atlanta GA 30339
Core: 6 Ethics: 6
Contact: Sonja Sutherland Phone: 404-835-6117
Email: ssutherland@richmount.edu
Website: www.counseloreducationLC.com

Title: **The Dark Journey from Pain Medication to Heroin Use Disorder**
Date: January 24, 2018
Location: Positive Solutions Family Enrichment Services, 1227 Augusta West Pkwy., Ste. 201, Augusta, GA
Core: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: **Keeping Your Ethics Professional**
Date: January 26, 2018
Location: High Impact Training and Counseling, Inc. 44 Broad St., NW, Ste. 707, Atlanta, GA 30303
Ethics: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: **The Ethical Vortex: Navigating the Gray Space**
Date: January 26, 2018
Location: Hilton Garden Inn, 1065 Stevens Creek Rd., Augusta
Ethics: 6
Contact: Carolyn Ramp Phone: 706-825-4691
Email: cramp@visitrcp.com
Website: www.visitrcp.com

Title: **From What's Wrong to What's Strong: Enhancing Client's Thriveability**
Date: January 29, 2018
Location: HITC, 44 Broad St. NW, Ste. 707, Atlanta, GA
Core: 6
Contact: Gary Byrd or Lynda Smith
Phone: 404-523-6074 Email: g1212@aol.com
Website: www.angermanagementofga.com

Title: **Ethical Review for the MH Professional**
Date: February 3, 2018
Location: 1905 Woodstock Rd., Ste. 7150, Roswell, GA
Ethics: 5
Contact: Jacqueline Oduselu Phone: 404-644-5523
Email: registration@peacemaker-solutions.com
Website: www.peacemaker-solutions.com

Title: **Supervision Ethics and Documentation**
Date: February 9, 2018
Location: Hilton Garden Inn, 1065 Stevens Creek Rd. Augusta, GA 30907
Ethics: 6 Supervision: 6
Contact: Carolyn Ramp Phone: 706-825-4691
Email: cramp@visitrcp.com Website: www.visitrcp.com

Title: **Angry Couples: Stopping the Rage and Increasing the Love**
Date: February 15, 2018
Location: Positive Solutions Family Enrichment Services, 1227 Augusta West Pkwy., Ste. 201, Augusta, GA
Core: 6
Contact: Gary Byrd Phone: 404-523-6074
Email: g1212@aol.com
Website: www.angermanagementofga.com

Breaking the Anxiety Habit

by Lisa King Smith, EdS, LPC

It's no secret that people are more anxious now than ever before. Reported levels of anxiety have been steadily on the rise since the end of World War II, and today, anxiety disorders make up the most prevalent mental health disorders worldwide, affecting about 40 million adults age 18 and above in the United States and 1 in 8 children.

That's 18% of the population who suffer from one or more of the many disorders that fall under the umbrella of anxiety, including: generalized anxiety disorder, social anxiety disorder, panic disorder, obsessive-compulsive disorder, and specific phobias. Women are twice as likely as men to develop an anxiety disorder, and anxiety disorders often set in much earlier for women than men.

The good news is that anxiety is highly treatable, however, only about one-third of those who suffer from it seek and receive treatment. While the severity of anxiety levels can vary quite a bit from person to person, and more debilitating cases require medication and professional treatment, there are many ways that we can manage general symptoms of anxiety on our own.

We can manage our anxiety, but it's a process, and an important part of that process is understanding why we get anxious and where our anxiety is coming from. So why do we get anxious?

As humans, our brains are wired to look for what we are missing in our environment. It's a basic survival instinct. Think of the earliest humans, the hunter-gatherers, who constantly had to be aware of what the next thing they needed for survival was, whether that was food, water or shelter.

The physical symptoms of anxiety that we experience stem from this same survival instinct. When we encounter a threat, real or perceived, a part of our brain called the amygdala starts releasing stress hormones (adrenaline and cortisol), triggering the familiar fight-or-flight response: increased heart rate, quickness of breath, and tense muscles. In women, this response is triggered more readily and stays active longer than in men, which is part of the reason why women are more prone to anxiety problems.

