



WINTER 2007

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PRESIDENT'S MESSAGE

Expanding our horizons

BY MARIANNE PETERSEN

Happy New Year! It's always nice to start out a new year with some good news. I am happy to report we have the highest membership and broadest professional diversity in the Society's history. These milestones have come about in good part because the Society has had the fortune to have some exceedingly dedicated members who have worked hard on these goals over the past several years. As a result, the organization appears to be more accessible and desirable within our professional community.

This year has been one of expanding our horizons. In the fall, we invited the UW School of Social Work to join us in an event for new professionals. After a very nice cocktail hour and dinner, we held a "fishbowl" exercise in which the new professionals sat together in the center surrounded by the rest of us. Through dialogue facilitated by our board secretary, Lisa Benner, a new professional herself, we learned much about the diverse experiences of these clinicians. They spoke of a current climate of difficult to impossible to get supervision: (no provision, scarcity of LICSWs), low-paying employment with sky-high

caseloads, a lack of relevant coursework and training in their schools of social work, and a general sense that they are just trying to survive these early years of practice as they make their way towards licensure. (To read more about this event, please see Karen Hansen's article in this newsletter).

As a participant myself, listening to those inside the fishbowl discuss these realities, I recalled many of their concerns being my own

concerns twenty-five years ago. I felt lucky to have had more readily available supervision resources, though few were provided gratis. There was no test to study for or jobs withheld until attainment of licensure. Times have changed.

Our attainment (and maintenance) of high standards regarding licensure and supervision seems to have provided significant benefits and meaningful challenges to us all. In the long run, we would be worse off and in a different kind of crisis as a profession if we didn't continue to promote these standards. At the same time, it is challenging to fulfill require-

**Highest
membership
and broadest
professional
diversity.**

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WSSCSW

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PRESIDENT'S LETTER

continued from front page

ments while bearing large caseloads, low pay, and a scarcity of appropriate supervisors. Cutbacks in agency funding have meant that training and supervision budgets have shrunk dramatically.

As we continue to build our community connections with new professionals and agencies, examining their circumstances and figuring out additional ways we can help will serve us all well. Our Society already provides low-fee supervision by approved supervisors from among our membership. We also support new professionals with mentorship groups free of charge. We are looking at our fee structure for conferences.

The goal of expanding our horizons brings some key questions into focus that we must address in the coming year. Are there ways we can provide greater support to agencies? The Approved Supervisor Rule has presented them with some challenges. Pursuant to this goal, we have begun inviting in agency managers to dialogue about their needs. Which problems brought forward by new professionals and agencies will need our attention? Given our increasing numbers and diverse work situations, we are in a good position

to reflect on these issues and help to address them.

If you have something to share on this topic, be it solutions, ideas, questions, or dilemmas you experienced as a new professional please write to our newsletter editor, Mary Ashworth. The Society depends upon your input as we continue to develop the organization's response to these issues.

On another note, I am happy to announce that we are bringing the Society into the 21st century. We have hired (as an independent contractor) a quarter-time staff assistant, Aimee Roos. She and our webmaster, Kate Witt, will completely revamp our databases and critical aspects of organizational communication. This will make all of our lives easier. Hallelujah!

And that brings me to the subject that I feel must be repeated each and every newsletter. Volunteers. While there is much enthusiasm and growth going on in this organization, I do feel the work falls on too few to bear. It is the one area where I think we need some growth. There will be board positions opening up at the end of our year (June). Find the area within the Society where your interest lies and make the call. We need you. ♦

WSSCSW Newsletter is mailed quarterly to members of WSSCSW.

Deadline for the next newsletter is **March 15, 2007**. Articles should be emailed to Mary Ashworth at mary.ashworth@att.net. Paid ads are \$10 for 25 words, \$20 for 50 words, etc. Newsletter design by Dennis Martin Design, 206-363-4500.

calendar

FEBRUARY 2007

Friday, February 16, 12 – 2 pm

- WSSCSW Board meeting,

Wednesdays:

February 28; March 14, 28; April 11, 18

- “Becoming an Approved Supervisor” with Bill Etnyre, Ph.D., LICSW (Short Course)

MARCH 2007

Wednesday, March 7, 7 – 9 pm (7:30 presentation)

- Dinner Meeting: “DBT and Its Application in Private Practice”
- Christina Mullen, LICSW, presenter
- Bellefield Office Park

Friday, March 16, 12 – 2 pm

- WSSCSW Board meeting

Saturday, March 31

- Spring Clinical Conference
- Day-long workshop: “Crying: A Clinical Model Based on Attachment Theory and Research”
- Judith Kay Nelson, LICSW, PhD, presenter
- Swedish-Providence Auditorium

APRIL 2007

Friday, April 20, 12 – 2 pm

- WSSCSW Board meeting

Friday, April 20

- Legislation session ends

Thursday, April 26

- Volunteer Appreciation Dinner

Monday, April 30

- Deadline for the Outstanding Student Paper Award

Late April / early May

- Final dinner meeting: to be arranged

MAY 2007

Tuesday, May 8, 7 – 9 pm (7:30 presentation)

- Dinner Meeting: “Racial Transference and Countertransference: The Impact of Race in the Therapeutic Environment”
- Micheal Kane, LICSW, PsyD, presenter
- UW School of Social Work

Thursday, May 17

- Annual Party of the Membership

Friday, May 18, 12 – 2 pm

- WSSCSW Board meeting

JUNE 2007

Friday, June 15, 12 – 2 pm

- WSSCSW Board meeting

JULY 2007

Friday, July 20, 12 – 2 pm

- WSSCSW Board meeting

AUGUST 2007

Early August

- Membership renewal

Friday, August 17, 12 – 2 pm

- WSSCSW Board meeting

SEPTEMBER 2007

Saturday, September 15

- Membership renewal deadline

Friday, September 21

- WSSCSW Board meeting

Note: All dinner meetings are open to members and nonmembers.

