



**FALL
2011**

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PRESIDENT'S MESSAGE

A call for participation

BY CAROLYN SHARP

I hope all of you are having a wonderful fall. It has been a busy fall for your board. We welcomed Derald Wing Sue, PhD, the most well-known and well-respected clinician in multicultural psychology for our fall conference, and it was an honor to host clinicians from the region in agencies, academic settings, and private practice to examine the unconscious processes of bias that get in the way of providing sensitive care to people different from us. It was a thrill getting to meet and talk with Dr. Sue, and he was impressed by our small organization's commitment to diversity.

Putting on a conference of that size is no small task, and your Professional Development Committee was hard at work for a year to make the conference run smoothly. At the same time, these volunteers have been putting together the year's program for Evening Meetings on Cultural Considerations in Clinical Work, which will allow us a more intimate setting to discuss our clinical practices of working across difference. Filled with a rich group of panelists in private practice and agency set-

tings, these promise to be engaging conversations.

While this was happening, your legislative chair, Laura Groshong, has been working rigorously to ensure that our clients' insurance benefits are not whittled away. She and I have been attending meetings with Regence; writing letters to both Regence and our representatives and staff at the Office of Insurance Commissioner; and lately founding

a task force, which will help prevent a further reduction of care to our clients, and reimbursement to us. She continues to be patient, wise, generous, and tireless in her commitments to clinical social work and mental health care.

This is not all that has happened in the last few months, as you will see detailed in the newsletter in other articles.

Will you help us maintain the level of services that makes this organization so wonderful?

Our membership is a rich group that continues to grow almost weekly. Our membership is at around 230 people. And yet, our participation rates are falling. Only 20 percent of our membership was at the conference. Less than that attended the recent associates event. At the same time, your board is working harder

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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

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than ever. This led to a discussion at our last board meeting about the services we offer. If only 20 percent are coming to events that we are spending many hours planning and executing, does it make sense to continue offering events at this same level?

Philosophically, particularly about this last conference, my answer is a resounding yes. As a clinical social work organization, whose mission is about education, advocacy, and service, we need to continue to examine the ways we may inhibit inclusivity in our individual practices and in the larger organization. While many may shy away from these difficult conversations, I believe it is our responsibility to ask the difficult questions and be brave enough to answer them honestly, both individually in our practices and as an organization. This conversation is just beginning, and I hope to see some of you at the Evening Meetings coming up.

However, even with that said, difficult choices are ahead. I believe deeply in all of the services

we provide as we help clinical social workers develop their practices and their professional skills. From the networking events that can help defray some of the isolation in clinical practice, to the associate events where we mentor and support newer clinicians in our field, each aspect of our organization serves an important purpose that I believe benefits each of us, whether directly or indirectly. While I certainly am grateful for the many referrals I receive as a result of the listserv and the website listing, it is the relationships I have made on the board, in the committees, and in the events that are most supportive of my career. It is the contact with the enthusiastic, humble, and engaged associates, whether in low-cost supervision or in the associates events, that inspires me to continue my own learning to keep that fresh set of eyes alive. But these services and the many others are not possible without people to make them happen and people to participate. Neither are currently present in the amount

WSSCSW newsletter is mailed quarterly to members of WSSCSW. Deadline for the next newsletter is **March 1, 2012**.

Classified ads are \$10 for 25 words, \$20 for 50 words, etc. Articles and ads should be emailed to Krista Murtfeldt at **kristamurtfeldt@gmail.com**. 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 editors and WSSCSW board. Articles reflect the views of authors and Society endorsement is not intended.

we need to sustain them. While we have a stable, active, fun, committed, and *brilliant* group on the board, our numbers are too small. I cannot continue to maintain three positions on the board. The committees need more standing members to help organize the events. Otherwise, we will be forced to reduce our board positions, and thereby reduce our services. By this newsletter's publication, we will have the survey completed and have input from some of you about your preferences for these changes.

Personally, I hope that many of you choose to step up and become involved. If you have two to four hours a month, you have enough time to serve on the board. If you have an hour a month, you have more than enough time for a committee. If you have one to six hours a year, you can help support the membership and your board by being on a roster of volunteers to assist when special help is needed. Other than the board meetings, most volunteer work can be done from home or your desk, so don't let distance keep you from participating. Pick an area

of interest and send me an email. I have worked hard to respect and support the boundaries and needs of my volunteers, so if you tell us a limit, whether an amount of time or duration of volunteering, you will be heard. Let me assure you, wholeheartedly, even as someone who is doing more than she is supposed to be doing, that you will get back tenfold what you give.

