



FALL 2008

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PRESIDENT'S MESSAGE

A brief "state of the Society"

BY ROBERT ODELL

I'm gathering my breath more often in the last month than anytime in the last six. Thank you for your renewed membership, and for unprecedented support of our legislative lobbying effort! In this message, I would like to let you know in some detail how your dues are being used to benefit you and our profession.

Our year's professional development programming includes new programs and expansion of existing ones. The programs reflect the commitment and energy of your fellow members. WSSCSW offers many opportunities to develop professionally and relationally.

Our fall clinical conference was the kind of program you won't find anywhere else. We've increased our Short Courses. Evening Meetings are easier to attend. Our healthy New Professionals Program is adding a new mentorship for social work policy (that's right!) students and recent grads. We have added the Clinical Book Club, beginning in January 2009. We've paid close attention to maintaining a broad based philosophy.

Legislatively, we go into another challenging year in which the rule-

making of the hard fought registered counselor law will be finished. We are overall in a strong position. Our sponsorship of the Mental Health Political Action Committee means we will be effective in a critical election year.

The membership diversity initiative that began two years ago is pushing forward. This month the board will review a member-staffed task force report and develop an action plan. I believe that this policy will reinforce our commitment to social justice and the highest standard of clinical practice.

**Nothing helps us
grow like your
good words.**

Behind the scenes, membership information is now completely "databased," allowing greater efficiencies and speed. Aimee Roos, our superb program assistant, mainly supports membership and professional development.

All this year, the board is doing vital documentation of how to run the Society. Any member who volunteers on the board or its committees will now find a wealth of retained knowledge. We will also adopt a document sharing and storage system later this winter.

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WSSCSW

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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 professionals to mid-range, seasoned, and retired clinicians.

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 LETTER

continued from front page

I want to take this opportunity to again thank our new past president, Marianne Pettersen. Much of what we are doing builds on her ideas and goals. We are taking steps to be led by a board, developed by members, and operated by staff. I believe this is the model on which we can steadily grow.

I do not believe that the excellence we create together was meant to attract only 8 percent of the clinical social workers in Washington State. In the past, we have not systematically let the other 92 percent know we exist. I constantly discover that many have never heard of us. But we're on our way now, and I am confident they will like what they see.

Our mailings (U.S. mail and e-mail) for the fall clinical and the November 1 ethics conferences reached out to nonmember colleagues from Everett to Olympia. When they attend our programs, they will be greeted by members and receive incentives for a first year of membership.

Our website, wsscw.org, has taken leaps and bounds. Treasurer Carolyn Sharp led a successful effort to develop enhanced member listings. At a very low price, members can now use the site to increase their referrals, and/or traffic to their own websites. We are increasingly using our site as an information center, with updates and education to members and nonmembers alike.

I have begun to explore how we can deepen WSSCSW's relationships with the other licensed mental health professional organizations in our state. Building

on our strong legislative alliance, we gain by further developing connections with WSPA, WAMFT, and WAMHCA.

What of our relationship with NASW in this state? I believe that the written proposal we offered to improve and develop relations has been well received. I hope to report a specific agreement in the next newsletter.

After all this good news, I must also tell you about two significant problem areas:

We will struggle to replenish this year the reserves drawn down over the last twelve months shifting our operations to the new operating model. Our budget is very lean, and the board has to work very hard to decrease expenses and increase revenues. The board must also work hard to recruit committee volunteers, recently conducting a major phone campaign. Similar to a "co-op," a broad understanding that both dues and limited volunteer service are needed would be a powerful boost for WSSCSW. I wonder if, and how, that can be achieved.

Ultimately, our growth will depend on membership levels. Nothing helps us grow like your good words to nonmember colleagues. That includes attending Professional Development programs and warmly greeting those who attend them.

As we enter our 2008-09 program year, I hope you are pleased with your membership in WSSCSW and the directions we are taking. ♦

calendar

OCTOBER 2008

Short course

- October 14, 28; November 11, 18; December 9
- 7 – 8:30 pm
- “Psych Meds: A review of current choices, typical uses, benefits, and cautions”

Clinical evening meeting

- Tuesday, October 21
- 6:30 – 9:00 pm
- “Social Work within Diverse Agency Settings”

New professionals program

- Friday, October 24
- 6 – 9 pm
- New professionals fall dinner and reception

NOVEMBER 2008

Fall 2008 ethics conference

- November 11
- 9:00 am – 5:00 pm
- “HIPAA Five Years Later: The Impact on Clinical Practice”

Short Course

- November 11
- “Psych Meds: A review of current choices, typical uses, benefits, and cautions”

Clinical evening meeting

- November 18
- “Neurobiology of Trauma and Abuse”

DECEMBER 2008

Short course

- December 9 (4th session)
- “Psych Meds: A review of current choices, typical uses, benefits, and cautions”