- Lecture only: \$8/members; \$10/nonmembers; free to students in a full-time graduate program.
- Dinner and lecture: \$19/members; \$21/nonmembers; \$11/students.
- Dinner is box-style — selections are listed in the announcement sent prior to each meeting.

Join the WSSCSW email group!

Now in its ninth year of operation, with 153 WSSCSW members currently on the roster, WSSCSW's email group is one of your membership's prime benefits. It is a valuable, prolific source for making and receiving referrals, consultation on practice and clinical issues, professional education programs, available office space, and other information of interest to clinical social workers.

It's easy for current members to join. You can email Eric Huffman, our Membership Committee chair at eghuffman@earthlink.net, or Rob Odell, the group's moderator, at odellcsw@clearwire.net. Once your membership status is confirmed, you'll be quickly added to the roster so that you can send and receive messages. (If you change your email address, contact Rob Odell with the new address. Otherwise, the new address will not receive or send messages successfully!)

You're doing something right ...

BY ERIC G. HUFFMAN

Yes, I mean you! When you stop to realize that everything we do in the Society is through volunteer labor, word of mouth, and networking, it seems even more impressive that we are growing as quickly as we are and that we are attracting such talented members from the entire career spectrum of clinical social work.

Though we are just beginning the first quarter of our membership year (as I am writing this), we have nearly reached our all-time membership high, and I am sure we will break last year's record. This feat is a tribute to all of us. Our participation on committees, on the board, in dinner meetings, in emails, in networking, and in telling our colleagues about the Society has made this growth possible. We also had the highest renewal rate in the three years I have enjoyed being the Membership Committee chair. What's more, we had very generous lobbying contributions during our current renewal period. Thirty-eight members contributed \$2,555.

While I'm touting our volunteerism, I want to especially thank three members who helped me during the renewals. Their help made everything manageable. And let me add that their help was not only useful in

the concrete sense of data entry and proofreading, it was helpful because it let me know that if I got overwhelmed (it could happen!) there would be members to turn to for help. I thank Susan Buckles, Sharon Chamberlain, and Jennifer Loewen. Of course other members offered to help as well and I thank them too.

Last, you should have received your 2007 membership roster by now. If not, please let me know and I will mail you a replacement.

Welcome to New Members

Lori Hiltz

Lori earned her MSW at the University of Washington in 2000. She is currently in private practice in Seattle and has worked for Seattle Mental Health and Transitional Resources, both in Seattle. Lori is a member of the NASW. She holds the LICSW in Washington State.

Renee Katz

Renee earned her MSW in 1982 from UC Berkeley. She went on to earn a PhD in psychology. Renee has been in private practice in the Seattle area since 2000. Renee has worked extensively with grief, aging, and end-of-life issues. She has edited two books, authored chapters in ten other books, and has many other journal articles and other publications. She is a fellow in thanatology. Renee is also a member of NASW, the American Psychological Association, NWAPS, SPSI, and COR.

Deborah King

Deborah earned her MSW from the University of Washington in 1997. She is in private practice in Redmond and also works at Children's Hospital. Deborah has worked extensively with children and adolescents and has presented at workshops both in Seattle and nationally. She has published articles in both *Social Work Leader: The Newsletter of the Society for Social Work Leadership in Healthcare* and in the *Journal of Pediatric Oncology Nursing*. She is a member of the NASW and holds the LICSW in Washington State.

Beverly Tamanini

Beverly earned her MSW in 1988 at the University of Washington. She is currently in private practice in Seattle. She continues to work with the King County Superior Court teaching parenting seminars. Beverly's current practice focus is as a parenting plan evaluator for parents of minor children who are separating or divorcing. Before her involvement with the courts, Beverly taught assessment and diagnosis of mental illness to graduate students at Antioch University. Beverly is a returning member to the Washington State Society for Clinical Social Work and holds the LICSW in Washington State.