One of the early responders to the survey shared that they had not volunteered because they had not been asked. Let me end that right here. Will you help us maintain the level of services that makes this organization so wonderful to be a part of? Please email me at carolynsharplicsw@comcast.net.

Thank you for your support. Enjoy your fall and happy Thanksgiving. ♦



Have you moved?

You can now make changes such as your practice location or telephone number on our website at:

wsscsw.org

The Guest House

*This being human is a guest house.
Every morning a new arrival.*

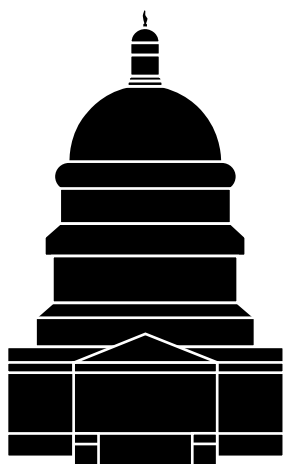
*A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.*

*Welcome and entertain them all!
Even if they're a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still, treat each guest honorably.
He may be clearing you out
for some new delight.*

*The dark thought, the shame,
the malice,
meet them at the door laughing,
and invite them in.*

*Be grateful for whoever comes,
because each has been sent
as a guide from beyond.*

- Rumi -



LEGISLATIVE UPDATE

Taking a stand on ethical psychotherapy: *The Washington Mental Health Treatment Task Force*

BY LAURA GROSHONG

**The Milliman
guidelines will
affect access to
psychotherapy
provided by
LICSWs.**

In August 2011, a brief article appeared in the online Regence newsletter which stated that Regence intended to begin using the Milliman Behavioral Health Care Guidelines (www.careguidelines.com/products/bhg.shtml) as the basis for determining frequency and methods for psychotherapy. Previously Regence had allowed twenty outpatient sessions and used the GAF Axes found in the DSM-IV-TR as the basis for further sessions.

The Milliman guidelines will affect access to psychotherapy provided by LICSWs. Milliman is primarily an actuarial firm and not connected to mental health associations or clinicians. The company has been developing guidelines for health care services of all kinds for the past fifteen years as part of their consulting work. They recently released their standards for “behavioral health” which they hope to market to insurers at the state and federal levels.

The first agency to adopt the standards was Group Health. The second insurer to adopt them will be Regence BlueShield, which began implementing them on November 1. These guidelines limit almost all diagnostic categories to four to eight sessions per acute mental health “episode” and cover only cognitive behavioral therapy or “interpersonal behavioral therapy” (sic). Additionally, the fifteen guidelines must be requested individually from Regence and cannot be accessed from Milliman directly.

After hearing from several members who had seen their patient coverage cut in half or more at Group Health, I formed a task force that is developing a response to these guidelines, based on clinical principles. The mission of the Washington Mental Health Treatment Task Force (WMHTTF, originally called the Regence Task Force) is designed “to develop a coherent approach to insurance reimbursement of mental health treatment which preserves clinical judgment as the driver for clinical decisions.”

There are currently nine mental health groups who are affiliated with the WMHTTF and several more considering joining. There are also four subcommittees working to develop papers on methods, diagnosis, and treatment; psychotherapy outcome tools; mental health benefits; and mental health parity. These papers, due to be completed in February 2012, will serve as a clinical response to the Milliman guidelines as well as the basis for any action that the task force decides to take to stop the use of these guidelines.

WMHTTF sent a letter to the CEO of Regence on October 21 and has a meeting scheduled with Group Health soon to discuss our concerns about these guidelines. I will keep you posted on further developments. ♦

That was awesome!

BY SARA SLATER

Given the nature of the newsletter beast (and call me old-fashioned, but thank goodness for the occasional time-delayed, hard-copy wonder of the printed word!), I am writing this just before our first Clinical Evening Meeting, but pretending it has already occurred. So I will dispatch with further self-deception and simply say that I *know* it was a dynamic and worthwhile evening! Here are the facts:

Fact #1

As of this writing there are already more than fifteen people signed up to attend, most of whom have paid for the entire series. This is already about half the number of attendees of a good Clinical Evening Meeting turn-out (for which folks rarely sign up in advance), reflecting a level of commitment to our series and its intention that I find truly exciting.

