WASHINGTON STATE SOCIETY FOR

CLINICAL SOCIAL WORK

NEWSLETTER

Summer 2014

In this issue:

From the Desk of the President

Transitional Steps

By Ann DeMaris Davids

This is my first President's message. It is both a beginning for me as your new President, and an ending for Karen Hansen as she transitions to a new role on the Board for another year as the outgoing President. So it's no surprise that I'm thinking about the importance of transitions and about how much goes on during times of transition.

Several years ago, I studied dance with Clay Taliaferro in New York City. At the end of class he would teach us a complicated across-the-floor dance combination. When we performed it for him, he asked that we dance all of the transitional steps with the same care that we gave to the more noticeable ending points or the more visible "tah-dah" moments. What he commented on were the times when we did not invest the same energy and attentiveness to the in-between steps and parts that get you in position for the next "shiny" moment, or turning point within the dance sequence. It was easy enough to have a definable beginning and ending but he asked us to embrace each part of the combination with the same care.

Clay was not only a great teacher of dance, but also a great teacher of life skills. We often are uncomfortable in the in-between places, the transitional times. We want to rush toward what we think of as the destination so that we can "get on with things." Clay asked us to rethink our understanding of what "destination "is. It is not simply that the "tah-dah" moments bear equal importance with the set-up steps, although that alone is enough to give us pause. Even more than that though, is Clay's understanding that without the set-ups, there are no "tah-dahs", without the set-ups, there are no effective "turning-points." Over the years my contemplation of Clay's class has led me to ask whether or not we actually reach places we call "destinations." Perhaps instead, our lives are made up of complicated series of transitions, with occasional pauses in-between for us to catch our breath. We call these destinations because the other possibility is a bit too scary to contemplate.

Working with Clay there was always a strong sense of community, and a continuing interest of mine is how community gets built while in the process of moving through and beyond the next transition. For WSSCSW, 2013-2014 was full of highpoints: Our last conference on HIPAA; our member, Marian Harris releasing her book "Racial Disproportionality in Child Welfare," and our annual party, which was an opportunity to celebrate the happenings of the past year. For me, the highlight was our Board retreat, where we had time to share pieces of our diverse backgrounds. We were able to sit together during the Board retreat, and, with the facilitation of Paloma Andaloza-Reza, take the time to pay attention to our collective stories. Most included lots of transitional steps.

We can all look forward with anticipation to the

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The Washington State Society for Clinical Social Work was established in 1973 and incorporated in 1988 as a 501(c)(6) to promote and advance specialization of clinical practice within the social work profession. It is an organization of clinical social workers practicing in a variety of settings including mental health clinics, family service agencies, hospitals and medical clinics, and private practice in the state of Washington. Its members span the professional life cycle from students and new professions to mid-range, seasoned, and retired citizens.

WSSCSW offers its members continuing educational opportunities, legislative advocacy including lobbying, network and professional growth opportunities and special programs for new professionals.

WSSCSW is a nonprofit tax-exempt professional organization with a board of directors composed of officers elected by the membership and chairpersons of the various committees. It is affiliated with the Clinical Social Work Association, which represents clinical social workers on the national level and actively works with them to represent local as well as national concerns.

PRESIDENT'S MESSAGE

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events of the coming year. We will be hosting two conferences. The first, "Beyond Words: Attachment, Trauma and Implicit Communication" with Dr. Pat Ogden is happening on November 1st. A second conference in March, 2015 with Dr. Janina Fisher, one of Pat's Sensorimotor Psychotherapy Trainers, will follow.

Our Society has two new Board members, Courtney Paine as Secretary and Lisa Larson as Treasurer. July 1st 2014 will mark the start of our new fiscal year and I'm looking forward to serving as your President, alongside the rest of the Board. I had a great year working with Karen. I appreciate and admire what she has done as Board President over the past two years and look forward to her continued support as I now begin my Presidency.

Ann DeMaris Davids, LICSW
WSSCSW President

EDITOR'S NOTE

We are sorry to say good bye to Brook Damour, who has been an invaluable contributing editor for over a year. She first contacted us about an article she wrote, "Hidden Trauma: Using Therapy to Help Integrate Childhood Poverty," which was published in the spring 2013 issue. Since then she has set her discerning eyes on many articles, tirelessly read and re-read newsletter drafts, and offered intelligent suggestions and advice. We wish her well on her journey and hope we'll see more work from her in the future. We would be happy to hear from other members interested in contributing their energy to the newsletter. Email Lynn at Wohlers13@gmail.com if you'd like to join the Newsletter Committee.

WSSCSW newsletter is mailed quarterly to members of **WSSCSW**.

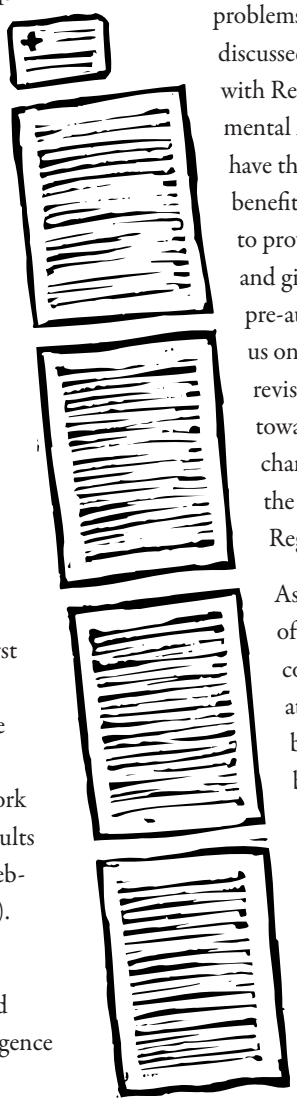
Classified ads are $10 for every 25 words, $20 for 50 words, etc. Articles and ads should be emailed to Lynn Wohlers at wohlers13@gmail.com.
Newsletter design: Stephanie Schriger, stephanie@designandgraphics.biz

WSSCSW Advocates For Members With Insurers

By Laura Groshong, LICSW, WSSCSW Legislative Chair

In May and June, WSSCSW President Karen Hansen and I communicated with Regence BlueShield and Group Health representatives to clarify the problems that have arisen with coverage of mental health benefits. Many thanks to all the WSSCSW members that let us know about the way that Regence Blueshield and Group Health had begun restricting mental health treatment since the beginning of the year.