Author, social worker, and member Chikako Nagai

BY MARY ASHWORTH, EDITOR

Lobbying contributors

Audra Adelberger
Sue Elaine Anderson
Susan Buckles
C. Martin Bullard
Stan Case
Susan Childers
Ann Crabtree
Kemp Crawford
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Claudia Doss
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Myron Fishman
Karen Hansen
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Nancy R. Heller
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Jonna Kaplan
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Margaret McCulloch
Linda McDonald
Jacqui Metzger
Janet Moore
R. Keith Myers
Robert H. Myers
Maxine Nelson
Robert Odell
Jenny Pearson
Marianne Pettersen
Michele Pomarico
John R. Powers
Marcia Robbins
Alma M. Rolfs
Jan Sauer
Audrey L. Shiffman
Steve Siefert
Robin Stern
Lynda N. Treger
Candace Vogler



Abstract:

Eastern psychology and Western psychology have been operating on the basis of different theoretical orientations. This paper examines both Western and Eastern psychological theories and clinical practices to understand commonly experienced spiritual phenomena, particularly those rooted in the traditional Asian beliefs. The following theoretical and practice approaches are discussed in this paper: Drive Theory, Ego Psychology, Object Relations, Self Psychology and Intersubjectivity, as well as Eastern theoretical and practice approaches such as Buddhist and Taoist psychology. While theories and practices are still evolving, two or more theories and practice approaches may be integrated to fit unique needs of populations from diverse cultural and spiritual backgrounds.

Thus begins the paper (in press, *Psychoanalytic Social Work Journal*, 14 [1]) by Chikako Nagai entitled “Culturally Based Spiritual Phenomena: Eastern and Western Theories and Practices.” I spoke with Chikako earlier this month to learn about her interest in this topic, what brought her to the profession, and her primary focus as a practitioner.

Chikako explained she is an immigrant from Japan and has lived in the United States for eighteen years. It was as a high school teacher and community college instructor in her first years in the States that her interest in social work began to develop. As an instructor she noticed her students often faced many barriers to successfully accomplishing their educational goals. So, in order to learn how she might assist in

addressing these difficulties, Chikako herself returned to school. She enrolled at the University of Washington School of Social Work where she earned an MSW in the mid-nineties.

It was in 1994/95 that she first became acquainted and involved with the Clinical Society. She spoke of attending dinner meetings with the encouragement of her professors and being involved with a mentorship group. Both experiences, she describes as very valuable for her.

After positions both at the Special Offender Center and Compass House, Chikako eventually found her way to Asian Counseling and Referral Service (ACRS) where she began as intake coordinator and has moved on to supervisory and training positions. She described an interest in her paper topic developing as a result of the direct experiences at ACRS working so closely with immigrant and refugee populations. Additionally Chikako explained she traveled and studied in Southeast Asia to learn firsthand about some of the spiritual and psychological elements of various Eastern cultures.

Chikako is currently a doctoral candidate in the Smith College Doctoral Program in Clinical Social Work and in addition to her work at ACRS is an adjunct faculty member of many local institutions including Antioch, City University, and Seattle University. She says upon completion of her doctorate she hopes to find a full time teaching position. We wish her well in her endeavors! ◆

Dinner reception: Enhancing our connections!

BY KAREN HANSEN



On November 1 the New Professional Committee hosted a formal dinner reception. New professionals were joined by supervisors, mentors, mentorship group leaders, board members, and faculty/staff from the UW School of Social Work. The event occurred at the University of Washington Club, (formerly the Faculty Club) courtesy of Bill Etnyre, both a WSSCSW and UW School of Social Work faculty member. Thanks to you, Bill, for making available to us this wonderful facility! We all appreciated its central location, pleasant ambiance and spectacular view not to mention the delicious meal and gracious service.

The reception began with a social hour (which included a wine and cheese bar). Steve Seifert, Public Relations Committee chair and master of ceremonies, greeted arrivals at the door and introduced the evening's events including the various speakers. Steve set a warm and inviting tone for the evening. Thank you, Steve! Over forty guests mingled, finding common interests, some renewing old and others making new connections. Board members circulated personally talking with each new professional in attendance. The evening then progressed to the South Dining Room for a delicious formal buffet. During dinner, several WSSCSW members gave brief speeches and Karen Fredricksen-Goldsen, associate dean of Academic Affairs at the School of Social Work, spoke of the school and Clinical Society's shared common interests.

Following dinner, we moved to an adjoining lounge where the new professionals were asked to respond to the following question: "How has your career thus far met your expectations as a clinical social worker?" New professionals then shared their experiences in the post-graduate world of social work during a fishbowl conversation ably facilitated by WSSCSW board member (a new professional herself) Lisa Benner who drew out a range of responses. Thank you, Lisa. All listened attentively as each person expressed themselves. New professionals were also asked for suggestions as to how the School of Social Work or the Clinical Society could help to improve the overall experience of future clinical social workers. What follows are some of the responses generated by our questions.

- New professionals expressed concern over the “limited monetary rewards for early career phase jobs” and asked, “Are clinical social workers required to take a vow of poverty?”
- Some NPs expressed difficulty with employment opportunities in general.
- Others shared concerns about the lack of adequate supervision outside of King county in more rural areas.
- NPs gave feedback to the School of Social Work about field placement experiences needing to have some type of monetary remunerations, given that students are providing meaningful work for their agencies. Several creative solutions were generated.
- NPs also voiced their frustration regarding the difficulty of providing psychotherapy in agencies where case management and support functions are the major focus of the service population.

All in all the evening was a tremendous success and provided those attending with the foundations of a conversation which will continue over the following year. We welcome feedback and participation so if you are interested in becoming more involved, please contact Karen Hansen, chair of the New Professional Committee. ♦

Volunteer opportunities

Eric Huffman, chair of the Membership Committee, is looking for someone to help with data entry in October when all the renewals are in. Eric says, “It would be nice to get help with mailings now that we are so much bigger!” Please contact him at eghuffman@earthlink.net.