Fact #2

We kicked off our series with an amazing panel of knowledgeable, dedicated folks. Many, many thanks to Bluma Ekshtut, PsyD; Marian Harris, LICSW, PhD; Alicia



Martinez, LSWAIC; and Sarah Pulliam, LICSW, MPH; and facilitator Bill Etnyre, LICSW, PhD, for sharing their thoughts and experience, and for stimulating an excellent discussion.

As you probably already know, this year's Clinical Evening Meeting series, "Intercultural Clinical Practice Across All Phases of Treatment," is dedicated to the support of our recently revised organizational bylaws reflecting our commitment to diversity (many thanks again to Marian Harris and her committee for this important initiative). November 9's event, "Cultural Considerations in Building Relationship," was the first in a series about creating and sustaining constructive, respectful relationships between clinicians and clients, and the panelists represented diverse, experienced perspectives both personal and professional.

Fact #3

The evening's format, which followed that of last year's well-received series (a fishbowl-style panel discussion, which was then opened up to all present), created a dynamic dialog that reflects the breadth of experience and wisdom among us. So ...

Fact #4

I found it helpful and reflective.

Future evenings in our series

Tuesday, January 10, 2012

"Cultural Considerations in Assessment and Diagnosis"

Wednesday, February 15, 2012

"Cultural Considerations in Treatment"

Tuesday, April 10, 2012

"Cultural Considerations in Termination"

Featured speakers include:

- Jackie Kite, LICSW
- Jarred Lathop, LMHCA, MPH
- Amal Muammar-Hastings, LICSW
- John Streimikes, Director of Behavioral Health, REWA
- Ann Migettigen, Executive Director, Seattle Counseling Service
- Max Livshetz

Featured community agencies include:

- Refugee Women's Alliance, Seattle Children's
- Jewish Family Services
- Seattle Counseling Services for Sexual Minorities
- Consejo Counseling & Referral Service
- Sound Mental Health
- University of Washington Medical Center.

Fall greetings!

BY SHAUNA SILVA

It's been exciting to come on board as the new committee chair these past few months as our associate membership is growing rapidly and I've been able to meet so many fantastic new people! This summer and fall we saw a jump in new associate members. These colleagues represent a diversity of the clinical social work community, including medical social workers, folks working in community mental health, as well as several members doing clinical work in small non-profits, schools, or other settings. I've been able to spend time personally with many of these folks to learn both about the work they are doing as well as what they are seeking from being a part of WSSCSW, and I am



thrilled at the energy, experience, and enthusiasm they are bringing to WSSCSW.

On October 6 we held our annual associates dinner, which was attended by a wonderful mix of associate members, supervisors, and board members. (The space and gorgeous meal was provided by longtime member Shirley Bonney—thank you!) Associates enjoyed intimate group discussion that centered on themes of making a professional path, navigating the employment market, and professional development opportunities.

One idea that came out of that evening was for us to host a series of practice niche “meet-ups” to allow associates and general members within similar sub-fields to network. Specifically, associate members are looking for guidance around seeking the right employment opportunities, strengthening their experience and training, and deepening their understanding and integration into their sub-specialties. Medical social work and child and family practice were two areas identified by the group for meet-ups, and we suspect there will be interest in others as well.

After the holidays, look for announcements on the listserv for dates and times of upcoming meet-ups. These events will be free and associates committee members will host them at area coffee shops, restaurants, etc. If you have interest in a meet-up in a specific area of practice, please contact me so that we can add it to the list! ♦

MARKET PLACE

Office space available at Lake Union Psychiatric Group. We are an interdisciplinary group of independent providers who share case consultation, PT office staff, and a waterfront view of Lake Union. Not a sublet, this is a group with 25 years experience of social work, psychology, nursing, and psychiatry working side by side. Base monthly rent including utilities is \$1000. Contact Deborah Schorr, LICSW, for details. 206-324-4500 ext 2.

Office space for rent. Pike Market: 11-ft. ceilings, brick wall, soundproof office in 3-office suite. Kitchen, private restroom, rooftop deck. Full-time or daily rental. shirleybonney@hotmail.com, 206-264-5001.

Save the date: The 4th Annual Dorpat Lecture in Psychoanalysis and Society welcomes Dr. E. K. Rynearson – “Restorative Retelling After Traumatic Grief.” Sponsored by the Northwest Alliance for Psychoanalytic Study. Friday, March 2, 2012, 7:30 – 9 p.m. Town Hall, 1119 8th Avenue, Seattle, 98101. Free to the public. For info contact Marcia Robbins, LICSW, 206-527-3040.

Your ad here. Classified ads are \$10 for 25 words, \$20 for 50 words, etc. Send information to Krista Murtfeldt at kristamurtfeldt@gmail.com.