In an attempt to get accurate information about the problem, WSSCSW (in collaboration with the Coalition, the Alliance, SPSI, and NPSI) sent out Surveys to find out the scope of the coverage issues. Here is what we found.



WSSCSW members reported that Regence and Group Health had both raised their denials for mental health treatment since the beginning of 2014. There were 56 respondents to the two surveys (about 40 to a general request for problems with Regence earlier), of which about 22 respondents were WSSCSW members. The first problems started when Regence began refusing to cover CPT code 90837 and Group Health began restricting the use of out-of-network LICSWs (the complete survey results can be found at the WSSCSW website in the Members Only section).

President Hansen and I (with Sue Wiedenfeld, Coalition Chair) had two phone conversations with Regence administrators which revealed that a "clerical error" was the reason that the denials of 90837 occurred. Within a month of our first call, almost all the unpaid claims had been paid. Another concern was that Regence now requires a diagnosis after the first visit, a difficult task for complex patients. Regence administrators explained that this diagnosis is a trigger to get the clinician-patient dyad into the system and that a general NOS diagnosis is acceptable, which can be revised as the problems become clearer. Finally we discussed the difficulties that we have with Regence identifying the 2% of all mental health clinicians whose patients have the highest usage of mental health benefits. These clinicians are required to provide more treatment reviews and given a higher bar to meet for pre-authorization. Regence informed us on June 10 that this policy will be revised and a letter will be going out toward the end of June to explain the changes, which is likely to resolve the concerns of LICSW's who are Regence providers.

As most LICSWs know, the policy of Group Health has long been to cover mental health for crisis situations only, with the average number of session for patients seen by in-house Group Health staff generally ranging from 5-7 sessions. The Milliman Guidelines, which went into effect in 2012 and reinforce this approach to mental health treatment, describe mental health treatment as "episodic" with acute disturbances needing treatment until there is a return to "baseline." There is no acknowledgment that underlying conflicts and deficits need to be dealt with in an ongoing way, often for years. Group Health had allowed some patients to be seen out-of-network on a twice a week basis for as long as needed. That policy began changing about a year ago, with LICSW's finding that treatments which had been covered twice a week were now being restricted to twice a month.

The explanation for this change was given at a meeting with Group Health representatives on June 11, with President Hansen, Chair Wiedenfeld, and I present. The Milliman Guidelines, now called MCG Guidelines, have been applied more intensively since January of 2014. The conceptualization of mental health has become one that includes only acute conditions and "custodial/maintenance" conditions. There is no recognition of conditions that may take longer than 5-7 sessions to resolve, or that a patient's baseline may reflect chronic disorders which will need ongoing treatment. Along with this attitude, Group Health is requiring that all patients who can be treated in-house be seen by staff clinicians. Out-of network clinicians will only be covered if there is a condition that cannot be treated by Group Health staff.

There will be another meeting in July to discuss Group Health's policies further. The way that Group Health defines mental health conditions and the treatment for them at this time is quite problematic for many LICSWs and needs to be reconsidered.

A Synopsis Of Racial Disproportionality In Child Welfare

By Marian S. Harris, PhD, LICSW, ACSW

There is a crisis in the child welfare system in America involving race and poor outcomes for children and families of color. The number of children of color entering the child welfare system in the United States is disproportionately high. This is especially true of African American children, who, though they comprise 15% of children in the U.S. account for 37% of the total children in foster care. The numbers are also high for American Indian and Latino children. Not only are children of color removed from parental custody and placed in care more often than their white counterparts, but they also remain in care longer, receive fewer services, and have less contact with the caseworkers assigned to them. The complex problem of racial disproportionality is illuminated via six chapters in my book.

Book Chapters

Chapter 1 (Social Welfare Policy and Child Welfare) provides a succinct overview of existing social welfare policies that have a direct impact on children and families in the child welfare system (the Child Abuse Prevention and Treatment Act of 1974, the Indian Child Welfare Act of 1978, the Adoption Assistance and Child Welfare Act of 1980, the Multiethnic Placement Act of 1996, the Adoption and Safe Families Act of 1997, the Fostering Connections to Success and Increasing Adoptions Act of 2008, and the Child and Family Services Improvement and Innovation Act of 2011). Included are a critique of each policy and a discussion of how these polices affect disproportionality (Harris, 2014, p. xvii).

Chapter 2 (An International Exploration of Disproportionality) examines disproportionality from an international perspective. This chapter looks at the disproportionate number of children in the child welfare systems in Australia, England, New Zealand, and Canada (Harris, 2014, p. xvii).

Chapter 3 (Best Practices/Promising Practices) consists of four sections. The first section examines five key decision points in the child welfare process: (1) reporting child abuse and neglect; (2) referring the report for investigation; (3) investigating the referral; (4) removing the child from the home, including the court process; and (5) exiting the system. Research has demonstrated that European American/white children fare better at each of these decision points than children of color (Caliber & Associates, 2003; Bowser & Jones, 2004; Lemon, D'Andrade, & Austin, 2005; Harris & Hackett, 2008); Washington State Racial Disproportionality Advisory Committee, 2008). The second section discusses what children need for optimal growth and development. The third section focuses on ecological systems theory and attachment theory, as well as factors in the microsystem that impact outcomes for disadvantaged children of color in the child welfare system. Best practices/interventions that are needed at key decision points when working with children and families of color are explored. There is a discussion of risk factors, particularly the risks for those children of color who enter the system with histories of insecure attachment, severe maltreatment, and early trauma and loss, and what these families don't have and need vis-à-vis policies and interventions; in addition, protective factors are examined. Section four focuses on the significance of ongoing cultural sensitivity and competency training for child welfare practitioners, supervisors, administrators, and child protective services workers. Examples of a cultural competency training module and cultural competency self-assessment instruments are included. The cultural competency continuum is also discussed. This section culminates with the presentation of a best practice case scenario (Harris, 2014, pp. xvii-xviii).