JANUARY 2009

Initial meeting of the WSSCSW Clinical Book Club

- January 12

Washington State 2009 legislative session begins

Clinical evening meeting

- January 20
- “Dialectical Behavioral Therapy with Adolescents”

FEBRUARY 2009

Clinical evening meeting

- February 24
- “Self Care for Private Practice Clinicians: Nurturing ourselves”

MARCH 2009

Short course

- Tuesday, March 3 & 17
- 6:30 – 9:30 pm
- “Starting Your Own Private Practice”
- Instructors: Shirley Bonney, LICSW, and Karen Hansen, LICSW

Short course

- Saturday, March 14
- 9:00 am - 6:00 pm
- “Somatic Transformation: An innovative approach to the treatment of anxiety, depression, post-traumatic stress and addictions”

Short course

- Saturday, March 21
- 9 am – 4:30 pm
- “Using Dialectical Behavioral Therapy with Adolescents: Effective strategies for difficult to treat teens and families”

Approved supervision course

- Instructor: Multiple instructors, including Bill Etnyre, PhD, LICSW, BCD

Clinical evening meeting

- Tuesday, March 24
- “Mindfulness: Within the clinical hour and beyond”

APRIL 2009

Short course

- Saturday, April 18; Saturday, May 2,
- 9 am – 1:30 pm
- “Self Care for Clinicians: Nurturing ourselves through mindfulness”

Clinical evening meeting

- April 22
- “Negative Therapeutic Reaction: Why we sometimes bite the hand that feeds us”

MAY 2009

Spring 2009 clinical conference

JUNE 2009

WSSCSW annual membership and volunteer appreciation party

End-of-the-year report

BY ERIC G. HUFFMAN

As I write this in late September, we are wrapping up another successful renewal drive. I will have more information on that in the next newsletter. What I need is some macro on my computer that will create a yearly column for me saying this year was better than the last, etc. We again surpassed the previous year for total membership and closed the 2007–08 year with 197 clinical social work members. We had a gush of new applications over the summer and I thought we would make the 200 mark. Greedy! Greedy! Greedy! This is already 27 percent growth over our membership four years ago. We had twenty-five new members in this past year and that includes seven new professionals. In fact, we have over twenty-five new professionals as members. We have two out-of-state members who want to maintain contact and support the Society. We ended the year with three emeritus members and three student members. We continue to broaden our representation of the clinical social work profession with members employed in private practice, mental health agencies, hospitals, correctional facilities, criminal justice, children's services, public schools, and universities.

Please keep in mind that we have accomplished this because all of us have told friends and colleagues about the Society. This growth is something each of us has fostered in many ways. Last, join me in my amazement that we do this as a

volunteer organization! Please volunteer for a committee if you haven't already ... maybe membership ... or professional development.

Welcome to new members

Stephanie Barbee

Stephanie earned her MSW at the University of Michigan in 1995. She has a long history of working in mental health agencies. She began her private practice in 2002 and is now expanding her West Seattle practice. Stephanie says she has enjoyed WSSCSW presentations and is joining to connect with others in her field. She looks forward to furnishing names and contact information of colleagues who would also enjoy membership. Stephanie is also a member of NASW and holds the LICSW in Washington State.

Rachel Cibelli

Rachel earned her MSW at the University of Washington in 2002. She has done medical social work at both the UW Medical Center and the Auburn Regional Medical Center. Rachel is currently a program associate at the Program for Early Parent Support in Seattle. Rachel is returning to the field after time away to begin a family. She is interested in joining the Society as it fills a gap in the community regarding clinical social work professional development and identity formation. Rachel is a member of NASW and COR-NWFDC.

Kay J. English

Kay earned her MSW in 1984 at New York University. She also holds an MA in group process from Seton Hall. Kay has been in private practice in Springfield, New Jersey since 1986. She was a member of the New Jersey Society of Clinical Social Workers and is joining the WSSCSW to continue her connection with clinical social work. She notes that Caron Harrang urged her to affiliate immediately! Kay is a member of NASW and holds an LICSW.

Liz Goodwin

Liz is a new professional who earned her MSW at the University of Washington in 2008. She has started her private practice in Seattle. Liz has also been a counselor for GLBT youth at Stonewall Youth. She has also been a Women's Advocate at Safeplace Rape Relief and Shelter Services.

Alexandra B. Fleming

Alexandra is a new professional who earned her MSW at the University of Washington in 2008. She is currently employed at Friends of Youth. Alexandra was the winner of the WSSCSW's Outstanding Student Paper Award. She is a member of the National Association of Perinatal Social Work.

Jordan Kirk

Jordan earned her MSW at the University of Washington in 2004. She is currently a Clinical Social Worker at Harborview Center for Sexual Assault and Traumatic Stress.