Benefits available to WSSCSW's associates

- Mentorship groups for all second-year MSW students at the UW School of Social Work and to associate 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 associate 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 associate 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 associate member.

To obtain information on any of these associate member benefits, please contact Shauna Hill at shillmsw@gmail.com.

PERSPECTIVE

Thoughts from a new board member

BY JAY LAUGHLIN

At the WSSCSW October board meeting, we discussed volunteerism and how the Society might grow within the next five years. Put simply, who will be taking lead roles and how will that influence the Society's vision. The conversation included a sense of urgency as it has been difficult to recruit new board members and volunteers in the past year.

Despite being a newcomer, I had a clear sense of what others were saying and why. In only a short time there will be a changing of the guard. Many senior voices will soon retire or take "emeritus" seats alongside the active board. Many who are currently leading will have put in their time and hope to pass the torch to newer members. Organizations like the Society depend on their members to define organizational direction, to take charge, and most importantly, to put forth the effort and exert care in getting things accomplished. Recruiting members into leadership positions is a challenge even under the best of circumstances.

From what I know of it, succession and succession planning is straightforward in concept but often challenging in implementation. It requires a blend of vision, planning, and talent. All three are

needed, and each must be carefully considered and articulated before they can be melded into a workable unity. If any one aspect is not fully developed, the organization runs the risk of being ad hoc and unable to capitalize on its potential.

The good news is that there is fresh opportunity and time to define that vision and do the planning needed to realize it. You have all recently been asked to take a survey on your views of the Society's goals for the future. Members were asked to provide their opinions on many aspects of the Society. From the succession planning perspective, it must be kept in mind what and, most importantly, who will be needed to achieve our vision. This is a moment to consider how you could make a difference in the organization's future. ♦



Derald Wing Sue, PhD: Microaggressions in Everyday Life

BY BILL COOPER

Many software spellcheckers do not include the word “microaggression,” although they should, given the commonplace occurrence and significant damage caused by them. What is microaggression? Briefly, it is an unintended act of racism or invalidation of a group or individual’s identity. Microaggressions can also include targeting one’s culture, ethnicity, sexual orientation, or gender.

Derald Wing Sue, PhD, is a professor at Teachers College, Columbia University, in New York. The conference in which he was the sole presenter was entitled “Microaggressions in Everyday Life,” and was cosponsored by the local chapters of NASW and WSSCSW on October 15, 2011. Dr. Sue is the leading national figure in the study of microaggression, and he has presented this material in numerous professional and governmental settings. It was truly noteworthy to have him in the Northwest addressing and taking an interest in our development as social workers.

One of the first points of his presentation was that microaggressions are not minor—they have major negative consequences for the recipient. And to make matters worse, the harm is often not realized by the perpetrator. For example, Sue discussed a personal experience with a colleague, who is a person of color. The two of them were seated in an airplane, at the same time as three Caucasian passengers were seated. The flight attendant asked Sue and his colleague to move to the back of the airplane to “balance the load.” Sue described in detail how incidents such as this are often not clear-

cut and become a very painful and ambiguous experience for the receiver of the aggression. The receiver is often left trying to figure out what just happened. Was what just happened racism? Were we just asked to move to the back of the bus? Should we refuse to move? Should we discuss it? Situations like these create a lot of anger, confusion, and hurt for the receiver to carry.

What made Sue’s presentation powerful was not only the passion and expertise with which he spoke about microaggression, but it soon became clear that many people in the audi-

ence had a similar experience firsthand. Throughout the day, participants frequently chimed in to offer their own experiences of racism and discrimination. Dr. Sue was giving voice to a very strong experience shared by many in the room.

Sue has researched his topic thoroughly. He shared studies of the detrimental health effects of microaggressions as well as powerful material about the

limitations in education and employment that result from microaggressions. However, what most struck me was the emotional pain that he and many of the participants had experienced. Beneath the pain was the thought, “Why does this keep happening? Why are others not listening and continuing to hurt us?” Dr. Sue was imploring us to listen and to become aware of our own behaviors resulting in microaggressions and attempt to change them.

White privilege was a major theme of Dr. Sue’s afternoon presentation. If you’re Caucasian, the privilege is probably invisible and you don’t notice it. For instance, those of us who are Caucasian don’t have much of a problem flagging down a cab. We don’t think about our

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race and how it could be a target for aggression. Getting a cab is no big deal, but for a person of color this simple act often becomes burdened with rejection and fear from cab drivers who drive by.