Marian Harris and Karen Hansen at Marian's book signing

Chapter 4 (Child Welfare System Change) critiques the child welfare system and provides proactive steps that can be taken to address institutional racism, resulting in disproportionality and disparities, in any child welfare organization/agency whose goal is equitable treatment for all children and families. A measurement instrument is included to assess disproportionality in child welfare organizations/agencies. Narrative interviews from a variety of individuals who discuss their experiences with the child welfare system conclude this chapter. Interviewees include a birth mother, a birth father, a former foster parent and kinship caregiver, a former juvenile court judge, an executive director of a private child welfare agency and adoptive mother, an adoptive mother, and two alumni of the foster care system (one female and one male) (Harris, 2014, pp. xviii).

In Chapter 5 (Social Work Curriculum) the reader learns why curriculum is significant for students planning to work in the child

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welfare system. Syllabi for five courses are presented. These courses should be required in schools of social work that are training students to work in child welfare organizations/ agencies. Information for field instruction, including the importance of home visits and respect for family cultural practices, is also explored (Harris, 2014, p. xviii).

Chapter 6 (Future Directions for Research and Policy) highlights areas of research that need to be explored, including referrals by mandated reporters. Future research is especially important in this area because the largest percentage of children of color continues to enter the child welfare system because of child neglect; however, the definition of child neglect continues to be quite nebulous. Changes to current social welfare policy that are needed, as well as new policies that appear warranted are also addressed (Harris, 2014, pp. xviii-xix).

"The child welfare system is typically characterized by cumbersome and protracted decision-making processes that leave young children vulnerable to the adverse impacts of significant stress during the sensitive periods of early brain development. The powerful and far-reaching effects of severely adverse environment and experiences on brain development make it crystal clear that time is not on the side of the abused or neglected child whose physical and emotional custody remains unresolved in a slow-moving bureaucratic process. The basic principles of neuroscience indicate the need for a far greater sense of urgency regarding the prompt resolution of such decisions as when to remove a child from the home, when and where to place a child in foster care, when to terminate parental rights and when to move towards a permanent placement. The window of opportunity for remediation in a child's developing brain architecture is time-sensitive and time-limited" (National Scientific Council on the Developing Child, 2007, p. 6). Time is of the essence when decisions are made about children at each point in the child welfare process; the time factor is especially crucial for children of color who continue to easily enter the system in disproportionate numbers and encounter extreme difficulty exiting the system.

Racial Disproportionality in Child Welfare identifies the practice and policy changes required to successfully address the unequal treatment of children of color in the child welfare system with implications for social work education, caseworker training, and institutional change. My hope is that this book will be utilized as an ongoing resource by social work educators, students, practitioners, policy makers, and researchers, as well as individuals in communities across America and in other countries who want to eradicate racial disproportionality and disparities in all child welfare systems.

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Marian S. Harris, PhD, LICSW, ACSW is an Associate Professor, University of Washington Tacoma, Social Work Program, Adjunct Associate Professor, University of Washington, School of Social Work, Seattle and Adjunct Associate Professor & Research Advisor, Smith College School for Social Work, Northampton, MA where she received her PhD. Dr. Harris is one of the original Co-Chairs of the Washington State Racial Disproportionality Advisory Committee (WSRDAC) and serves on the editorial board for a number of social work journals. From 2003-2013 she was a private practitioner for children and families in Tacoma, WA. She currently serves on the Human Subjects Review Committee for Casey Family Programs, Seattle, WA and as a consultant for HopeSpark in Tacoma, WA. Dr. Harris is a child welfare researcher who has published widely and presented at national and international conferences. She has been a member of the WSSCSW since 2003.

Certificate Program in Clinical Theory and Practice

October 20 14 – May 2015

Wellspring Family Services has offered the Certificate Program in Clinical Theory and Practice- a 100-hour program in adult psychodynamic theory and practice- since 1991. The program's content is practical and applied through the use of teaching cases. The major influences on clinical practice and an understanding of human development are integrated to provide a comprehensive learning experience. 100 hours of continuing education credits are available which also apply to Associates' CE mandates (approximately 20 of which count towards supervision requirements). For more information: www.wellspringfs.org or Roberta Myers (LICSW, BCD), Program Chair, 425 452-9605

ETHICS: Preserving Intuitive Practice

By Melissa Wood Brewster, LICSW and Mary Roy, LICSW

A historical debate in the field of clinical social work has been whether our work with clients is an art or a science. But as Melissa D. Grady and Elizabeth King Keenan reflect in their article, "Beyond The Manual: Using Research and Evidence in Social Work Practice" they are simultaneously integrated into our work. "The profession engages in research to provide knowledge that is artfully implemented through the bodies and personalities of the people" (Clin Soc Work J 2014 42:101-106)/(Dewane 2006).

Another equally significant debate that many of us are asking today is how we maintain the integration of art and science in our clinical practices, or rather how do we practice intuitively while managing risk. This seems particularly relevant in the auspices of our current healthcare environment with regard to HIPAA changes.

Though compliance with federal regulations is a necessary component of our practices, many of us became clinical social workers inspired by our natural intuition about others, and the wish to ease suffering for those whom we serve. We often find that it is our intuition that drives our passion for the work and yields emotionally rewarding results. We know when we're in the flow of connection with our clients, when we're leaning in with them toward their wholeness, and they know it too. During these times we are energized by our work rather than depleted. In 1986, Carl Rogers summed up nicely the intuitive experience: "As a therapist, I find that when I am closer to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness in the relationship, then everything I do seems to be full of healing" (Rogers, 1986).