If you have a literary bent, a talent for design or an interest in a particular topic, the newsletter needs you. Possibilities for involvement abound! Proofreading, design innovation, photography, and overseeing a particular section are all areas in need of attention. Choose one or propose an idea of your own. All inquiries and offers to help are welcome. Contact Mary Ashworth, our newsletter editor, at mary.ashworth@att.net.

Community liaisons—interested in helping WSSCSW connect with other professional and other organizations, agencies, or the general public? Whether you already have an existing connection or are interested in creating a new one, we need folks that can help educate people about who we are and what we do, as well as find out what ways we can be a better resource to them. These efforts can help expand our network as an organization and build connections with mutual benefits. Time commitment is flexible and open to your creative thoughts. Contact Marianne Pettersen at mpettmsw@aol.com if you are interested.

The Outstanding Student Paper Award needs a coordinator and one other volunteer to help facilitate this longstanding and wonderful WSSCSW program. This program helps the three MSW programs in our state stay connected with us and vice versa. It is a gratifying way to participate in the Society. More information about it is on our website at wsscs.org/student_award.php. Contact Marianne Pettersen at mpettmsw@aol.com if you are interested.

Best intentions, unintended consequences

BY LAURA GROSHONG, WSSCSW LEGISLATIVE CHAIR

LICSW Approved Supervision Rule

As most of you know the Approved Supervision Rule for LICSWs went into effect on September 29, 2006, after several years in preparation. The final rule required two years of supervisory experience; five years of post-licensure clinical experience; and fifteen hours of training in supervision to supervise LICSW candidates.

The five-year post-licensure clinical experience requirement has been causing difficulties for many agencies. The fact that many agencies have not had social workers who were even licensed, let alone had met the post-licensure clinical requirement, left many agencies without qualified approved supervisors when the rule went into effect. Kevin Host and I attended a meeting with the King County Mental Health Providers, a coalition of mental health agencies, in November to see how we could work together to solve this problem with the Department of Health.

As a result, the Society will be asking DOH to change the post-licensure clinical experience requirement to two years instead of five years. This should still ensure that approved supervisors have enough clinical experience to be competent supervisors for licensure candidates.

A positive outcome of this work has been a stronger connection between the Society and agencies in King County. Graydon Andrus, clinical director of the Downtown Emergency Service Center, will be

attending a Society board meeting so that the Society and King County agencies can better understand each other. We hope this new connection will benefit clinical social work across western Washington.

The future of registered counselors

The 2007 legislative session began on January 8 and will address many issues which are of interest to clinical social workers. There is a strong effort to expand access for Medicaid enrollees to mental health treatment by allowing all licensed mental health clinicians to provide mental health services independently (currently only psychiatrists can do so.) There is a wonderful bill, HB-1088, developed by Rep. Mary Lou Dickerson that will expand mental health coverage for children at every age across diagnostic categories, removing the access to care standards that have served as a barrier to treatment. But the biggest issue affecting mental health treatment in this legislature is the legislation which results from the Registered Counselor Task Force.

Last spring there were television reports and print articles on an issue which has long concerned clinical social workers: the fact that registered counselors in Washington can provide mental health services without any education, training, supervision, or experience. Over 19,000 people have chosen to become registered counselors as a result.

Sexual misconduct and other forms of malpractice are much higher as a result. The governor formed the Registered Counselor Task Force in May to address the potential for harm the registered counselor category, and the lack of standards it has, represents. I was a member of the RCTF with about fifteen other clinicians, administrators, agency representatives, and other stakeholders.

A partial survey conducted by the Department of Health showed that there were several subgroups within the registered counselor category. There are about three to four thousand new graduates getting the experience and supervision they need to become an LICSW, LASW, LMFT, and LMHC. There are six to seven thousand staff in RSNs and CMHCs who use the registered counselor title. There are approximately three thousand registered counselors who do not provide mental health treatment, but do spiritual counseling, life coaching, pastoral counseling or some other form of emotional wellness help. There are also between five and eight thousand registered counselors who provide some form of mental health treatment. About half of these registered counselors have a master's in a mental health field but have chosen not to become licensed. Some of these registered counselors do not have a high school degree. Some have no mental health training, coursework, or supervision.

There was general agreement that pre-licensure candidates should be moved into the statutes governing licensure and given a new title,

i.e., a pre-LICSW would be called a master's in social work intern or associate and given a period of time to complete the requirements to become an LICSW. There was some agreement that the agency staff would receive a new title and standards for working as a mental health professional in RSNs and CMHCs should be reviewed. Where there was disagreement was about how to handle the registered counselors who work as independent clinicians, some who have been doing so for almost twenty years.

The Department of Health has proposed that registered counselors who wish to continue working without becoming a licensed mental health practitioner be allowed to do so if they have a bachelor's degree, forty hours of coursework in mental health treatment, and a licensed supervisor/consultant. There are no standards for how often supervision would occur. The Society is not in support of these standards and is proposing that all independent mental health practitioners be licensed. Registered counselors who currently do not meet standards for licensure would be given somewhere between five and seven years to become licensed, if they choose to continue working independently.