Jordan says she has been impressed with the WSSCSW members she has met in her mentoring group and in the short course “Starting a Private Practice.” She looks forward to training opportunities and furthering her professional growth. She holds the LICSW in Washington State.

Jay Laughlin

Jay is a new student member and is entering the MSW Extended Degree Program at the UW this fall. He is currently a volunteer in the Protection Order Advocacy Program in the King County Prosecuting Attorney’s Office. He holds a master’s of science degree in forest resources and is a member of the American Society of Safety Engineers. Jay believes his membership will round out his academic experience.

Jennifer Lee

Jennifer earned her MSW from Smith College in 1999. She has a private practice in both Seattle and Bellevue. Jennifer is also a child and family therapist with Catholic Community Services. Jennifer notes that she is a past member of the WSSCSW and looks forward to offering supervision to those new to the social work field. She is looking for educational opportunities, a local social work community, and a place to share her talents and passions in the social work field with others. Jennifer is a member of NASW and the Association for Play Therapy. She holds the LICSW in Washington State.

Emily N. Lee-Escher

Emily earned her MSW in 2004 at the University of Washington. She is currently employed at Sound Mental Health. Emily is interested in being a member of the WSSCSW because she believes the Society embodies the high quality standards, social justice, advocacy, and code of ethics we, as social workers, desire to pursue for ourselves and for our society. She holds the title of LASW in Washington State.

Carol L. Mayes

Carol earned her MSW at Michigan State University in 1982. She has recently started a private practice in Seattle. Carol has also worked at Jewish Family Services and Luther Child Center/Compass Health. Carol is especially interested in joining the WSSCSW as she begins her private practice after nearly twenty-five years in social service agencies. She is interested in networking, keeping current on social work issues, attending workshops and classes, and finding referral opportunities. She sees her membership as a way to be less isolated and a “way to stay in the loop on all things social work.” Carol has been a certified social worker in Michigan, a LISW in Ohio, and holds the LICSW in Washington State.

Heidi Nelson

Heidi is a new professional who earned her MSW in 2008 at the University of Washington. She is currently employed by Community Psychiatric Clinic. Heidi is a member of NASW.

Jack Shriner

Jack is a new professional who earned his MSW from the University of Washington in 2008. He is currently employed as a therapist/case manager by Sound Mental Health. Jack is looking forward to continuing education and mentorship opportunities to support him as he enters the field of clinical social work.

Meira Shupack

Meira is a new professional who earned her MSW in 2005 at the University of Washington. Most recently Meira has been an intern at the Alliance Community Psychoanalytic Clinic. She is a member of NWAPS.

Nathaniel Shara

Nathaniel earned his MSW at the University of Washington in 2008. He is the recipient of the WSSCSW’s scholarship award for 2008. Nathaniel is currently employed at Asian Counseling and Referral Service as a child, youth, and family therapist.



KUDOS

Members step up to the plate!

EDITED BY MARY ASHWORTH

Gratitude

Eric Huffman sends kudos for renewal help. He writes, “These glorious members jumped in and helped call for renewals and I am very grateful!”

- Peggy Flanagan.
- Molly Davenport
- Nancy Heller
- Jacqui Metzger
- John Walenta
- Cathy Cobb
- Sarah Peterson

Outstanding Student Clinical Paper Awards

Lyla Ross writes: The Clinical Social Work Society continued this spring with the annual call for outstanding student clinical papers. Traditionally, the award had been a way for the Society to promote and encourage high clinical practice standards for those who are entering the profession as well as reach out to the various Schools of Social Work in our state. Graduating MSW students from Walla Walla University, University of Washington–Seattle Campus and University of Washington–Tacoma Campus were invited to submit their clinical papers for review.

This year, the selection committee was comprised of Carol Hall, Diane Grisé-Crismani and Lyla Ross. A winner was to be selected from each one of the three schools of social work. Unfortunately, UW Tacoma did not have a paper that met criteria this year, but both UW Seattle and Walla Walla University had strong clinical paper submissions.

Alexandra Fleming from the University of Washington–Seattle was selected as the winner for her paper entitled: “Re-conceptualizing Pre-natal Care in the African American Childbearing Population: A Socio-cultural Contextual Framework.” Josh Bratton from Walla Walla University was selected as the winner for his paper entitled: “Intersexed: The Ultimate Schism Between the Real and False Selves.” All papers were thoughtfully written and the selection committee enjoyed reading each one of them. Winners received one hundred dollars, a year’s membership in the Society, and a plaque at their respective schools. Congratulations, Alexandra and Josh!

See Laura in action!