Our current healthcare environment marginalizes our reliance on intuition in our clinical practices. In fact, some experts are even advising us to practice defensively. A defensive orientation, as Frederic G. Reamer writes, "focuses on risk management and the protection of the practitioner. It is based on concerns about allegations of various forms of negligence and malpractice, and is dominated by concern about liability issues and the ever-increasing risk of lawsuits" (Reamer 2003). Those of us who have attended an ethics workshop on the changes with HIPAA know perfectly well the feelings of anxiety that we carry out with us and the fear-based goals that flood our minds. Still, we must take prudent measures to avoid harm to our clients or malpractice claims; we try to implement all the recommendations of HIPAA that were originally conceived to protect our clients, but can become arduous and overwhelming if given too much emphasis. In a study that looked at risk factors for litigation in health care, LaRae, I. Huycke, RN, and Mark M. Huycke, MD, interviewed more than 500 plaintiffs (1994 Annals of Internal Medicine). Across four measures of risk, including access to providers and quality of communication with them, the researchers concluded that the highest risk for being sued existed in the quality of relationship with the providers before the alleged incident occurred which led to litigation.

Given that the relationship with our clients is the context within which all of our work unfolds, how do we continue to honor our intuitive artistic skills and at the same time abide by scientifically based government regulations? What mindset can we adopt to help us maintain an equilibrium between practicing passionately and ethically at the same time? We figure the answer is in all of us. We need to rely on our collective creativity and lend a supportive, non-judgmental stance with each other when we face unsettling ethical dilemmas in which we may stray too far from risk management.

Our hope is that these questions invite the wisdom and varied experiences of our membership. Please consider submitting your ideas to the Ethics committee for further discussion in the following newsletter.

Have an ethical dilemma or question?

Contact the WSSCSW Ethics Committee:

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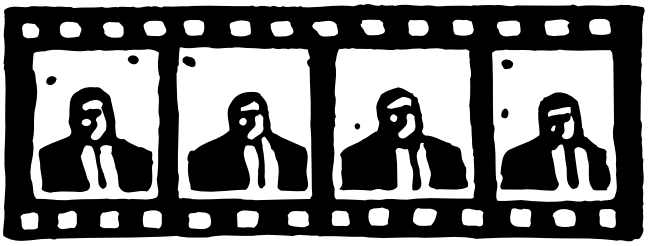
At the Movies:

Intergenerational Violence And Recovery In "We Are What We Are" (2013)

By Brook Damour, LICSW

For those who are unfamiliar with it, "We Are What We Are" is an independent horror movie about an American family of cannibals. At first glance, a horror movie about cannibalism may not seem a likely topic for clinical social work. It might seem too disgusting to think about. But if you give Jim Mickle's "We Are What We Are" a shot, you'll find that it's a really thought provoking and insightful account of trauma in a family. Cannibalism represents abusive family dynamics in the most extreme and concrete way imaginable. As clinicians, we regularly see versions of these dynamics. We know violence in the privacy of a family is often very real because we deal with its effects in our daily work.



Since cannibalism seems so outrageous and shocking, it could come across as ridiculous or pointlessly violent. However, "We Are What We Are" isn't exploitative or titillating. Instead, it is slow to build, restrained in most of its depictions of violence, and careful to show how it feels to be a child indoctrinated in an environment that is isolated and controlling. It is also beautifully filmed, with a lot of striking imagery and a keen sense of place. Oddly, the look of the movie reminded me of other movies where each frame is like a beautiful painting; Terrence Malick's "Days of Heaven" comes to mind.

Like "Days of Heaven," Mickle's movie depicts rural America. It occurs during a torrential storm, and opens with the mother of the family examining a series of posters of young women who have gone missing in her town. She seems very sad and is overcome with coughing, eventually falling into a ditch and drowning. Once she is gone, the story about the children in the family takes center stage. It is revealed that the family has secrets, lives in an isolated farmhouse, and is generally hostile toward outsiders. The family doesn't have a lot of money, but it isn't lack of money that perpetuates the cycle of deprivation they experience. Many generations of this family have lived in this location and have engaged in a ritual that they believe keeps them from succumbing to illness. Yearly, they fast for several days, which is obviously an ordeal for children. Since this is a movie about cannibalism, it isn't hard to guess where the meal that breaks the fast comes from.

The women in the family have always killed, butchered, and prepared the sacrifice. In this generation, there are three children, a young boy and two teenage sisters, Iris and Rose. The older sisters are expected to carry on the violent tradition, and their father ensures this. They have all been taught these practices from birth. Their father is stern, and often violent, about their participation. They keep the family secret at all costs. The movie opens with the quote, "It is with love that I do this," an idea that is repeated to the children throughout the movie. The violence may not feel good, but it is supposed to be about love and the survival of their family, so they are expected to accept that it is unquestionably their duty.

One of the most poignant aspects of the story is the children's innate instinct to reject the unhealthy customs they have been taught. They know that their family feels violent and coercive, but they don't know how to reject it. This is partially because their father is demanding and abusive, but it is also because they do not know how to protect one another without engaging in abusive acts. For example, the youngest sibling in the family is a little boy whose indoctrination both older sisters want to delay as long as possible. That leaves the two of them. According to tradition, the oldest sister, Iris, is responsible. But Rose participates too, which disperses the burden that would be overwhelming if experienced individually. Rose doesn't want to kill, but she also doesn't want to abandon her sister. Continuing the violence becomes enmeshed with protecting one another. Again, think of the family mantra, "It is with love I do this." Often, the ways children are hurt in families are confused with love, and hurt is the price that is paid for closeness and survival.

Spoiler Alert

Interestingly, the system in the family ultimately self-destructs. At the end of the film, Rose and Iris stop their father's abuse by literally attacking and eating him. This consumption is a moment of rebellion and individua-

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tion but also a re-engaging in the abuse they were steeped in. To break free, these children must do something horrendous. The movie provokes some disturbing questions about whether or not we can really change and escape destructive patterns in families, particularly when those patterns are secret and isolating. As I watched the ending, I found that I was perversely satisfied and thrilled, then a little guilty about those feelings. It simply felt so good to see the young women's revenge against someone who had manipulated and hurt them. However, the implication is that some abuse is so overwhelming, there is no limit to how violently it must be rejected. In order to survive such things, does a person have to at least internally, if not externally, kill and consume their parents?