Sue also discussed the fact that Caucasians don't typically experience negative stereotypical judgments about their race such as "all Caucasians are dangerous." For many African Americans, however, this is a common harmful experience, and it can be displayed as subtly as a Caucasian woman clutching her purse as she approaches an African American teenager. The list goes on.

An additional aspect of the problem, as explained by Dr. Sue, is that when people of color describe their experiences of microaggression, their observations are not taken seriously. Dr. Sue cited numerous instances of microaggression where he and others had been told by well-meaning friends to "get over it." Often a person of color's experience of microaggression is challenged with the question, "Does everything have to be about race?" In short, a very real experience by a person of color is dismissed by the people in power. In the words of Sue, one's reality of harm becomes redefined by others as a problem caused by the victim.

Dr. Sue also discussed clinical implications of microaggressions. Questions arise for us as social workers regarding our clients: Do I treat my clients of color the same?

Unavoidably not, according to Sue. In what ways does my behavior differ? What is the impact on my client? Most importantly, I believe, Sue's material helped me to understand some of the harm and rage many of my clients have experienced as the targets of microaggressions.

Finally, Dr. Sue spoke of the necessity of social activism. Progressive change needs to happen on a large scale, and it is essential for us to be aware of and work for change to reduce microaggressions at the social level. As social workers I believe we can do more than just appreciate Dr. Sue's observations. Workshops such as this are a beginning, but we really need to become involved and commit to action.

Dr. Sue's presentation was clear and powerful. He is working hard to increase awareness of the harm of microaggressions, and he is recommending ways to reduce this harm. Perhaps someday "microaggression" will make it into our spell-check. ♦



HOLIDAY RECIPE — ENJOY!

Peppermint Bark

Ingredients:

Crushed candy canes,
to yield 1 cup
2 pounds white chocolate
Peppermint flavoring,
optional

Directions:

Place candy canes in a plastic bag and hammer into 1/4-inch chunks or smaller. Melt the chocolate in a double boiler. Combine candy cane chunks with chocolate (add peppermint flavoring at this point if desired). Pour mixture onto a cookie sheet layered with parchment or waxed paper and place in the refrigerator for 45 minutes or until firm. Remove from cookie sheet and break into pieces (like peanut brittle.)

Diversity and clinical social work

BY MARIAN S. HARRIS AND SHIRLEY BONNEY

Clinical social workers will inevitably provide treatment to clients similar to themselves as well as to clients who are different in culture, race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental and/or physical disability. All of the aforementioned are facets of diversity. De La Cancela, Jenkins, and Chin (1993) connote the meaning of diversity as follows:

Diversity is the valorization of alternate lifestyles, biculturalism, human differences, and uniqueness in individual and group life. Diversity promotes an informed connectedness to one's reference group, self-knowledge, empowering contact with those different from oneself, and an appreciation for the commonalities of our human condition. Diversity also requires an authentic exploration of the client's and the practitioner's personal and reference group history. This exploration empowers the therapeutic dyad by providing a meaningful context for understanding present realities, problems of daily living, and available solutions (p. 6).

It would appear deleterious to the therapeutic alliance to ignore diverse parts of the client's self when she/he enters treatment.

Diversity is definitely a fact of our past, and there is no reason to think that it will not be a big part of our future. For example, according to the U.S. Census (2010), in the decade between the 2000 census and the 2010 census, the Latino population increased by 43 percent and now comprises 16 percent of the total United States population. On the other hand, the White population increased numerically,

but decreased in percentage from 69 percent to 64 percent of the total population. The 2010 U.S. Census recognized diversity for the first time by delineating an additional racial group titled "some other race," which means a person identifies as two or more of the races listed. Yet, "the preference for cultural homogeneity, whether expressed as ethnocentrism, racism, or some other principle of exclusion, runs deep in any society" (Green, 1999, p. 5). This becomes problematic in clinical social work. Clinical social workers engage with individual problems of the most intimate kind. They are brought to us by clients that we may struggle to fully understand as our differences in world views and cultures are complex. The NASW Code of Ethics (1999), Section 1.05 Cultural Competence and Social Diversity, states the following:

- Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
- Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.
- Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability (p. 9).