In early September our very own Laura Groshong in her role as Clinical Social Work Association director of government relations joined Betsy Clark, NASW executive director, to create a video in support of the Social Work Revitalization Act. She writes, “It represents the continuing collaboration between CSWA and NASW which I believe will be fruitful for both organizations.” You can find the video at www.youtube.com/watch?v=4mBxxzgPolRA or read Laura’s article this newsletter. ♦



Expanded practice listing

BY SARA SLATER AND CAROLYN SHARP

We are pleased to announce the creation of a membership-only expanded private practice listing on our website, www.wsscsw.org. Beginning in the late fall of 2008, this additional website feature will allow our colleagues and the general public to access in-depth information about each of our private practice listings, facilitating referrals and enabling potential clients to learn more about our experience, philosophies, and backgrounds.

Each person that joins this enhanced listing will have a separate page on our website, accessed through the membership roster or our website search engine, listing all pertinent information about our practices. Our webmaster, Kate Witt, has collaborated with the WSSCSW board to create pages which maximize visibility and optimize traffic to the WSSCSW website, as well as to our individual websites and private practices, providing colleagues and consumers with the data most commonly sought when making referrals or seeking practitioners.

This powerful marketing tool gives you the same advantage offered by competing therapy search websites, but at a considerable savings, as we have also worked to keep costs down for this enhanced service. The annual fee, \$50 per calendar year, will cover both set up costs and annual maintenance.

If you would like to join our enhanced listing, you may do so one of the following ways:

- Simply go to www.wsscsw.org, fill out the form and submit it on our website. This is the fastest and most efficient way to ensure the information gets to us, without any possibility of data loss.
- Alternatively, an announcement will go out on the listserv in the next few weeks, with the form attached, where you may fill it out and email it to our administrative assistant Aimee Roos at aimeeroos@yahoo.com.
- If you do not have access to email or website, please legibly fill out the form and mail it to Aimee Roos, WSSCSW, PO Box 77264, Seattle, WA 98177.

For all three of these options, please write a check to WSSCSW and mail it to Aimee at the above address. When we have received your form along with your check for the set up and the 2009 annual fee, we will input the data and develop the page, which will be completed and live by late fall 2008.

We hope you are as excited as we are about this new service, which we believe will increase our awareness of our colleagues, as well as serve to support our work with clients. If you have questions, please feel free to contact us: Sara Slater, LICSW, 206-579-1729, sarajacksonslater@hotmail.com, or Carolyn Sharp, LICSW, 206-291-8377, carolynsharplicsw@comcast.net. ♦

Benefits available to WSSCSW's new professionals

- Mentorship groups for all second-year MSW students at the UWA School of Social Work and to new professional members. Mentoring in the group setting, involves support, information, access to professionals, and an arena in which you can explore your identities as clinical social workers.
- Individual mentoring for all new professional members. We have a list of members who have volunteered to provide individual mentoring to the new professional member. The focus is to help with questions about job search, licensure, supervision, further training, WSSCSW benefits and involvement, and other questions the new member may have.
- Referrals to members who offer clinical supervision to the new professional member. The clinical supervision is provided by Washington State approved supervisors, in either individual or group settings, and on a sliding fee scale basis.
- A confidential referral list of individual members offering sliding fee scale individual psychotherapy to the new professional member.

To obtain information on any of these new professional member benefits, please contact Karen Hansen, LICSW, New Professional Committee chair, 206-789-3878, karenhansenmsw@gmail.com, or Carrie Smith, LICSW, New Professional Committee member, 206-329-4763, csv3@mindspring.com. ♦

Medicare billing: Common problems and their solutions

BY LAURA GROSHONG

I have prepared a summary of the major problems LICSWs have been having with payment for Medicare billing. Thanks to all who responded to my request for problems with Medicare billing or payments. I will summarize the most common problems and the solutions as I understand them from Medicare, administrators, and members. This is by no means a complete list of the issues which may interfere with payment but an attempt to address the main problems which have come up lately.

I would also like to note that Medicare is a bureaucracy and bureaucracies inevitably create policies that make sense to them but may not to others. Policy changes like these are expectable in our dealings with all insurers.

- **Changes to ZIP codes:** There are some changes to ZIP codes because more than one Medicare administrative contractor covers the same five number ZIP codes. These changes went into effect on April 7, 2008, which is why claims after that date were affected. The initial announcement of the changes was in October 2007. You must include your nine number ZIP code in these areas. A list of the affected ZIP codes can be found at: www.cms.hhs.gov/MLN/MattersArticles/downloads/MM5730.pdf then go to www.cms.hhs.gov/MLN/MattersArticles/downloads/MM5208.pdf.
- **Payment location:** Some clinicians have been receiving payments at their home address, but billing from their office address. Some clinicians have their home and office at the same address. The nine number ZIP code is required for your office, i.e., wherever services are provided, not for your home address if you choose to have payments sent there.