Everyone learns from their families and parents, but if what we learn hurts us, are we entitled to do anything we need to survive? The more I've thought about these questions since seeing this movie, the more I find I can't come to any definite and certain conclusions. I have, however, retained a strong impression of the feelings that might accompany such trauma, and one thing seems clear from the movie: trauma gets inside you, both in your body and your mind, and you end up carrying a feeling of being tainted and infected by it.

As a therapist, I often wonder if this process has to permanently change a person, and to what extent it can be transformed or rejected. "We Are What We Are" has an ambiguous ending in this respect. With the death of the father, no adult is left to enforce the old ways. When interacting with each other, the children all repeatedly reject the violence during his life, but it is unclear that they will continue to reject it after his death. In the final scene, the children flee their home – but they retain a family journal that details the ritual through the generations. Their upbringing will certainly follow them, but we don't get to see how this plays out.

Basically, this movie is simply an extreme example of what could happen when a family becomes too insular and children are groomed to satisfy the family's and parent's needs. It's great viewing for a therapist or clinician because we can understand, interpret and make meaning out of such stories. We can sit with some of the grey areas of family trauma, where love feels violent and shameful, yet is ultimately incorporated into us and metabolized. We can understand the need to look unflinchingly at the most horrendous family dynamics because sometimes, they are vital parts of who we are.

Upcoming WSSCSW Conference:

Beyond Words: Attachment, Trauma, and Implicit Communication

With Pat Ogden, Ph.D.

November 1st, 2014 • 8:30 - 4:00 • 6 CEU's

Swedish Medical Center, First Hill • Glaser Auditorium • 747 Broadway • Seattle, WA 98122

Emphasizing embedded relational mindfulness, this workshop explores the legacy of trauma and attachment experience in determining affect regulatory capacities, procedural learning and implicit communication, and thus in large part, the quality of one's relationships with others and with oneself. Key components of Sensorimotor Psychotherapy will be illustrated using videotaped excerpts of sessions with traumatized individuals and brief experiential exercises: distinguishing interventions for trauma - vs attachment-related emotions; specific skills for embedded relational mindfulness; working with physical actions related to animal defensive subsystems and developmental movement sequences; building somatic resources; and developing a somatic sense of self.

Pat Ogden, PhD, is a pioneer in somatic psychology and the founder/director of the Sensorimotor Psychotherapy Institute, an internationally recognized school specializing in somatic–cognitive approaches for the treatment of posttraumatic stress disorder and attachment disturbances. She is co-founder of the Hakomi Institute, a clinician, consultant, international lecturer and trainer, and first author of "Trauma and the Body: A Sensorimotor Approach to Psychotherapy" and "Sensorimotor Psychotherapy: Interventions for Trauma and Attachment." She currently working on a third book, "Sensorimotor Psychotherapy for Children and Adolescents."

For registration fees, visit our website: http://www.wsscsw.org/clinicalconferences

CASE PRESENTATION: A Study in PACT Integration

By Carolyn Sharp, LICSW

It is the second session with Mary and Joe. An affable professional couple who have been together sixteen years, they are eager to "improve their communication." They had a child seven years ago but broke up four years after the child was born, due to their belief that they were no longer in love. However, months after legally divorcing they began seeing each other again. They are now living together and planning a second wedding. They report problems with both emotional and physical intimacy and worry that they are not "meant to be together."

As a PACT (Psychobiological Approach to Couple Therapy) therapist, my process is to create internal state changes in session that mirror the ways my clients feel outside of session when in conflict. We do so through psychodrama, poses, and exercises created specifically by the founder of this couple therapy approach, Stan Tatkin, PsyD. Doing so allows the members of the couple to understand and depersonalize their actions in relationship with each other, based on an understanding of their attachment orientation and arousal regulation mechanisms. With a deeper understanding of each other, I help them create new ways to support each other and develop a more secure functioning relationship. [1]

Studying intensively with Stan for the past three years and completing both levels I and II, I have a thorough understanding of the scientific and theoretical underpinnings of this approach. After in-depth study of attachment theory, the nervous system, and the ways that these two systems interact to create both positive and problematic impulses in relationship, my confidence and abilities to assess and identify sources of challenge for couples are high. However, after watching Stan work through many hours of video taped sessions and live demonstrations, I often feel intimidated about integrating the interventions into my own process. The poses and exercises feel dramatic and almost surgical, and having only seen Stan do it outside my own sessions, I have lingering questions about my own ability to create the same effect, despite receiving positive reinforcement from most of my attempts.

Interestingly, I find certain interventions are easier than others to integrate. In the first session, I conducted the PAI or Partner Attachment Inventory, an assessment and intervention tool based on Mary Main's Adult Attachment Inventory. With the couple facing each other in close proximity, I gather verbal and physical data about the individual's attachment style while observing the couple's ability to maintain eye contact as they recall highly emotional subject matter. The PAI is scripted with particular questions, in specific order. I have not felt too much struggle in utilizing this tool, and it went smoothly with this couple. Perhaps because it is not unlike another series of intake questions, I do not feel the same hesitation or insecurity.

In the case of Mary and Joe, she is classified as Avoidant Attached, or in the language of Stan Tatkin, an "Island," while Joe is a "Wave," or Anxious-Ambivalent. They had moderate difficulty maintaining eye contact, with Mary needing to look away when recalling emotional stories, and Joe becoming stressed when she does so. Herein lies the beauty of the PACT process: in a simple set of questions, delivered prescriptively, I am able to see the dance of this couple. She has difficulty maintaining contact because of her Avoidant attachment style and becomes overwhelmed with sustained eye contact. When she automatically looks away to down regulate her autonomic nervous system, Joe becomes distressed in his perception of rejection of him. They misperceive these signals as personal rejections or attacks, go into an arousal regulation response of fight or flight, and are in conflict. PACT interventions have such an immediate reward in assessment and in intervention. I see Mary and Joe lose defensiveness as their appreciation of where each other is coming from grows. Immediately rewarded for utilizing this PACT intervention, I leave this session invigorated, with big plans for all the PACT stuff we will do!