I will keep you informed about the progress of this issue. "Registered counselor" is a title that confuses the public and has a potential for harm.

Brief updates on the session

Usually there is more legislative activity in long sessions, and this year is no exception. There are about 100 bills that I have reviewed which could impact mental health practice in Washington, sometimes several on a given topic. I will try to sum-

marize the bills which I think have the most chance of 'moving', or getting out of committee at this point, both bills we support and bills which would harm mental health practice in some way.

Mental health parity (HB-1460 and SB-5446)

These bills will expand the mental health parity bill which passed in 2005 for big business (companies of more than fifty employees) to small business and individual insurance plans. This is a big step in the individual insurance market which currently does not offer ANY plans with mental health benefits. There is widespread support for these bills which should pass and create comprehensive mental health parity which will make Washington's parity law as strong as any in the country. You may recall that the mental health parity bill which passed in 2005 was a "phase-in" bill, which will not be completed until 2010. These new parity bills would be put on the same track so that phase-in for all insurance plans would be completed by 2010. For more information, check the article in the Seattle Times on parity today, also attached.

Disciplinary bills for health care professionals (various)

There are about 10 bills that will change the way complaints against health care professionals are handled. This is mainly the result of some high profile cases in which physicians and registered counselors (in several separate incidents) were found guilty of sexual misconduct. In the case of the physicians, action was not taken to sanction, even though there were several complaints. Some other physicians were aware of the malpractice and did not report the incidents. Registered counselors are a group of 19,500 people who are allowed to practice

mental health treatment independently without any training or supervision (see below) that have a very high complaint rate. There will very likely be some legislation passed which will require more reporting by health care professionals who are aware of misconduct on the part of other health care professionals, more oversight of boards and commissions by the Secretary of the Department of Health, and significant changes in the way Registered Counselors are allowed to work (see below.) I will keep you posted on the bills which emerge and may ask you to help with emails and calls.

Children's Mental health coverage (HB-1088)

Rep. Dickerson has sponsored an excellent bill on expanding mental health funding for children's mental health by \$30 million through Medicaid and the Basic Health Plan. This is a tremendous effort on her part and I hope anyone in her district (36th) will let her know how much you appreciate it (dickerson.marylou@leg.wa.gov). This bill would give children at least twenty sessions a year, with extended treatment available. Emails and calls will be requested.

GA-U mental health funding (budget)

The General Assistance – Unemployable (GA-U) fund has long needed a mental health benefit. These are folks who usually have multiple problems, including medical, food and shelter, income, and emotional. The lack of access to mental health services has been a long-standing concern of mental health agencies and professionals. The goal for this year is to start with twenty-five sessions a year, as a pilot project in King and Pierce Counties, and expand after the results come in. Emails and calls will be needed.

FAQs on Medicare reimbursement changes

BY LAURA GROSHONG

Here is some quick information on the Medicare reimbursement changes, which are coming up as requirements soon. There is also an in-depth article in the recent *Access*, the Clinical Social Work Association newsletter, on Medicare reimbursement in general.

What changes are taking place in Medicare reimbursement?

A new number for reimbursement, the National Provider Identifier (NPI), and a new form for reimbursement, the CMS-1500 will be required for Medicare reimbursement.

How can an LICSW obtain an NPI?

You can find information on applying for the NPI at the CSWA website at <http://www.associationsites.com/page.cfm?usr=cswa&pageid=3808>

When can LICSWs start using their NPIs?

Any time, but must be in use by May 23, 2007, for Medicare reimbursement, in combination with the CMS-1500.

When can LICSWs start using the CMS-1500 form?

Any time, but must be in use by March 31, 2007, for Medicare reimbursement, in combination with the NPI.

Can LICSWs use the old HCFA-1500 reimbursement form?

Yes, until March 31, 2007, HCFA-1500 forms with your "legacy" or SSN (not NPI) will be accepted for reimbursement.

Can LICSWs use the NPI with the old HCFA-1500 reimbursement form?

No.

Can LICSWs continue to use their Social Security number for Medicare reimbursement purposes?

Yes, until March 31, 2007, with the HCFA-1500 form only.

Where can LICSWs find CMS-1500 forms?

There are many web sites and medical form supply stores which stock the CMS-1500. In general, wherever LICSWs obtained HCFA-1500 forms, CMS-1500 forms will be available. CMS also has a web site that provides some information on availability in your area, http://www.cms.hhs.gov/ElectronicBillingEDITrans/16_1500.asp.

Will paper claims still be accepted by Medicare, or do claims have to be made electronically?

Paper claims will be accepted from sole practitioners who are not covered entities, i.e., have not submitted an electronic claim for payment, as defined in HIPAA.

Will NPIs be used for any other purpose?

There is a possibility that major insurance carriers will also begin requiring the NPI for reimbursement, but that is not the case at this time.

Happenings in the Professional Development Committee...