When we really are faced with danger, this response is a good thing; it helps us get out of harm's way or defend ourselves. Even in non-life-threatening situations, these hormones can help us perform better and improve our lives. A big job interview or a presentation may have our stomach in knots, but the instinct to protect ourselves motivates us to prepare. The adrenaline rush can give us the energy we need to perform under stressful circumstances.

But too much of these hormones can have negative effects on our bodies, such as higher blood pressure, sleep problems, appetite problems, difficulty concentrating, weight gain, and even stroke. Even though this fight-or-flight instinct is critical for survival, sometimes our brains can get stuck in this place of searching for what is missing and worrying even when we aren't in immediate danger. This way of thinking becomes a habit that we don't even realize we are developing until we are already so comfortable with it that it can almost seem

scary and unfamiliar not to be in a place of constantly thinking about what needs to happen, what could happen or what's next.

We've essentially tricked our bodies into thinking we are in danger when we aren't, and that's when anxiety becomes a bigger problem. How can we manage anxiety? The key to managing anxiety involves changing our thinking patterns by challenging negative thoughts and training our brains to tone down that automatic fight-or-flight response and evaluate if the feelings of danger we are experiencing are serious or not.

It sounds difficult, and it can be, but it is possible with practice. Just as our brains have trained our bodies to be hungry or sleepy at certain times of the day, we can train ourselves to be less anxious. Start by challenging negative thoughts and worries. Asking yourself questions can help put thoughts and situations into perspective and calm the mind. Next time you're worried about something, ask yourself:

- What is my evidence for thinking that this could actually happen?
- What can I do to find out if my thoughts are true?
- Is there another way of looking at this situation?
- Is there anything positive about this situation?
- Will this matter a year from now?
- Is this a productive thought?
- Is thinking this way helping me achieve my goals?

When we stop to question our thoughts, it not only gives us a sense of control over our thinking when we are feeling anxious, it also gives us the opportunity to step back and really reflect on the way we are thinking to identify where in our thought processes we can make changes to prevent these anxious thoughts from getting out of hand in the future. Because a large part of anxiety involves trying to control things we can't, and getting lost in infinite "what ifs?" another technique that can help is mindfulness. Practicing mindfulness can help us be present in the here and now and remind us that all we really can control is how we are handling this exact moment in time.

A popular and helpful exercise used to practice mindfulness is called grounding, which is done by taking a few deep breaths (inhaling through the nose and exhaling through the mouth) and identifying three things you can see, hear, smell and touch in your environment. Taking a moment to consciously identify these external things and be aware of our physical senses can help bring us out of our heads and back into the present moment. Of course, we can't rewire our brains overnight; these techniques must be practiced and repeated often before they can become a good habit that replaces the harmful habit of anxious thinking that we have developed.

Along with these mental exercises, physical exercise has also been shown to improve anxiety levels and help with stress management. Regular exercise's benefits to the body are well-known, but it also benefits the brain by improving cognition, concentration, alertness and mood. Rigorous exercise also improves our ability to sleep well, which is another very important part of anxiety management. Trouble falling asleep (and staying asleep) is one of the most common anxiety-related problems, yet not getting enough sleep makes anxiety worse, creating a vicious cycle.

Setting and sticking to a relaxing bedtime ritual can help with sleep consistency. Avoid watching TV (that includes Netflix!) half an hour before bedtime to give the brain sufficient time to wind down before sleep. Watching the news or violent programming too close to bedtime only worsens anxiety and makes it harder to slow down a racing mind. As attached as we are to our smartphones, staring at our screens too close to bedtime can also cause sleeping problems.

Smartphone screens emit bright blue light which can interfere with the brain's ability to make melatonin, the important hormone that lets our bodies know when it's time to sleep. iPhone users should take advantage of a new feature called Night Shift that when enabled, automatically shifts the screen's color temperature to a yellowish hue, which is more soothing on the eyes and brain.