Having assessed them and discussed together the summary of the PAI, we decide together to work on co-regulation so that they can connect more consistently and positively. For the second session, I intend to utilize PACT's more physical exercises to facilitate this process. Having seen Stan do these exercises many times in video and reenacted case presentations however, I feel afraid about doing them "wrong." Despite regular encouragement to be myself and adapt many PACT interventions into my own style, all the invigoration slowly seeps out of me as I approach session two. Doubts creep in as I imagine catastrophic failings of the brilliant plans I have. Because PACT is so nervous system driven, and because couples tend to the livelier side of the session spectrum, part of my worry generates from a fear of a giant escalation that is out of control. These feelings amuse me, as they parallel the fears that couples carry in their bodies about trusting their partners or speaking to their needs. This awareness is helpful,

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[1] Names, all identifying information, and client actions in described session were changed to protect confidentiality. The session description of my actions from a second session, however, is accurate.

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and I utilize it to normalize their discomfort and create connection.

They walk in, greet me warmly, and both laugh nervously as they 'joke' about how much they need to be here and could not wait to come back. It is several weeks after the first session, due to business trips. They take their seats in the rolling office chairs set up specifically for PACT. These chairs serve as an assessment tool that I use to observe whether the couple rolls closer or farther apart in response to each other, whether they turn away from each other, and many permutations. I can also utilize the chairs strategically to move them closer together, thereby facilitating a nervous system state change. I comment on the nervousness I feel in the room, giving the counter-transference back to them, they laugh again and I see them relax with recognition. My nervousness is replaced with curiosity and interest.

I immediately notice an absence of eye contact. Joe is looking at the floor with a protective body posture, facing me rather than his partner. Mary is swiveling her chair back and forth, fidgeting. I hoped to do an intervention called the "Lover's pose," with Mary lying in Joe's lap with her eyes looking up at him. This exercise helps the couple maintain deliberate contact while talking together. It deepens conversations, facilitates more immediate observations of each other's stress and needs, and prompts intimacy and connection. My confidence in this idea wanes today, seeing the clear level of conflict and distress they appear to be in. Putting a couple in current conflict into Lover's Pose can 'backfire,' as the person in the "upper position" holding the other must exclusively care for the person in the 'lower position' in order to not recreate negative attachment patterns. My curiosity and interest in what is happening beneath the stress I feel between them leads me to pause in my planned agenda.

"Watch, Wait, Wonder," is a mantra in the PACT training. We are taught to observe the couple and act only on inspiration, rather than on pressure from the couple to "fix" them. A second saying in PACT, "The couple is in each other's care," guides us to not jump into a triangle with the couple, but rather to allow them to work with each other. Remembering these, I pause and wait to see what unfolds before acting. My nervousness now gone, I am no longer in my head thinking about the "correct" intervention, but using what I see and feel to guide me in my choices. Over the next two hours, I help them process their struggle through integrating smaller PACT interventions using physical proximity, eye contact and scripted statements. These smaller movements lead to dramatic results, and Joe and Mary are sharing things they never have before, just as a result of small movements and interventions by me. Leaving this session, I am again invigorated, and alive with ideas for deepening their connection. I laugh thinking now about when my hesitation might return.

Stan often compares PACT to dancing and improvisational performance art, and it is this that I find most easy to integrate into my style and process. When I let myself follow the couple rather than doing what I think a PACT student should do, we are able to play together, which is no different from my individual therapy process. In ongoing consultation and reflection I still feel pressure to live up to a standard that I am not sure exists except in my own head, and it is this that most gets in the way of integration. Utilizing such a psychobiological approach, my most valuable asset is my body. When I operate from that thinking and performing place, I am not able to access the procedural memory that allows me to operate in "flow," where I am my most creative and authentic self.

As I wrote this, describing and thinking about the couples with whom I work, I realized how much I am integrating PACT into my sessions, when I give myself space to do it my way. Where I get in my way is in trying to replicate my teacher and mentor, or even compare myself to him. These sessions, along with the process of noticing my hesitation for this article, allowed me to see how my nervousness parallels that of the couples, how I use it to help them and how wonderfully things go when I trust myself. Giving myself permission to trust what I know is the integration I am seeking.

****References:**

Solomon, M. and Tatkin, S. (2011). *Love and War in Intimate Relationships: Connection, Disconnection and Mutual Regulation in Couple Therapy.* New York,: W.W. Norton and Co.

Tatkin, S. (2011). *Wired for Love: How Understanding Your Partners Brain and Attachment Style Can Help You Defuse Conflict and Build A Secure Relationship.* Oakland: New Harbinger Publications

DIVERSITY STARTS HERE:
A matter of orange blossoms and New York City streets

By Lynn Wohlers, LSWAIC

On a sunny Saturday Morning in May, the WSSCSW Board gathered together for the annual Board Retreat, a time to solidify the group and brainstorm about the coming year. In attendance were Board members, our Listserv moderator, Karen MacKenzie, a few committee members, and two very well behaved children. We met at Atlantic Street Center, an early settlement house for refugees that now provides services to a diverse population at every stage of life while hosting many interns for training in clinical work.

First on the agenda was a Diversity Training. Denise Gallegos, Membership and Diversity Committee co-chair, invited Paloma Andazola-Reza, an MSW student at UW, to work with us. We are interested in bringing more diversity to our organization, and part of that task is to look closely at what we mean by diversity.

We talked about how the interaction of genetic and environmental influences and the multiplicity of experiences all contribute to a culture's complexity. As we bring these factors to the table (some unwittingly) we create intricately layered interactions. We are also human, and we tend to judge others.

Paloma used the phrase Cultural Responsiveness instead of the oft-heard Cultural Competence. She framed our inquiry into cultural responsiveness as a journey, and passed along a tool. Keeping in mind that tools are only useful only to a point, we looked at the ADDRESSING framework (Addressing Cultural Complexities in Practice, Second Edition: Assessment, Diagnosis, and Therapy, Hays, 2008).

- Age and generational influences
- Development and disability
- Disability in later life
- Religion and spiritual orientation
- Ethnicity/racial identity
- Socioeconomic status
- Sexual orientation
- Indigenous heritage
- National origin
- Gender identity

Paloma described cultural responsiveness as relationship building, which, in order to succeed, has to incorporate critical self-reflection and acknowledge the influence of each person's background and worldview. Examining how diversity shows up — and doesn't — in our personal lives, we create more space to collaboratively join the struggle.