BY SHIRLEY BONNEY

Dinner Meetings

Peggy Nast-Hayes, LICSW, presented her work using eye movement desensitization reprocessing (EMDR) as a primary or an auxiliary therapy at our November dinner meeting. Peggy's presentation was informative in helping people without any experience with EMDR understand the reason a psychologist named Shapiro developed the model. Apparently the psychologist was herself under a great deal of stress and realized that when she moved her eyes rapidly, it helped her change her perspective on things. This realization was the beginning of exploring the use of bilateral stimulation as a way to "juggle things around in one's intrapsychic experience." EMDR is now an accepted clinical modality which some clinicians practice exclusively.

Peggy described experiences in psychotherapy with clients who were particularly "stuck" in therapy and the use of EMDR helped move through issues that seemed otherwise relatively immobile. Peggy, like several other clinicians in attendance, uses EMDR as another tool in the therapeutic process. She underscored the importance of the therapeutic alliance as the basis for any modality being helpful to clients. Peggy has been a social worker for over thirty years. She practiced in a psychiatric hospital and private practice in Boston until 1996 when she and her family relocated to the Seattle area. Her current practice includes psychodynamic psychotherapy and EMDR as well as work with people who have undergone surgery for chronic obesity.

Carolyn Sharp presented on Tuesday, January 9, on the tricky balance one walks when working with children and their parents. Look for a review of her presentation in the spring newsletter. Coming up March 7 at our dinner meeting in Bellevue, Christina Mullen, LICSW, will present on "DBT and Its Application in Private Practice." We look forward to an informative evening.

Speaker's Bureau

We are trying to put together a speaker's bureau where WSSCSW members volunteer their time to do one-hour presentations primarily to social service agencies. With current funding shortages, agencies where new MSW graduates work often do not have a budget for continuing education. For years, WSSCSW has bounced the idea of a speaker's bureau around, but we are hoping that this year we can actually make it happen. I emailed members through our email group and received some responses, but am hopeful that there are more of you who would be interested in being a part of the speaker's bureau.

For any of you who have done a dinner meeting or a workshop lately, you could use that same material as the focus of your topic for the speaker's bureau. Doing outreach in this way has advantages to everyone... WSSCSW helps clinical social workers out in the field and WSSCSW members get a way to interface with people who may be looking for clinical consultation such that it can be good advertising for one's practice.

So, please call me at 206-264-5001, or email me at shirleybonney@hotmail.com, if you would be interested in participating. Also, we are interested in topics that people in agencies want to hear about so we can solicit our membership about those in particular. Help us make this happen this year!

Upcoming Conference

Judith Kay Nelson, MSW, PhD, will present a daylong workshop on Saturday, March 31, entitled "Crying: A Clinical Model Based on Attachment Theory and Research." Judith is the author of *Seeing Through Tears: Crying and Attachment* and will address the theory of crying as it occurs in the therapeutic hour. Additionally she will talk about the impact of both client/patient's tears as well as the therapist's tears and how psychological, social, and physical aspects of crying come together with symbolic, spiritual, and aesthetic dimensions. Two case presentations will enliven the theoretical aspects of this very interesting subject. Mailings for registration will be going out in February.

We are also planning two other conferences. The dates have not been set, but Pat Ogden, PhD, will be doing a daylong workshop in fall 2007, and Ellyn Bader, PhD, will be doing a daylong workshop in spring 2008. More on those soon.

In-depth interview with Kevin Host, CSWA president, and Richard Yanes, CSWA executive director: Part one

BY FRED LEVY LCSW, EDITOR OF CLINICAL SOCIETY NEWS FOR THE VIRGINIA SOCIETY FOR CLINICAL SOCIAL WORK INC. (USED BY PERMISSION)



Kevin Host



Richard Yanes

This past November 6, Virginia Clinical Society Newsletter Editor Fred Levy interviewed Kevin Host, LCSW, president of the Clinical Social Work Association (CSWA), and Richard Yanes, executive director, to discuss our new national organization. We are featuring this conversation in two parts in this and the spring issue of the newsletter. Richard Yanes served as the CSWF's last executive director and devoted many years of service to that organization; Kevin was its last president. Both have been instrumental in guiding clinical social work through this critical transition.

Fred, Kevin, and Richard set up a conference call, and Fred taped the proceedings with an hand-held dictaphone perched next to his speakerphone; the interview lasted well over an hour. And as Fred reports, "I felt the time fly, feeling privileged to share this groundbreaking moment in our profession's history."

Many thanks to Kevin and Richard for graciously sharing their time, and especially to our intrepid VSCSW administrative assistant, Cathy Reiner, for transcribing these many pages.

Richard: Thank you for setting this up and going over the interview questions. I thought they were excellent questions.

Fred: Thank you, Richard, for sending the more basic information [ed. note: see page 15 for "A

Change In the Wind"] because that frees up the interview for getting into other things. Thank you both for agreeing to do this interview!

Gentlemen, what caused the undoing of the CSWF, and how will this new organization better serve clinical social work?