As professionals with authority and power, clinical social workers have enormous influence on client's choices and values. Hence, it is the

professional responsibility of clinical social workers to have the knowledge and skill to identify and include any facet of diversity in assessment and treatment of each client. How can that be achieved when the dominant perspective of private practitioners and organizations, such as the Washington State Society for Clinical Social Work, are basically graduate level, English-speaking, European Americans of middle or upper socioeconomic status? Our concern is that the majority of our members fail to see the relevance of diversity in their clinical practice. We were alarmed when we attended Dr. Derald Wing Sue's conference entitled "Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation—Implications for Clinical Practice" and found that only 22 of our members were present. Dr. Sue is one of the leading experts regarding the manifestation, psychological dynamics, and impact of microaggressions on the well-being of marginalized groups. The information conveyed by Dr. Sue is integral to us and to any clinical social worker who wants to provide effective treatment to clients in today's diverse society. Dr. Sue emphasized how clinicians can become aware of their unintentional delivery of microaggressions to clients, what they can personally do to overcome them, and how they

Where are we as members of this society in terms of our level of self-awareness regarding diversity?

can teach culturally diverse clients to cope with the many microaggressions they experience throughout their lives. He also presented important findings on how to combat microaggressions from a clinical, therapeutic, and mental health perspective. Given that many of these microaggressions remain unconscious, it is particularly worrisome that more of our well-intentioned colleagues did not take advantage of this wonderful opportunity.

The problem is not our level of education, nor is it our socioeconomic status. The problem is in our inherent limitations if we continue to live and engage in clinical practice from a "mono" perspective in a society that very clearly is not. Clinical social workers in WSSCSW have to step outside their comfort zone and come to understand the meaning of diversity and its relevance to their personal and professional lives. This realization includes taking a hard look at "self." Where are we as members of this society in terms of our level of self-awareness regarding diversity? What does self-awareness, as it relates to diversity, mean to you as a clinical social worker? Our hope in writing this article is that each member of WSSCSW will take an introspective look at herself/himself around this issue. A way to participate in this exploration is to attend the series of evening meetings planned for the year 2011–12 on the many facets of diversity. "As long as

our way of perceiving the world on which our communication styles and behavior patterns are based is 'out of awareness,' it is not accessible to being deliberately changed, managed, understood, or influenced. It will continue to contribute to misunderstanding and conflict" (Hoopes & Pusch, 1979, p. 17).

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Introducing Yoga Behind Bars

BY MARIANNE PETERSEN

I am one of the many WSSCSW members who is grateful for the listserv and all that it offers us. It has expanded my awareness of the abundance of services out there that strive to meet the biopsychosocial needs of underserved populations in our state. I would like to highlight one such organization for you that I recently discovered: Yoga Behind Bars. As a practitioner of yoga and meditation myself for the past seven years and a psychotherapist of thirty years, I frequently notice many common “interests” between yoga and meditation whenever I am “in practice.” I find that they can be different means to similar ends. For me, this program is exciting in what yoga can bring to incarcerated people and those at risk, especially when other services are dwindling due to cutbacks and other barriers.

Yoga Behind Bars is a non-profit that offers incarcerated and at-risk youth and adults tools for self-awareness, healing and transformation through the practice of yoga and meditation. It began in 2007 as the founder, Shaina Traisman, having volunteered as a yoga teacher at the King County Jail, saw that the need confronting her each week was much larger than one person could meet. Not only did her students want more classes, but other jail house units heard about the class and requested access as well.

Except for their executive director, everyone volunteers their time, including the 30-plus volunteer teachers, all certified yoga instructors who, in 2010, provided about 4000 student hours on the mat in more than eleven classes per week. Currently their yoga classes and

programs are offered at Monroe State Prison, Washington Corrections Center for Women in Gig Harbor, the King County Jail in downtown Seattle, King County Juvenile Detention Center in Seattle, Echo Glen Children’s Center in Snoqualmie, Therapeutic Health Services in Seattle, and the Low Income Housing Institute also in Seattle. Yoga Behind Bars goals also include helping released inmates with resources so that they can continue their yoga and meditation practices.

The teachers in this organization emphasize how hungry the inmates are for yoga classes. In a recent study of the effect of yoga on the incarcerated, all participants reported improve-

ments in their physical health, flexibility, levels of relaxation, and concentration. They said that yoga classes had given them nurturance, times for themselves, and deep feelings of satisfaction and contentment. For some, this is the first time in their lives experiencing this level of care. They learned abdominal breathing tech-

niques for times of stress, difficulty sleeping, and tension-related headaches and stomach problems. Mental and emotional improvements were described as decreased negative reactions; less anger, depression, and feelings of loneliness; and increased self-esteem, confidence, and self-image. From these came a sense of hope for their futures and returning to their lives outside of prison.