Power, oppression and privilege persist in many ways, and are often hidden. When we investigate how people experience oppression, we also see where resistance to it can flower. Cultural humility as a practice can help us open our minds to the "other." We each have some piece of truth. Holding that, while paying attention to other truths through deep listening, can help us maintain our way forward. And the journey needn't be continuously fraught with peril - Paloma reminded us to find joy in diversity, and celebrate it.

She expanded our notions of diversity through a rewarding exercise. We can call it "Where I'm from." First, she read a brief statement in which she identified herself as a member of various categories and groups – her gender, age, ethnicity, religion, socioeconomic background, sexual orientation, etc. Some of the categories are the usual ones we look at when thinking about diversity and identity, but she added other identifiers to broaden the picture. Her statement revealed a lot about herself quickly.

We were asked to take a minute to make a note of our reactions to her statement. I found her declaration brave, yet oddly limiting. I noticed my surprise at her age ("Wow, she looks younger than that!") immediately chiding myself for the value judgments that arise so automatically when considering age. She used a word I didn't recognize to identify her indigenous heritage and I wondered what it meant (it was Tewa, a Pueblo people from the southwest). I wasn't sure if the categories, seemingly meant to reveal more about her, actually narrowed my perception. I thought it was liberating to put it all out there in front of strangers, yet the confining nature of categorizing was clearer than ever to me.

Next we were asked to go through the exercise ourselves. Here are the categories we used. I encourage you to try it yourself.

- YOUR PLACE
- YOUR PEOPLE
- YOUR HISTORY
- SIGHTS that are or were familiar
- SMELLS that are or were familiar
- SOUNDS that are or were familiar
- MOVEMENTS that are or were familiar
- COMMON OBJECTS that resonate with you and where you're from

The variety of categories interested me. I was excited to begin thinking about them but at the same time, I (and probably everyone else in the room) was very anxious about sharing these details with a group, even with people I know and trust. Anxious or not, a few minutes later we stood together in a big circle and slowly went around the room, speaking our identities. Though we were instructed to

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share only what was comfortable, there were leaps of faith and trust. The room became very quiet. I realized a poem was developing — a poem of place and history, loss and growth, the universal and the particular. We were surprised at the depth, breadth and power that arose from the multiplicity of stories in the room, even within the narrow limit of the categories.

After the exercise we talked about building alliances and how to maintain continuous awareness of the power imbalances embedded in so many parts of our lives. We talked more about cultural humility, which Melissa Wood Brewster wrote eloquently about in our last newsletter. Finally, Paloma reminded us again that there needs to be joy in the struggle. It was time to take a break and share a meal. I decided to ask everyone for the written notes they used for the exercise, proposing that I jumble them up, remove anything too revealing, add my own of course, and put the lot into a prose poem for the newsletter.

Where we're from:

Alaska. L.A. by way of
Ellis Island. The place of
big leaves and hot sand, tortillas and
hot salsa, the Ukraine. Big houses where
you don't see or know your neighbor.
Sri Lanka. Welsh coal miners
in West Virginia, well connected city people,
party people divided through conflicts
and alcohol. Reserved Colorado ranchers,
Jewish people, a rambling single mother,
bent on westward and northward
migration. A teacher and social worker who
owned her own car, parents who
never fought, siblings who are friends
and competitors:
"Just do your best, but be successful."
Dark clouds, overcast skies, Mardi Gras Indians
in full regalia parading, the land of
orange blossoms, New York City streets,
cats lying in the sun, purring. Babies.
A daughter's smile.
Chanel #5,
fresh mown grass, crisp winter air, curry.
Pinyon in the winter air, mint and
Phisohex. Garlic and lasagna
after a potato famine. Po boys and crawfish,
sweet olive in full bloom, Saturday morning
pancakes. Classical music,
father's admonishments, street noise.
Loud, passionate talking,
laughter, brass bands and children
busking for loose change, church bells,
solitude, a home of big laughter
and quiet tears. Many questions.
Economic oppression, earned security,
emotional emptiness. Pride.
Immigration, civil wars, sacrifice.
Caught between being ethnic and
white, family denial of trauma. Striving
to be mindful. Inhibited, fearful movement,
Tai Chi and stillness. Gyrating hips, dancing
side to side, constant energy. Pain,
catharsis, conflict. Listening. Secret
families, invisible disabilities, mental
illness, self-reflection.
Loyalty, security,
Love.

The WSSCSW 2014 Student Paper Awards

Part of the WSSCSW mission is to support and promote high standards of practice for those entering the profession. To this end, we offer an Outstanding Student Paper Award to masters level social work students in Washington State, in their graduating year. This year we awarded a Grand Prize of $350 plus a 1 year membership to the WSSCSW to the strongest paper submitted. A runner-up prize of $150 plus 1 year membership to the WSSCSW was awarded as well. The winners were honored at graduation and at the WSSCSW annual party.

Entries must be clinical practice papers that contain both clinical case material and discussion of theory that applies to the understanding and treatment of the case presented. The paper must be presented in an integrated, cogent way that shows the practical application of theoretical ideas. The entries must include a single page essay titled, "Why I Want to Be a Clinical Social Worker."

We are pleased to announce this year's winners:

First place: Samone Derks; "Using Flexible CBT with Adolescents"

Second place: Hana Binder; "Caregiver Stress in Dealing with Dementia"

NEW MEMBER PROFILES

KAREN M. BUCKLEY, LICSW, ACSW, OSW-C

Karen graduated from UCALA with her MSW in 1994. She later earned her ACSW & OSW-C. Focusing on supervision, adoption home studies, oncology social work and general counseling, Karen is based in Olympia, Washington. Her experience derives from work with oncology centers, psychiatric and medical hospitals, hospice, physical rehabilitation and chronic pain management facilities, courts, VA, employee assistance programs, food banks, senior centers, and group homes. Karen is also available for supervision.

She loves spending her free time with her wife and daughter. They enjoy the outdoors and look forward to camping this summer.