Kevin: Great question. We could spend the whole interview talking about that. I look at structure as being, if not the single most contributing factor, certainly a top leading factor that interfered with the Federation accomplishing its mission. I think the Federation structure that we had, where we had member societies serving as the board of directors as the guiding force for the organization, worked very well in the beginning, but in the last five to seven years, even as far back as ten years, it had outgrown its usefulness and was actually interfering in at least two key areas. One was communication with the individual members as to what the national organization was doing, and the second was our ability to attack the membership problem as we saw it. To expand on that a little bit more, the Federation would have to initially speak to the membership through the president of the respective society. That was changed by a bylaws amendment in 2004, but prior to that, the Federation couldn't speak directly to a member in a state society. The

other structural impediment was that presidents would change over every two years. It takes a board member two or three meetings just to kind of figure out how the organization works, what it can do, and what's been done before. About the time that a board member or a state president would actually be up and ready to go, their term would expire, and what institutional knowledge they had developed, would often times be lost.

Fred: So you were losing continuity.

Kevin: Absolutely. And not just continuity between the president and the board, but over time, it became difficult for an exiting state president to pass along critical information to the incoming president. So we would have state presidents who would come to Federation board meetings who wouldn't have the by-laws, and/or the procedures and protocols. Through nobody's fault, the new presidents weren't on board to come and start working, so we were almost always in the process of having to rediscover ourselves at every meeting. We tried diligently to work around that issue, and we thought that the amendments that allowed the Federation leadership to speak directly to each member would expedite things some. I think at that point, a number of societies began to lose faith in the structure and the process, and I think that our changes came perhaps too little too late.

Richard: We really didn't gain effective communication with the membership and individual members, until we made the switch to an association. We still found that

the Federation leadership, understandably, had great difficulty passing on our communications to the societies. The presidents were busy running their state organization; they had family lives, and the Federation was thrown in the mix of where and when issues could be handled.

Fred: Richard, I remember you saying, some time back at one of our state board meetings, that you had made the comparison between the old Federation as being a little bit like the United States when we had the Articles of Confederation and that the Association is a little bit like the United States now with the Constitution. Do you still think that way?

Richard: I do with respect to the first part of the point. Even though the board of the Federation could adopt a policy, the state societies weren't required to either implement or go along with that policy in any way, so we were very much like the first governmental structure of the United States when it first came into being. So it really began not to work for us over time—and it clearly did not work for the U.S.—which is why we made that change. I think a very vivid example of that was our membership initiative. State societies had been in somewhat of a decline in terms of recruiting members (and subsequently members for the Federation), and we generated an initiative, that the board agreed on in spirit, that we would all go back and do some very heavy recruiting in our respective states. We had our Membership Committee chair, Margie Howe, put together a very strong Power Point presentation on how to increase membership. There were several hours of train-

ing with bullet points and tasks, and everyone was encouraged to go and follow the presentation or protocols, or to deviate some, but the idea was to increase membership in each state by 10 percent. There was no way that the Federation could go into a state and say, "Do this, do that, write these letters, have these events." We were always somewhat hampered by the time, ability, and continuity of a particular governance of a state society to enact protocols and initiatives. We were hamstrung in terms of seeing that the initiatives got carried out in each and every state.

Fred: How do you both understand the relationship of the CSWA with each individual state society?

Kevin: This is going to be a nuanced response. The fundamental relationship is between the individual clinical social worker regardless of what state they reside in and the Association. We encourage clinical social workers to belong to both their state society to help promote the profession at a state level, and to the Clinical Social Work Association to help on the national level. So our primary relationship is with individuals. Having said that, for issues that are local to a state, having a strong state society is good for individual state members and for the profession. We can lend our expertise as an association to help out certain societies. We were able to provide Virginia with support in terms of your licensure law.

Fred: Laura (Groshong) has done a terrific job and Mark (O'Shea, our Legislative Committee chair) sings her praises at every turn—and rightfully so.

Kevin: We see the Association as being collaborative and supportive of societies; we hope as we move forward that societies will both affiliate and seek some support and expertise from us. We, in turn, will want to tap into state societies for national issues; however, our fundamental relationship will always reside with the individual social worker.

Fred: How are NASW and CSWA different?

Kevin: I think it builds a little bit on the origins of the Federation, in that the Federation came into being in response to NASW's maybe not being as focused and diligent in promoting the individual practitioner as I think was warranted. I certainly wouldn't say the NASW is hostile toward clinical issues, but in terms of being as proactive, keeping a finger on the pulse, both at a local and a national level, I am not sure given the breadth and the depth of NASW that they are going to be, if you will, "minding the store" as much as the Clinical Social Work Association is and will be.

Richard: I have to agree. I think it is our focus, which really makes this distinctive. Especially, when it comes down to specific issues, such as clinical education in the schools, we do have the expertise. We can begin to address that type of long-term outlook on a range of broad and specific issues.

Fred: In addition to Laura Groshong serving as director of Government Relations, what other experts and areas of expertise can individual

members in state societies draw from as we deal with issues at a local, statewide, and national level?

Kevin: We have our "Social Work and the Law" hotline, which Lane Velcamp of the Kentucky State Society runs. It's available if you need some consultation, are being deposed, or have some questions about practice-related issues. We have a hotline that is free and published. We don't even necessarily require you to be a member of the organization, although it would help if you were getting help from our group that you would. That is very tangible.

Fred: What is the 800 number for the hotline?

Richard: The number is 800-270-9739. They will deal with the legal end of things, but we do address very practical practice business sorts of situations that people may find themselves in. If people have questions about ethics as well, we can address those questions.