Get into the habit of asking yourself "what am I doing to take care of me?" Whatever the answer is, whether it's taking the time to read, daily meditation or long walks, do more of it. Self-care is a critical step toward taking control of anxiety.

What if there is a bigger problem? Although many people who suffer from mild to moderate anxiety are able to function in social and professional situations, those who find that their anxiety is preventing them from performing simple daily activities should seek professional treatment, which may include medication. Anxiety disorders are highly treatable, and seeking help is key to taking charge of your mental health and moving forward with your life.

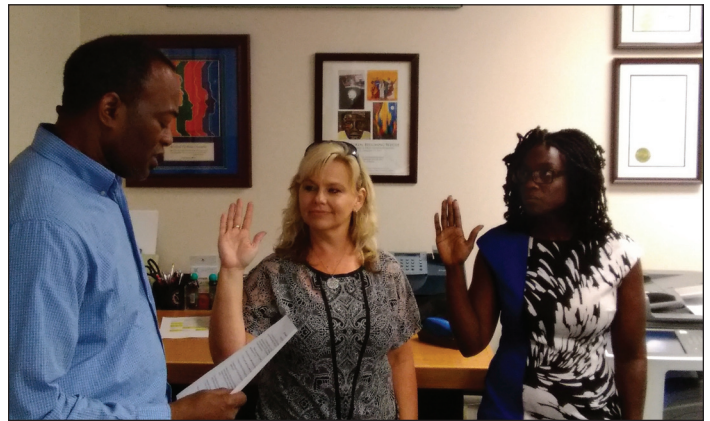
It may seem scary or intimidating to seek help, especially if you've never had experience with any sort of therapy or counseling before. Doing some research about treatment methods and knowing what your options are may help you feel more empowered. The Anxiety and Depression Association of America is a great online resource for learning about treatment options and even finding a therapist nearby.

None of the techniques mentioned in this article are 100% effective and they cannot replace professional treatment for those suffering from severe anxiety disorders. It is important to understand that everyone's anxiety is different and not everyone responds to treatment in the same way or in the same amount of time.

Unlike illnesses such as the flu or pneumonia, anxiety can't be completely eradicated. There is no true cure for anxiety, only methods designed to alleviate symptoms and techniques to keep it under control. Anxiety is very manageable, but because of the way the human brain is designed, it can never completely go away. Simply being able to identify what triggers your anxiety and being aware of what physical symptoms you may experience before an anxiety attack can go a long way in preventing anxious thoughts from escalating into full-fledged panic attacks. The sooner you can recognize that an attack is coming, the sooner you can take measures to prevent it.

Stress is a part of life, and some anxiety is inevitable, but knowing how to manage those feelings and keep them from becoming a habit of thinking will help you stay in control of your thoughts and handle whatever life throws at you in the future. Remember that you have the power to take control of your anxiety and that you aren't alone in your fight for peace of mind.

Originally published in July 2017 issue of West Georgia Woman Magazine.



Darrell Brooks, Shannon Barnes, Jacqueline Robinson

LPCA Welcomes New Board

Please join us in welcoming Shannon and Jacqueline to the LPCA Board of Directors!

Shannon Barnes, PhD, LPC, BCPC, is our new Continuing Education Co-Chair and the owner of Tranquility Counseling Services, LLC. Dr. Barnes earned her Master of Science degree in clinical counseling from Brenau University and her doctorate degree in counseling studies. Shannon has a commitment to lifelong learning and a passion for continuing education training that increases her effectiveness as a therapist. In addition, she is committed to projects promoting community outreach to those in need.

Jacqueline Robinson, LPC, is our new Supervision Chair. She served as a volunteer in the LPCA office giving her insight as to what it means to be part of the LPCA Board of Directors. Jacqueline obtained a Master of Arts degree in Marriage and Family Therapy from Richmond Graduate University (formerly Psychological Studies Institute) and a Bachelor of Arts degree in psychology from Spelman College. Currently, she is working on her doctoral degree. Jacqueline has worked extensively in the field of counseling and specializes in Marriage and Family Therapy and the treatment of Bipolar Disorder.

Board Meetings Are Not Bored Meetings!