LYDIA DAVIS, MSW, MHP

Lydia received her MSW at Eastern Washington University and works full time at Sunrise Community Mental Health in Everett, as a mental health case manager. "The population I work with is low income & people with mental and physical disabilities," Lydia explains. She believes "counseling is a means of facilitating the discovery of one's strengths, resources, and abilities that lead to lifetime positive change. The therapeutic methods used in treatment will vary depending upon the particular needs of each individual. My approach is based on a person-centered, strength-based philosophy of care. I also strongly believe in treating clients as PIE, which is Person in the Environment. This model takes into consideration all the other elements that come with a client such as physical, emotional, spiritual and mental conditions."

For fun, Lydia loves travel, fine dining, nature walks, spending quality time with friends/family, and enjoying health and wellness spa activities.

MELISSA HADFIELD, LICSW

Melissa earned her MSW in 2001 from UW and is in private practice in the Good Shepherd Center in Wallingford. She opened her practice in 2007 and specializes in working with anxiety disorders, particularly Panic Disorder and OCD, and senior citizens, including doing some home-based work for those unable to leave their residences. When not working, Melissa enjoys training her dog, who can take Melissa's socks off and close cupboard and dishwasher doors, preparing for her first triathlon, and spending time with her husband, who is also an MSW.

MADELEINE LEWIS, MSW, LICSW

Madeleine earned her MSW from New Mexico State University in 1995, and has been in private practice since 2003. Her therapeutic approach draws upon mindfulness, psychodynamic, and cognitive behavioral theories. She works with individuals and couples in several areas, including mood and anxiety disorders, trauma/PTSD, grief/loss, and eating disorders. Prior to private practice, she spent many years in medical social work, working primarily with terminal illness and end of life care.

When not working, Madeleine loves playing guitar and runs a small home-based studio that provides both a necessary creative outlet and a very modest outside income.

DAVID MANN NIXON, MSW

David received his MSW in June, 2014 from the University of Washington. His clinical interest focuses around trauma, specifically PTSD. He just spent the last four quarters doing his advanced practicum as an intern/therapist at the VA, American Lake, PTSD Outpatient Clinic and would love to work there in the future.

David explains, "Some major life events gave me an opportunity to reevaluate my life in 2008. I made a choice to devote the last couple of decades of my working life to helping those suffering with symptoms of PTSD (a vast departure from my previous 20 years as a business executive) yet I had no idea what a wonderfully fulfilling experience it would be to become a Clinical Social Worker. I look forward to meeting other members and attending upcoming workshops."

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COURTNEY PAINE, MA, LSWAIC

Courtney got her degree from the University of Chicago in 2011, where she specialized in the Family Support Program. Since graduating, she has worked on the child and family team at Valley Cities Counseling, and later as a clinical case manager at Childhaven. She is currently taking a break from social work and studying for her LICSW exam. Courtney has recently joined the WSSCSW Board as the secretary. When she is not working Courtney enjoys baking, dancing, and planning where to travel next.

SARAH PULLIAM, LICSW, MPH

Sarah has a counseling practice in Lynnwood called Tendril Birth & Family Services, LLC. She also works at Seattle Children's Hospital with children aged 0-21 and their parents. Sarah was educated at the UW and has spent many hours in training around early childhood trauma, grief, attachment issues, and adoption and foster care mental health. She is a mother to four girls; three are adopted from Ethiopia. She plans to incorporate her love of hiking and paddling into mindfulness training for kids and teens. Her website is: http://www.tendrilcounsel.com/learn-more.html

NEW MEMBERS

The Membership Committee wants to welcome new member **Irene Wagner,** as well as the new members whose profiles appear above.

We look forward to meeting and getting to know each one of you.

COMING UP:

Dorpat Lecture in Psychoanalysis
"Positive Disruptions from the Inside Out"

Friday, October 3 • 7:30-9:00 pm
At Town Hall

Molly Melching, who founded the NGO Tostan, will discuss how listening to the voices of the people helped put in place structures that sustain changes made by the people themselves.

Tostan developed a human rights-based non-formal education program for women that has been implemented in hundreds of rural communities in eight African countries. Program participants learn about health, finances, leadership and human rights, and find a safe place to begin discussing deeper personal and social issues. They take what they learn and apply it to transforming their communities, e.g. bringing an end to centuries-old harmful practices such as female genital cutting and child marriage. Deep listening has played a critical role in Tostan's success, transforming communities through values deliberations anchored in human rights to bring about positive change.

Register for the Dorpat lecture at
http://www.brownpapertickets.com/event/606569

Annual Volunteer Recognition Event and Board Retreat Photos

Calendar of events, 2014:

STAY TUNED!

Stay tuned for upcoming notices about our Clinical Evening Meetings! In addition to our fall and spring conferences, we will be offering three or four outstanding educational opportunities for your continuing education needs. You will be notified through the list serve about upcoming events and speakers. Events will also be posted on the website. Clinical Evening Meetings are a great way to network while receiving continuing education credits. If you would like to present in the future, or if you know of someone with a topic of interest, please contact us!

Your Professional Development Chairs,
Dawn Dickson, LICSW (dawndickson1@comcast.net)
Tanya Ranchigoda, LICSW (tranch27@yahoo.com)

Your WSSCSW membership expires soon!

You can renew online any time after July 1. Renew by September 3 to continue receiving all the benefits of membership.

Contact Molly Davenport (molyush@hotmail.com) or Denise Gallegos (denisegl@uw.edu) with any questions about renewal.

CLINICAL SOCIAL WORK ASSOCIATION

MEMBERSHIP

WSSCSW is an affiliated group of the Clinical Social Work Association (CSWA). CSWA advocates for our practice at the national level, providing analysis of macro social work issues which affect us all every day. CSWA membership also confers other valuable benefits, such as free consultative service for legal and ethical questions and discounted comprehensive professional liability insurance.

Please consider complimenting your WSSCSW membership with a CSWA membership.

CSWA member dues are $35 for students, $60 for emeritus members, $85 for new professionals, and $100 for general members.

More information is available at http://www.clinicalsocialworkassociation.org.

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