- **Miscellaneous changes to CMS-1500:** There have been some changes to the way CMS-1500 must be filled out due to the elimination of legacy numbers. If Medicare is primary, you no longer put your name and address in boxes 4 and 7; instead leave these blank. Continue to put "none" in box 11. You should also no longer list your NPI in box 32a; list your NPI only in box 33a and 24j. Medicare will not accept a whited-out or crossed-off NPI in box 32a—it must be blank. If you use a pre-printed CMS-1500, the claim may be denied if any of the above is printed or not printed as required above.

Future reference: Medicare regularly issues changes to Medicare billing practices through articles on Medicare Learning Network at www.cms.hhs.gov/MLN/MattersArticles. All Medicare providers are responsible for keeping abreast of these changes, which are generally published four to six months prior to implementation, as the ZIP code change was. While there are a number of changes that have no bearing on LCSWs, it is still necessary for LCSWs who are Medicare providers to check the website and become aware of the changes as they occur.

I hope this will help with the problems many clinicians have experienced. Please let me know if there are any other Medicare billing problems you have identified, and I will try to include them in future updates on Medicare billing policies. ♦

WSSCSW newsletter is mailed quarterly to members of WSSCSW. Deadline for the next newsletter is **December 15, 2008**.

Classified ads are \$10 for 25 words, \$20 for 50 words, etc. Articles and ads should be emailed to Mary Ashworth at **mary.ashworth@att.net**. Newsletter design: Dennis Martin Design, 206-363-4500.

Articles expressing the personal views of members on issues affecting the social work profession are welcome and will be published at the discretion of the editor and WSSCSW board. Articles reflect the views of authors and Society endorsement is not intended.

Not a CSWA member?

The Clinical Social Work Association is supported primarily by individual memberships. Please consider joining today! You are *not* automatically a member of the association by being a member of your society, and must join separately. CSWA needs your support to provide the information you need to effectively run your clinical social work practice and for CSWA to successfully advocate on your behalf. Go to our website at www.associationsites.com/main-pub.cfm?usr=cswa for a full list of membership benefits and to become a member.

PROFESSIONAL DEVELOPMENT

Opportunity knocks for you ... are you listening?

BY ROBERT ODELL

The WSSCSW Board of Directors is seeking a WSSCSW member to chair the Professional Development Committee. A key goal has been to establish the chair position as a feasible, reasonable commitment for any member interested in developing professional education.

The board committed to reorganizing chair positions so that the time and effort required would be within reach of members' available time and energy. Based on my own direct experience, I firmly believe this goal has been accomplished. Over the last three months, I have served as the committee's acting chair, as well as the board's president, while maintaining a full practice and personal life.

The 2008–09 year of programming, with its wide range of theoretical orientations and practice methodologies, has been assembled. That means the new chair can "learn the ropes" gradually, with an existing slate of programs, over the next nine months, closely supported by the committee itself and the board of directors.

The main qualifications include an interest in professional education and good organizational skills. The committee communicates and negotiates with all qualified educators. WSSCSW maintains relationships with several established co-sponsoring organizations. Financial guidelines and tools are simple and clear, and an annual timeline of the different responsibilities is published.

To join with this board in a truly exceptional opportunity, please contact me directly at 206-282-3137 or via e-mail at roblicsw@comcast.net. ♦



Introduction

BY SHEILA KEENAN

This is a new section so you may have some questions, as I did, about what it means and what might be included in this section. We are thinking broadly—anything that has to do with the business as opposed to clinical aspects of practice. Some possibilities include insurance issues, the use of websites to promote your practice/agency, what to do when you are subpoenaed, setting a sliding scale fee, the steps to setting up a private practice, billing questions and issues, sending clients to collections, decisions about what funding sources or insurance to accept, and anything else related to the business of practice. I work primarily in an agency setting so will appreciate submissions related to the concerns of private practitioners. My hope is that members will submit articles related to their experiences or questions that they have had to investigate. This section will incorporate articles related to private practice issues, agency issues, and those that bridge both of these settings. This first article explores a concern of both agency and private practice practitioners.

Questions and possible pitfalls: Insurance billing for couple's therapy

BY SHEILA KEENAN

A recent conversation on the WSSCSW listserv about couple's therapy and billing caught my attention. Questions about this topic seem to surface regularly and generate many different responses. A sometimes controversial and certainly complicated subject seems a good place to begin to explore questions about how to think about couples therapy, billing, and the limitations placed on providers by the insurance companies that don't reimburse for this modality. It's my understanding that a few insurance companies reimburse for couples therapy but most do not. Many clinicians struggle to understand why couple's therapy is not reimbursed as it can be quite beneficial. Many a client has been dismayed to learn that this mode of therapy is not covered by their insurance and wants their therapist to explain why this is the case. I, for one, don't have a good answer to this question.