What do you talk about at your board meetings? Wait, for all of you who have served on a board, don't answer that yet. Instead, let's start at the very beginning: What is the purpose of the LPCA Board of Directors? There's only one answer to that question. The purpose of the board is to do governance, the process carried out by a group of people to ensure the health and effectiveness of the association. Governance entails the processes of ensuring the health and effectiveness of the association, i.e. defining values, mission, vision, and overall direction.

So what do you talk about at your board meetings? Mostly, our board meetings are for strategic conversation about important items, the trends and challenges, and their potential implications on our members. And most of the time, it's fun!

Book Review: *DSM-5 Handbook of Differential Diagnosis* by Dr. First

by Todd Love

Written by Dr. Michael First, Professor of Clinical Psychiatry at Columbia University, *DSM-5 Handbook of Differential Diagnosis* is an excellent resource for clinicians needing to make a formal DSM-5 diagnosis. An authority on MH diagnoses, Dr. First was the editor of the DSM-IV-TR, and currently serves as an editorial and coding consultant for both the DSM-5 and the ICD-11 revision project. His present book incorporates a six-step process to guide clinicians through the process of generating a DSM-5 diagnosis. The book also includes 29 flow charts based on symptomology, as well as 66 tables of differential diagnosis. The book is useful for those both skilled and yet-to-be skilled with the process of utilizing the DSM-5.

In section one, *Differential Diagnosis Step-by-Step*, the author articulates the details of his six-step diagnostic process:

- Step 1:** Rule Out Malingering and Factitious Disorder
- Step 2:** Rule Out Substance Etiology (Including Drugs of Abuse, Medications)
- Step 3:** Rule Out a Disorder Due to a General Medical Condition
- Step 4:** Determine the Specific Primary Disorder(s)
- Step 5:** Differentiate Adjustment Disorders from the Residual Other Specified or Unspecified Disorders
- Step 6:** Establish the Boundary with No Mental Disorder

The author includes breakout questions for each of the steps to help explore them further. This helps identify/rule-out causality vs. coincidence. For example, guidance is offered in Step 2 for the delicate process of delineating whether the main clinical problem is substance use, or if the substance use is secondary to the primary disorder.

Section two, *Differential Diagnosis by the Trees*, is formatted around 29 decision trees. The trees are symptom based, and clinicians start with the most pronounced presenting problem, and work their way down. The author encourages the use of multiple decision trees or multiple passes through single tree in order to explore all possible comorbidities.

In section two (as well as throughout the entire book), the author writes about the unfortunate problem that some clinicians come to when making a differential diagnosis, the “premature closure” of a final diagnosis. The author references research pointing to a tendency for clinicians to settle on a diagnosis within the first five minutes of an initial encounter. Much of the remaining interview time is spent in a diagnostic bias, with the clinician unknowingly selecting questions geared towards validating their selected diagnosis

Section three, *Differential Diagnosis by the Tables*, is formatted around 66 tables for the most prominent DSM-5 diagnoses. The tables facilitate a quick reference model of introducing other

possibilities into the decision process. This is interesting and useful, as it allows easily comparison with similar diagnoses.

One purpose of section three is to offer a quick reference tool to counter the aforementioned tendency for persons to jump-to, and remain loyal to, a quick diagnosis. These tables can help validate or adjust the clinician’s initial conclusion by bringing to mind something they may not have considered otherwise

It is important to heed the author’s note that a clinician should not become overly rigid or mechanical in the diagnostic process using tools such as these. In order to be most clinically sound, one also needs listening skills and empathy. Along those lines, it is interesting that author also co-authored the book, *The Structured Clinical Interview for DSM-5—Clinician Version (SCID-5-CV)*. This invaluable tool provides interview questions for each criterion of the most common DSM-5 diagnoses.

Based on the above, the *DSM-5 Handbook of Differential Diagnosis* can be seen as a diagnostic guide for early clinicians, and a quick consultative reference source for more experienced clinicians or those more familiar with diagnostic process. Dr. First has also co-authored a companion book geared towards students or non-clinicians, *Learning DSM-5® by Case Example*. This book includes almost 200 cases, covering all disorders in the DSM-5. Taken together, the entire library of related works authored and co-authored by Dr. First provide a first rate set of tools for clinicians who make DSM-5 diagnoses.