At a recent fundraiser for this organization, we watched a video of incarcerated women speak of the transformative and therapeutic experiences they have had since participating in Yoga Behind Bars classes. Yoga and meditation have helped them make use of their time, both internally and externally in healthy ways both

They felt a sense of empowerment which led to thoughts about a hopeful future.

in class and when alone. Learning about the power of placing awareness on the breath alone, has helped them to self-regulate more effectively and not continually be “swamped” by difficult emotions from past and present experiences. They felt a sense of empowerment (hard to come by in jail) which led to thoughts about a hopeful future. One woman spoke of the feeling that her mind did not have to be imprisoned even though her body was. Another spoke of the ever-present sense of being thought of as a “pariah” and that gentle yoga touch and talk helped dispel this. A former inmate of a federal corrections facility who is now on Yoga Behind Bars’ board of directors told us at the fundraiser of his experience with trying to put together a yoga class with a half dozen other inmates but no yoga classes were allowed at this prison. “So we got ‘creative’ and told the chaplain that we were Hindus and we needed a place to practice our religion which we could by law. We were allowed to use the chapel and chose the noon hour when most of the staff was at lunch. One of us had practiced some yoga in the past and he led us through our practices. We managed to secretly do yoga together for nine weeks until we were discovered and that was the end of that.” He, too, emphasized how desperate the incarcerated are for programs that are not “limited by the imaginations of the prison infrastructure.”

Yoga Behind Bars’ executive director told us that there are now guards and staff who want to come to yoga after witnessing the changes and behaviors in the inmates—something I found so compelling. Yoga Behind Bars has now added a class at one facility for staff. Being responsive to these kinds of needs as well as extending yoga classes to more facilities and populations is the lifeblood and mission of Yoga Behind Bars and its enthusiastic and knowledgeable staff. You can learn more about Yoga Behind Bars and how to make donations at their website, www.yogabehindbars.com. ♦



Letters to the editor

BY KRISTA MURTFELDT & JEN MCCORMICK

An email was sent to the WSSCSW listserv this past winter asking for submissions to the newsletter feature — letters to the editor. We haven’t received anything yet, and we know there are thoughts, opinions, and questions out there!

This will be a regular feature in upcoming newsletters. We will review the letters and will try to include as many as possible in the next newsletter.

If you have a “letter to the editor” or other article you want to be considered for the next newsletter, please email it to us at kristamurtdeldt@gmail.com or jenmc36@yahoo.com by March 1, 2012. We look forward to hearing from you!

Evolutionary changes in men

BY MELISSA WOOD BREWSTER

When I climbed into bed the other night, my husband handed me his cell phone and said “read this.” It was a CNN article titled “Why Men Are in Trouble,” written by William J. Bennett. The gist of the article is how women have caught up and in some ways, surpassed men in achieving education and successful employment over recent years. The article focuses on the faults and failures of heterosexual men and, perhaps more importantly, the failure of our society to respond appropriately to these men.

The timing of this read is interesting to me as one of the current themes in my clinical practice is men feeling deficient in professional and financial accomplishments and often feeling stuck to the point that their female partners don’t know what to do with them.

Many of us know men who have been forced to adjust to new circumstances due to the economic changes. They have left the corporate world to try something alternative; they have gone into business for themselves or they are now the stay-at-home parent. Several of these men are also terribly unhappy and struggle to fill the void that defines their self-worth.

Bennett illustrates the impact of these changes in men on our society. He writes how women think that men “refuse to grow up” and are “falling behind.” According to Bennett, men’s response to the changing times “has been pathetic” as they fall prey to unhealthy habits and activities and “it’s time for them to man up.” His solution to this masculine crisis seems to be for men to get their act together and reclaim their traditional roles by getting a chal-

lenging job, a wife, and a religion. Bennett’s consideration of men as the “decline of the other sex,” implies the concept of evolutionary change.

I realize this is a topic fraught with perspective and theories and is impossible to cover fairly in this article. So, I will merely attempt to crack it open. Some theorize that male instincts served a certain role since the beginning of time: they were hunters while women were gatherers. Most men still find ease in being able to focus on one goal, to make the money and provide. In fact, brain research even supports the theory that men and women have different capacities that enable them to function in their

traditional roles. For example, Louann Brizendine, MD, discusses in her book, *The Female Brain*, how male and female brains contrast physically, with identical brain parts differing in size to indicate various strengths in skills like communication, emotion, empathy, and aggression. However, the writer’s solution seems too

Isn’t our society and culture more complex now in ways that it wasn’t before?

simple, almost regressive to me, not to mention confining for men. Aren’t these role changes more complex than just insisting that men go back to what some believe they were created to do? Isn’t our society and culture more complex now in ways that it wasn’t before? Isn’t this what evolution is all about? I’m not implying that men should be left to decline as women thrive as “survival of the fittest,” but rather that we should find ways to support men in creative ways to define themselves.