The conversation in the email group had to do with billing under an individual's benefit as an individual conjoint session if the presence of an additional family member is needed to do effective therapy with the client. The question then becomes, when is it true individual work and when does it cross over into couples work which is no longer reimbursed? Then questions of professional ethics and appropriate billing so as to avoid insurance fraud come to mind. It can become confusing quickly as it can seem

unclear who has authority when it comes to this billing question. Is it the insurance representative who tells us this is a legitimate way to bill? Is it a matter of how we document the work that we are doing so it's clear that it's individual work and not couples? Some may say that it's a black and white issue; if there is a couple in the room, then it's couple's therapy and can't be billed. Ultimately then, who is the authority?

In conversation with some colleagues, these questions become murky for many reasons. There are clients who pressure their therapists to bill under an individual benefit because they have had it billed this way before. In such situations clinical concerns must be understood of course but in addition therapists can also question what is legitimate billing practice. Once again, opinions abound about what is appropriate and/or ethical. There can also be the temptation to want to find a way to bill this modality to insurance companies because of a belief that couple's therapy should be covered. I think many of us agree insurance companies should cover it but when they do not, how do we proceed in a way that doesn't jeopardize our license and career?

I spoke to Keith Myers, LICSW, vice president at Family Services who offered the following opinions about these questions and dilemmas. Keith said:

“There are many subtleties involved here. What diagnosis do you use? Relational problems are “V” codes and not covered by insurance. If you have two people in the room, wouldn't you use a CPT (covered procedure of treatment) code that reflects that? But what if you use 90847 (couple/family CPT code) but an individual diagnosis? How can you reconcile that and defend it to the insurance company? At the end of the day, whether we like it or not, whether we agree with it or not, the insurance companies set the rules, and while we can rationalize why couples counseling would benefit the individual, it is just that, a rationalization. We mistakenly believe that we are our client's best advocates and that billing for “conjoint individual” therapy sessions is advocating for our clients. In reality, clients are their own best advocates and allowing them to feel some discomfort may result in their going back to their employer and demanding that couple's counseling be covered. This type of grassroots advocacy can and has worked with employers. At minimum, if there is any question in the practitioner's mind, one should call the provider service department at the insurance company, tell them your situation and see if they will cover the work you are doing. Get names of the people you talk to and provide a letter explaining the situation when you submit your bill. In this way, everything is above board and you cannot be accused of fraudulent billing.”

Again, I'm aware clinicians may have other thoughts and opinions on this controversial subject and I encourage you to let me know if you have feedback or different perspectives. The intent of this section of the newsletter is to share information, create dialogue and think about the best business of practice. You can reach me at skeerat@aol.com, and I look forward to hearing from you.



Optimism is the faith that leads to achievement.

— Helen Keller



Historic collaboration: CSWA and NASW join in support of the Social Work Reinvestment Act

BY LAURA GROSHONG

The past six months have begun a new era in the relationship between the Clinical Social Work Association and the National Association of Social Workers. In early September, the CSWA Government Relations Committee, including Margot Aronson, Alice Kassabian, Mark O'Shea, and myself, met with NASW leadership including Rebecca Myers, Jim Finley, Elizabeth Franklin, Mirean Coleman, Brian Pauck, Jennifer Watt, and Gayle Woods Waller, for six hours to discuss areas of mutual interest at NASW headquarters in Washington, DC. Betsy Clark, NASW executive director, was unfortunately out of town, but she and I did a "tag team" video on the Social Work Revitalization Act, which has been posted on both websites and YouTube (see below).

The Dorothy I. Height and Whitney M. Young, Jr., Social Work Reinvestment Act is a fitting vehicle for the beginning of a historic collaboration between the two groups. This act (HR-5447/S-2858) will create a commission to review the work being done by social workers and clinical social workers of all kinds in all settings. The act will also compare the educational debt taken on by social workers in pursuing their education to the anticipated income of social workers and clinical social workers. Ways to defray the educational costs for social workers will also be considered.

Though there has been tension between the two organizations in

the past, and the groups within social work that they represent, since CSWA (formerly the Clinical Social Work Federation) formed 30 years ago, both groups now agree that they have more to gain by working together than opposing each other. CSWA and NASW both see clinical social workers as a crucial and major specialty within social work.

CSWA has a position paper on HR-5447 and S-2858, which can be found at www.CSWA.digitalaid.net/policy-paper-letters. Anyone interested in reading the bills themselves can find them at <http://thomas.loc.gov/cgi-bin/query/z?c110:H.R.5447> and <http://thomas.loc.gov/cgi-bin/query/z?c110:S.2858>. Finally you may use the following website to access contact information for your legislators www.visi.com/juan/congress/ or use the NASW link at <http://capwiz.com/socialworkers/issues/bills/?bill=11274081>.