References:

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (Fifth ed.). Arlington, VA: American Psychiatric Publishing.
- First, M.B. (2013). *DSM-5 handbook of differential diagnosis*. Arlington, VA: American Psychiatric Publishing.
- First, M.B., Skodol, A.E., Williams, J.B., & Spitzer, R. L. (2016). *Learning DSM-5® by Case Example*. Arlington, VA: American Psychiatric Publishing.
- First, M. B., Williams, J.B.W., Karg, R.S., & Spitzer, R.L. (2015). *Structured clinical interview for DSM-5 disorders, clinician version (SCID-5-CV)*. Arlington, VA: American Psychiatric Association.
- Patents. Atascadero, CA.: Impact Publishers.

Galen Cole Meets with Trauma Icon, Bessel Van Der Kolk

Immediate Past President Galen Cole had the honor to meet with Bessel Van Der Kolk to discuss current issues related to advocacy on behalf of those who suffer from trauma. Bessel Van Der Kolk is a psychiatrist who has been active as a internationally acclaimed clinician, researcher and educator in the area of posttraumatic stress and related phenomena since the 1970s. His work focuses on the interaction of attachment, neurobiology, and developmental aspects of trauma’s effects on people.



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ETHICS EXPERT

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"I wish I had taken this workshop when I was initially licensed." -Tamara Ashley LPC

"Highly knowledgeable...demystified the complaints process of the Composite Board." -Faith Arkel, LPC NCC MAC CPCS

"Eric Groh's ethics workshop was the best ethics CEU I've attended." -Seasoned Atlanta LPC

"The content and quality of the presentation and material was superb!...assisted me in finding new ways to reduce paperwork. Thank you." - Barbara Lattimore, PhD LPC, Alternative Research and Development Services, Decatur GA

Eric Groh LPC CPCS ACS

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NORTH COBB/SOUTH CHEROKEE: Contemporary space available for psychologists and licensed therapists in adult and couples practice. Great location (I-575/Hwy 92). Full or Part-time. Contact **John Lutz, PhD** at drlutz@johnromanlutz.com.

BUCKHEAD: Beautiful office spaces in the heart of Buckhead. Please request a tour and come see our great community of psychologists and professionals. Serene environment. Check it out! **(404) 994-3618**. www.2921piedmont.com.

SANDY SPRINGS: Really nice office space. Established Psychotherapy/EAP Group, part-time flexible hours, includes weekends. Half day to four days weekly. **(678) 579-9665**.

BUCKHEAD: Office available. Atlanta Psychotherapy Associates seek colleague to join a practice of independent psychologists and psychotherapists. Office measures 15' x 13.5' with 15' of windows overlooking a wooded area. Amenities include fax, copy, office liability insurance, web page, in-suite bathroom, and small kitchen. \$750/ month. 2801 Druid Chase, Ste. 505. Contact **Sherry McHenry PhD** at **(404) 633-2475 ext. 2** or **David Rouzer PhD** at **(770) 450-5019**.

ATLANTA WEST SIDE: Space for rent. Right off of I-20. Easily accessible to clients coming from Atlanta or western suburbs. WI-FI, bathroom, kitchen, and copy machine. Cozy atmosphere. Established office for over 15 years. **(404) 626-7526**.

LAWRENCEVILLE: Two office sublease locations available. Great for beginning therapists or anyone wanting to downsize! Excellent upstairs location with multiple office or single office options with excellent price! Contact **Cathy Arrington, LPC** at **(770) 231-9691**.

DACULA/HAMILTON MILL AREA: Excellent area in fast growing Dacula for a shared space or single office option. Contact **Cathy Arrington, LPC** at **(770) 231-9691**.