As these men reach out for help, how do we as clinicians support them in the crossroads of what might be an evolutionary shift? How do we guide them when they have lost the primary identity that they knew, as role modeled by

Closing the opportunity divide for young adults in our community

BY SUKANYA PANI

their own fathers? To start, we need to find a way to hold space for this transition, as it may provide some challenges. As social workers, we value starting where the client is in the therapeutic process. Therefore, support during this type of transition is a natural fit.

Our empathy is key, as men are being asked to do something that may be both less familiar and physiologically unnatural—a combination that might present an enormous challenge for anyone. We can acknowledge with men how they are hard-wired and how their strengths may serve them even in their new found roles. We can also help them identify their models, and guide them to choose for themselves how to interpret those models. Returning to a familiar job, getting married, and establishing a religion may be their greatest calling, but giving men the chance to understand and determine their whole self is the only way of ensuring their success and happiness. ♦



Year Up Puget Sound opened its door in March 2011 to address the overwhelming need of at-risk young adults ages 18 to 24 with high school diplomas or a GED who do not have access to livable wage careers or higher education in the local community. Over 15,000 young adults in the Puget Sound Region do not have access to family supporting wage careers or higher education. Nationally, youth experiencing this “disconnect” from the economic mainstream make up nearly 15 percent of all 18 to 24 year olds.

This illustrates the magnitude of a national “opportunity divide,” which has continued to get worse with the economic downturn and has resulted in a state where the people who are the most marginalized continue to be further distanced from higher education and career opportunities. Further, low-income minority communities are receiving comparatively less education and opportunities for advancement. Without proper guidance and opportunities, these young adults will continue to face enormous challenges in transitioning from high school to higher education and successful careers.

To help address these challenges, Year Up was founded in 2000 as a one-year intensive education and internship program for urban young adults. Year Up’s program recognizes that both job skills (technical and professional) and higher education are necessary to provide a viable path to economic self-sufficiency. The mission of the program is to close the opportunity divide by providing urban young adults with the skills, experience, and support that will

empower them to reach their potential through professional careers and higher education. Year Up nationally has achieved exceptional results with 84 percent of graduates employed or in college full time within four months of graduation. Across the nation, Year Up Puget Sound is the ninth site that continues to address these challenges with the same mission while recognizing the specific needs and resources of our community.

At Year Up the mission of closing the opportunity divide is achieved through a high-support, high-expectation model that combines marketable job skills, stipends, internships, and college credits. The program has a holistic approach that focuses on students’ professional and personal development in their journey towards self-sufficiency.

An integral aspect of the program is the availability of support services for students to help them overcome and work through barriers and challenges that may prevent them from achieving their goals. The student services program provides one-on-one counseling, appropriate referrals and resources, and life skills to the participants. Student services at Year Up Puget Sound is continuing to build capacity by reaching out to community agencies and providers in order to help even more participants achieve their goals. Year Up Puget Sound also continues to accept admission referrals for future cohorts. For further information please visit their website at www.yearup.org/locations/pugetsound.htm. ♦

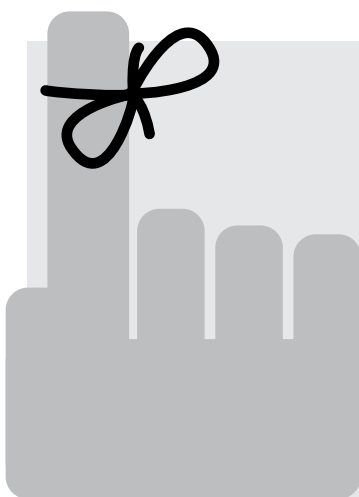


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Save the dates!

Upcoming Clinical Evening Meetings

- Tuesday, January 10, 2012 —
Cultural Considerations in Assessment and Diagnosis
- Wednesday, February 15, 2012 — Cultural Considerations in Treatment
- Tuesday, April 10, 2012 — Cultural Considerations in Termination

Spring Ethics Conference

- "I Googled You: Staying Clinically Centered in an Online World"
- April 14, 2012, 6 ethics CEUs, details coming soon!

For more information and to register: www.wsscsw.org