CSWA encourages all CSWA affiliated societies to ask their congressional legislators to sign on to these important bills. Below you can find the text of the video and the URL for accessing it on YouTube.

Text of Social Work Reinvestment Act video by CSWA and NASW

(posted at www.youtube.com/watch?v=4mBxzgPolRA)

Hello, my name is Laura Groshong and I am the government relations director for the Clinical Social Work Association. As you know, CSWA has a rich and successful history of advocacy on behalf of clinical social workers. I am proud, today, to be

speaking to you from the National Association of Social Workers headquarters in Washington, DC. CSWA and NASW have begun building a historic partnership, working together on important government relations initiatives that seek to benefit and strengthen clinical social work, an important specialty in social work. We have been successful in lowering the copays for Medicare mental health services, protecting Medicaid case management and rehabilitative services, and influencing the progress of bills which affect mental health parity and privacy protection. Both organizations recognize the importance that clinical social work plays in our society, as we are the largest group of mental health providers in the country with over 200,000 practitioners.

Most recently, CSWA and NASW have partnered on a critical piece of workforce legislation. The Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act is significant to all social workers. This act will provide our profession with the information we need to pursue adequate reimbursement, consistent regulation, and workplace safety for all social workers. We are the professionals who will care for the mental health needs of millions of Americans, including returning veterans, adolescents, the elderly, and ex-offenders returning to the community. This act will gather needed information about the access to clinical social work services and how clinical social workers are edu-

An evening of champions! MH-PAC September event

BY ROB ODELL

cated and funded. For these reasons, CSWA is pleased to support this bill. I urge you to take a moment to contact your members of Congress and ask for their support as well.

I would now like to introduce NASW Executive Director Betsy Clark, who is also committed to strengthening the clinical social work community.

Thank you, Laura. Many NASW members are clinical social workers. We value the critical work that these professionals do each day to strengthen our society and recognize that clinical social workers provide the majority of mental health services in this country.

As we look to the future, CSWA and NASW will continue to advocate for clinical social work services, whether it be within congressional debates on health care reform or seeking to improve clinical social work Medicare payments. These issues are vital to the profession. They will enhance the recruitment of new clinical social workers and will help us retain experienced clinicians, so necessary if we are going to keep pace with the rapidly increasing demand of clients in need of mental health services. This is a major goal of the Social Work Reinvestment Initiative, at the federal level and in each state, and I ask that you show your support for this critical initiative.

I look forward to continuing our partnership with the Clinical Social Work Association, and I thank Laura for joining me in this important message. ♦

One Tuesday evening in September, a number of folks in our profession gathered at the beautiful West Seattle home of WSSCSW member Gail Katz. We had glorious weather and views of the sound and Olympic range. The Mental Health Political Action Committee (MH-PAC), of which the Society is a member, hosted the reception for our legislative “Champions.” Specifically these champions are legislators who have been stalwarts in support of the mental health legislation increasing access to mental health treatment.

It won't surprise you that our Laura Groshong was the MC, as she is also the coordinator of MH-PAC. She gave out boxes of Wheaties with the champions' portrait photos neatly framed in. Pretty hilarious—and likely to be very visible in those offices in the Capitol.

I want to highlight one surprise! Majority Leader Frank Chopp was invited, but given the usual demands on his time, was not expected to show up for a gathering of thirty-five. Show up he did! His presence is a testament to Laura and Lonnie Johns-Brown, our legislative team, and the collegial relationships they have built in Olympia. The “champions” present—Reps. Cody, Morrell, Dickerson, and Green—are a pretty influential bunch, and I can imagine he might have wanted to support them as well.

A related piece of news is that membership chair Eric Huffman reports that WSSCSW members have exceeded the board's projections on lobbying contributions during this renewal period. Here again, I think these contributions are a testament to Laura and Lonnie's great success for our profession and all mental health professionals. But mainly, *thank you* to you, our great members, several who were in attendance, and many more who donated to the event.

Laura will follow up in due course with ways you can help maintain the majorities we need to keep our legislative goals moving forward. She has asked that you consider the MH-PAC endorsed candidates when you vote. As well positioned as we are, a few key losses will put us in the position of fighting uphill for everything.

MH-PAC has had a good year, bringing in and disbursing over \$9000, but there are still more candidates who need our help! This work is ultimately about maintaining and expanding access to ethical quality mental health treatment, thus protecting the public. Please consider donating if you have not. Thank you everyone! We look forward to a great 2009 session in Olympia. ♦

The War Veteran in Film: PTSD and the Challenge of Postwar Adjustment

BY JOHN POWERS AND ROB ODELL

On September 27, 2008, WSSCSW presented its fall 2008 clinical conference, “The War Veteran in Film: PTSD and the Challenge of Postwar Adjustment.” Emmett Early, Ph.D., combined the two main strands of his thirty-plus years clinical career: treating war veterans and his film scholarship in the portrayal of the war veteran in film. Making use of actual film clips, Dr. Early traced the history of how veterans have been portrayed from WWI to the present day. Within this historical framework, he developed numerous clinical themes such as PTSD, isolation, alienation, hyper-

arousal, and treatment experience. This allowed attendees to better understand PTSD and postwar adjustment, but also to see and feel how society interprets the veteran’s day-to-day experience. Virtually all attendees noted the compelling nature of this form of presentation.