MARIETTA: Easy on and off interstate access. Close to Powers Ferry Rd., SE. Large office space furnished or unfurnished, waiting room with TV, kitchen, bath, ample parking, and Wi-Fi. Referral opportunities possible. Call **(678) 571-3207**.

CERTIFIED PC SUPERVISORS

CLINICAL SUPERVISION FOR INDIVIDUALS WORKING TOWARD LPC LICENSURE or consultation for experienced counselors. I am a counselor and counselor educator with over 20 years of experience in various mental health settings and with various populations (children, teens, adults, couples, groups). I work from a developmental model to meet each individual where he/she is and to identify specific needs. I am also pretty good at sorting through the laborious paperwork and challenges associated with the licensure process! Convenient Roswell location. Contact **Mary Kate Reese**, PhD, LPC, NCC, CPCS at (404) 641-0548 or mkreese@argosy.edu.

CLINICAL SUPERVISION FOR LPC offered in Marietta through small group and individual sessions. Consultation is available for fully licensed professionals. Contact **Bryan Stephens** at (404) 969-5247, or email from website www.bstephens.com.

SUPERVISION WITH THE ULTIMATE SUPERVISOR. Are you looking for a supervisor who has clinical experience and can relate to you? Give Dr. Theresa Holt a try. My office space is inviting and relaxing. Come grow and grasp creative counseling techniques and styles. Individual and group supervision available. **Dr. Theresa Holt**, EdD, LPC, CPCS, Stone Mountain, GA, (678) 974-8325, theresaholt06@comcast.net.

INDIVIDUAL AND GROUP SUPERVISION for those seeking MFT or PC Licensure, and/or Play Therapy Registration or Certification. **Trudy Post Sprunk**, LMFT&S, LPC&CPCS, RPT&S, CPT&S, and AAMFT approved supervisor. (770) 491-7423. Tucker.

SUPERVISION TOWARD LPC LICENSURE—experience with diverse populations including teens, adults, family and couples counseling; gay/lesbian and multicultural issues. Supervision style is *Interpersonal Process Recall*. **Ruby Blow**, MA, LPC, NCC, www.DevelopmentCounts.com, Ruby@DevelopmentCounts.com, (404) 642-3738.

SUPERVISION FOR LICENSURE OFFERED IN CARROLLTON (West Georgia area) as well as Marietta. Individual and group, using a developmental model. Experience with diverse populations and affordable rates. **Curt Morrison**, (770) 262-6376, cm4698@gmail.com.

SUPERVISION/CONSULTATION FOR LPC AND/OR RPT offered by **Dee Desnoyers**, PhD, LPC, RPT-S, CPCS, in small group/individual formats in Decatur. Expertise: Psychodynamic Play Therapy and LGBTQ-affirmative psychotherapy. www.atlantacounseling.org (404) 348-3250, dee@atlantacounseling.org.

CLINICAL SUPERVISION FOR LPC LICENSURE and professional development. Individual and group supervision and consultation located in Cobb County convenient to Marietta, Roswell, Woodstock, Kennesaw, and East Cobb. Broad-based clinical and supervisory experience in general mental health and addiction counseling in both private practice and agency settings. I provide guidance and support through the licensure process and by working in a developmental model. I provide supervision to clinicians in all levels of clinical experience. Member of the LPCA Registry of Counselor Supervisors. **Faith Arkel**, MS, LPC, NCC, MAC, CPCS, faitharkellpc@aol.com, (770) 316-6556.

CLINICAL SUPERVISION for qualified licensure candidates or experienced therapists seeking support and professional development. Orientation is Existential-Interpersonal, with a focus on growth and sense of self within the therapeutic relationship. **Don Durkee**, EdS, LPC, CPCS, NCC, has experience with in-patient, partial-hospitalization, and private practice settings. He has spoken at state and national conferences on counseling and supervision, and he has taught at two local universities. Individual and group sessions are available at convenient Sandy Springs location. For information, call (404) 735-4945.

CLINICAL SUPERVISION ON MARIETTA SQUARE. **Amy S. Robbins**, LPC, RPT-S, offers supervision groups two times a month, morning and evening hours. If you are interested in individual or group supervision or consultation towards your LPC and/or RPT credential, feel free to contact **Amy** at (706) 406-3404, amyrobbinslpc@gmail.com, www.amyrobbinscounseling.com.