Kevin: The great thing about the change of being able to communicate directly with our membership is that we have really expert, knowledgeable people out there in the societies, and you know if we want to explore a new area, we've got the ability to reach out and see what they have to contribute. That is very helpful for people who have questions that may be a little arcane. We also represent the profession on a number of boards. Richard represents the Association on the Mental Health Liaison Group, which tracks what is happening in federal congress. Laura attends the ASWB, a board association for state boards of

clinical social work. In fact, in our upcoming *Access*, we will have a very cautionary article from Donna DeAngeles from the ASWB about regulations and good moral character of clinical social workers, and how state boards can check in on that. We also have Ann Segals, who is involved with CSWE (Council on Social Work Education). We are having key people on key national boards which set policy or regulation, or in some cases, legislation. That is a partial list; the whole list is very much larger than that.

Fred: Well, that is great, and I think it will give people an idea. I am hearing two things that I think are important: one is that we have experienced people who are already up and running, functioning in key areas; and second that there is a certain flexibility and expansibility, for lack of a better word, in a kind of pragmatic way in which resources can be allocated within the Association for particular needs as they come up. I think that is very important, that it is not fixed.

Kevin: Correct. That was one of the guiding principles for the committees that looked into how we were going to develop this structure that we needed to make some pretty significant changes. That principle was a flexibility and nimbleness in order to respond to what was happening in the health-care world as it changed; it has changed pretty remarkably.

End of part one. Look for part two in the spring issue

KUDOS

Many thanks to many

COMPILED BY MARY ASHWORTH, EDITOR

We have many WSSCSW members to recognize in this issue. We are truly lucky to have such dedicated professionals willing to give so much to our organization. In their columns, Eric Huffman and Karen Hansen express their gratitude (which I believe deserves repeating) to **Susan Buckles**, **Sharon Chamberlain**, and **Jennifer Loewen** for help with the membership renewal process and to **Bill Etnyre**, **Steve Seifert**, and **Lisa Benner** for their help with the new professionals dinner reception. A big thanks to all of you.

I wish to thank (in my role as editor) all of our members who contribute articles to our newsletter. I want to recognize them both for their willingness to write (in addition to their many other responsibilities) and for the timeliness of their submissions. Bravo, authors!

And speaking of authors, we have another soon to be published in our midst! Congratulations go to **Chikako Nagai** whose article “Culturally Based Spiritual Phenomena: Eastern and Western Theories and Practices” is in press right now for publication in the *Psychoanalytic Social Work Journal*, 14 (1). Please see our member spotlight section for more.

Lastly, it is with regret we announce that **Ann Crabtree** has decided to retire from the Professional Development Committee after nine years of dedicated service to the Society. Ann chaired the committee for several years and then became a member whose expertise was highly valued by the newer recruits to the group. Her creativity and energy added greatly to the educational environment of the WSSCSW. Her presence and good humor will be sorely missed by all of us on the committee. We will miss her input but wish her good times with her family and grandson.



Veterans Outreach Program

Visit the web page for WSSCSW's Veterans Outreach Program: www.wsscsw.org/vop.php

Upcoming conference

Don't miss this upcoming conference: “Crying: A Clinical Model Based on Attachment Theory and Research” with Judith Kay Nelson, LICSW, PhD, Saturday, March 31. Swedish-Providence Auditorium.

Approved supervisor course

There is still room in the short course “Becoming an Approved Supervisor” with Bill Etnyre, PhD, LICSW. It meets Wednesdays, 7–8:30 p.m., on February 28, March 14, 28, and April 11, 18. 7.5 CEs. Contact the instructor at bnyre@msn.com. For more info, go online to wsscsw.org/shortcourses.php.



Washington State Society for Clinical Social Work

c/o Mary Ashworth
Family Services
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The Journey Program facilitator training for bereavement support groups will occur Friday and Saturday, March 30–31, 2007, 9 am – 4 pm. Children’s Journey Program offers grief and loss support services to families when a child dies. The child does not need to have been a Children’s patient for families to

receive Journey services. If you are interested in attending this training, or if you are interested in volunteering as a support group facilitator, please contact either Jackie Kite or Leslie Wright at 206-987-2062. Please share this information with anyone else who might like to know more about the Journey Program.

Mediation-cultural awareness trainers. CRU Institute, a nonprofit organization conducts peer mediation and cultural awareness training for K–12 students locally and nationally. We are seeking to expand our cadre of part-time trainers. Work with our diverse team. No experience necessary. Contact: Nancy Kaplan at 415-869-4041 or nancy@cruinstitute.org.

“Addiction Disorders: Critical Issues in Family Treatment.” Presenter: Claudia Black, MSW, PhD. Sponsored by NASW WA Chapter and PDI, Inc. Friday, February 23, 2007, 9:00 a.m. to 4:30 p.m. (lunch will be on your own). Red Lion Bellevue Hotel, 11211 Main Street, Bellevue, WA 98004, 425-455-5240. Cost is \$125 before February 9, 2007. Registration online at www.nasw-wa.org. Six CEU credits available.

Your ad here. \$10 for 25 words, \$20 for 50 words, etc. Contact Mary Ashworth at mary.ashworth@att.net.