Dr. Early joined the afternoon clinical discussion, moderated by Frank Kokorowski, LICSW, who has treated homeless veterans for King County for over twenty years. He also coordinates WSSCSW’s Veterans Outreach Program.

Charles Thompson, MD, led off the afternoon panelist presenta-

tion by addressing what he sees as the essential elements of successful trauma processing: the ability to stay in the present with a coherent narrative and the ability to recall clearly. These are linked to endogenous, i.e., internal processing systems, and these are driven by survival needs. An alternative goal is for the patient to develop some mastery over traumatic symptoms of hyperarousal by more productively channeling them.

Accurate diagnosis of PTSD requires a careful review of co-morbid disorders. In addition to mood and anxiety disorders, Dr. Thompson pays particular attention to diagnosing sleep disorders. Establishing clean boundaries in the sleep-wake cycle provides vital support for successful trauma processing. He has also found a high level of co-morbid seasonal affective disorder. Both of these types of disorders can be treated immediately and with good efficacy.

Dr. Thompson recently co-authored a journal article on the use of prazosin, an older anti-hypertensive. It’s been shown effective in reducing disruptive nightmares, a problem that patients often feel helpless about. Among the non-pharmacological interventions, Dr. Thompson believes strongly in aerobic exercise, and also in meditation, which develops the ability to stay in the present. He noted that supplements such as EPA, omega-3 fatty acids, and St. John’s wort have



Stephen Riggins, LMHC; Frank Kokorowski, LICSW; Debra Bretey, LMHC; Charles Thompson, MD; and Emmett Early, Ph.D.

shown some promise. Dr. Thompson concluded his holistic view of treatment by noting that relationally, he has observed that some patients have improved when they play with their grandchildren.

Debra Bretey, MA, LMHC, introduced us to an array of issues facing women service members, both inside the military culture and in leaving it. In her own duty serving in the Air Force, she recalled a 3 percent female cohort population when she enlisted—now up to 15 percent. Of the 27 million service population in the U.S., she cited estimates that up to 12 percent will be female by 2010.

Turning to military sexual trauma, she noted that even though it's underreported, estimates are of 25 to 30 percent active duty population experience it, according to the VA. Estimates for women, according to the Department of Defense, are that 80 to 90 percent of service members experience some form of sexual harassment, yet she stated that this figure "seems a little low to me."

As clinicians, Ms. Bretey recommends we include thoughtful questions about where the client was stationed; what were her deployments; and what jobs she fulfilled, including the "cute little additional duties" so often required of women in the military. Getting to traumatic events, how their homecom-

ing unfolded, and any incidents of interpersonal violence are critical to understanding her experience. Ms. Bretey reminds us to include questions about caffeine drinks, as well as alcohol practices, inhalants, as well as other substances.

Focusing on family impact, Ms. Bretey explained the service member is wondering, "Can I tell you who I really am?" She may have had to leave children for deployment, so often felt—or viewed by significant others—as abandonment. Other areas to keep in mind include reviewing her exit from service. Was it her choice? Did she feel finished? Has she filed for benefits? What's her relationship to her service weapon now in civilian life?

Ms. Bretey called for more programs for children's services, single-parent child care, more treatment programs that address military sexual trauma, and safeguard reporting both on the base and after discharge. All medical centers for military service populations now have a sexual trauma coordinator position, she noted.

Steve Riggins, M.Ed., LMHC, recounted his own history in working with service populations. He noted early on a consistent difference in how claims by service members of color seemed to be responded to, with higher denial rates among those he treated. A frequent complaint his clientele voiced was "They don't believe me." So in the therapeutic

alliance, he notes, we must "start out believing" their reported experience. Clinicians should expect to be tested in the relationship and be clear on how to be helpful. In African-American service members, he reminds us, we may see a preponderance of childhood trauma, high reports of suicidal risk, or early environmental/neighborhood factors accompanying the PTSD symptoms presented. Other issues to explore may include struggles with employment and frequently difficult employers; the ongoing stressors of getting VA benefits; and health concerns, particularly dietary/nutritional health.

The conference was dedicated to being "a good day for veterans and their families." Dr. Early dramatically presented the truth about the realities faced by veterans and families. The afternoon's expert panel assisted clinicians with valuable clinical wisdom that addressed how to work with diverse populations. A good day indeed. ♦



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