SUPERVISION OFFERED IN THE SAVANNAH/HILTON HEAD AREA from a nationally Approved Clinical Supervisor, ACS, Licensed Professional Counselor Supervisor, LPC/S, and a Certified Professional Counselor Supervisor, CPCS. Groups: evenings and weekends; individual supervision, by appointment. Contact: **Catherine Scott** at (864) 630-9185, or drcliscott@dratherinescott.com.

INDIVIDUAL/GROUP SUPERVISION FOR LPC LICENSURE and experienced therapists. 15 years experience (adolescents, family, couple, group / residential, private practice, in-home, outpatient). Contact **Sonja Sutherland**, PhD, LPC, CPCS, Assistant Professor of Counseling, at (404) 835-6119, or email from website www.LegacyChangersLLC.com.

CLINICAL SUPERVISION FOR LPC OFFERED IN COLUMBUS, GA AREA. Supervisor is experienced in clinical mental health services. Individual and group, using a developmental model. Member of the LPCA Registry of Professional Counselor Supervisors. Contact **Vivian Jones**, LPC, NCC, CCMHC, CPCS, (706) 718-7076, rainbowofcare@gmail.com.

OFFERING INTEGRATED SUPERVISION. "It is my pleasure to assist therapists wishing to know their deeper selves and in so doing, become better therapists." Specialization in countertransference issues. **Pam Chubbuck**, PhD, LPC, (770) 388-0086, Info@VitalityAlive.com.

LPC CLINICAL SUPERVISION—group and individual supervision. Therapist with nearly thirty years experience specializing in childhood trauma, physical and sexual abuse. Supervision by the author of ten books, renown public speaker and career college professor with more than twenty years of supervision experience as well as cross-cultural experience in more than twenty countries. Three locations: Lindbergh, Peachtree City, and West Point, GA. Contact **Gregory K. Moffatt**, LPC, PhD, CPCS (706) 385-1089, greg.moffatt@point.edu. More information at gregmoffatt.com.

CLINICAL SUPERVISION FOR LAPC/LPC LICENSURE in the Marietta area. I work from a Developmental model, tailoring supervision to the individual's specific needs. I also provide consultation to LPC and CPCS professionals. I have extensive experience providing supervision and counseling over the past 19 years. I also provide CE workshops on a variety of topics, including supervision and am the current CPCS Chairperson for LPCA of GA. Contact **Jeff Hughes**, EdS, LPC, CPCS at (678) 626-7210, email: peak.solutions.expert@gmail.com or visit my website, <http://www.peakolutions.expert>.

LICENSURE SUPERVISION AND ETHICS CONSULTATION WITH ADVANCED THERAPISTS. Former Composite Board President who processed over 7,000 LPC applications and 200 Complaints. Learn in a supportive environment that allows you to take risk, make mistakes and fully develop as a therapist. **Eric Groh**, LPC CPCS, (404) 985-6785, www.concentrateonyou.net.

INDIVIDUAL/GROUP SUPERVISION for LPC Licensure, Play Therapy Certification, and Addictions Certification. Workshops for LPCA, Play Therapy, and Addictions (GACA and ADACB-GA). **Shannon M. Eller**, LPC, CPCS LMFT, AAMFT approved, RPT-S, (770) 468-7424, shannoneller@comcast.net, <http://www.brighter-tomorrows.com>.

INDIVIDUAL/GROUP SUPERVISION. I am currently accepting those seeking individual and group supervision in the South Fulton County area Atlanta. I have been a CPCS since 2014 and in the dissertation phase of the doctoral program in Counselor Education and Supervision at Argosy University Atlanta. Areas of focus to include but not limited to: developing an integrative theoretical orientation, diagnosis and treatment planning, wellness and preparation for integrated healthcare, and counselor self-care, practice building and business development. **Tashika Holloway**, www.tlccounselingatl.com.

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