



SPRING 2011

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PRESIDENT'S MESSAGE

Greetings!

BY CAROLYN SHARP

I am stunned that it is already March! Time is flying and your board has been hard at work, building and developing opportunities for you all to get to know each other. In summary:

Professional Development, under the diligent care of Sara Slater, has put on three of the four Clinical Evening Meetings set for the year, looking at our development as clinicians across the career span. These have been wonderful conversations amongst colleagues, and the feedback I have heard has been very positive about both the content and the process. Building on this, Sara and her team has been working hard to prepare for our spring conference, where Jeffrey Kottler, PhD, will be presenting "The Journey of the Therapist." I hope you take a minute to look at the "save the date" later in the newsletter.

Meanwhile, a group that Sara started in the form of a clinical book club has met twice to talk about a Dan Siegel book, and have formed new collaborations and connections. If you are interested in more information about joining the book

club, please contact Sara at saraslaterlicsw@gmail.com.

Lyla Ross, our esteemed and invaluable Associates Committee chair, has been working to improve our approved supervisors services. She has been working to increase access to this vital service to our newer colleagues and is developing our website to make information about this program much more accessible. She, along with the

newest members of her committee, have been working on developing this resource for new graduates and those working toward licensure, as well as increasing our positive connections to the University of Washington.

Our ethics committee, under the guidance of the wise and thoughtful Bruce Gim-

plin, has been continuing to field questions about ethical scenarios that are coming up in our colleagues' practices. Additionally, he has been serving to oversee our listserv and remind us how best to utilize this incredible resource, while protecting our clients' confidentiality.

The irrepensible Laura Groshong, together with our lobbyist Lonnie

**My focus remains
on increasing
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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.

CONGRATULATIONS

Our very own WSSCSW legislative chair in the news!

Laura Groshong, LICSW, the legislative chair of WSSCSW and director of government relations for the Clinical Social Work Association (with whom WSSCSW is affiliated) has been found in print lately.

In the December 2010 issue of *Psychotherapy Finances*, she is quoted extensively in the lead article, "Medicare: Congress, White House Agree on One-Year Fix on Scheduled Fee Cut," which explains the delay of a 29 percent cut to Medicare reimbursement that would have affected all LICSWs who provide treatment to Medicare beneficiaries (not found online).

Additionally, she is quoted in an article in the 2011 January/February issue of *Social Work Today*, "The Health Care Reform Puzzle: How Does Social Work Fit?" which explains the complexity of health care reform and the way that it may affect clinical social work practice, especially private practice

(<http://www.socialworktoday.com/archive/020911p18.shtml>).

Finally, keeping up with the clinical side of her career, she is presenting a paper at the American Association for Psychoanalysis in Clinical Social Work in Marina Del Ray, California, at their biennial conference on March 18, 2011, and at the Forum, an annual conference sponsored by the Northwest Alliance for Psychoanalytic Study, here in Seattle at the Shoreline Center on April 9, 2011. The title of the paper is "Politics in the Consulting Room: Countertransference in the Long-term Psychoanalytic Treatment of a Republican." The paper details the 20-year treatment of a patient who developed strong political views that expressed his underlying conflicts in the treatment relationship, and how they were resolved. Her moderator, Eric Huffman, LICSW, and discussant, Doug Hansen, LICSW, are also WSSCSW members. ♦

WSSCSW newsletter is mailed quarterly to members of WSSCSW. Deadline for the next newsletter is **July 1, 2011**.

Classified ads are \$10 for 25 words, \$20 for 50 words, etc.

Articles and ads should be emailed to Rachel Kirby at rachel.kirby.msw@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.

PRESIDENT'S LETTER

continued from front page

Johns-Brown, has been making her weekly sojourns to Olympia where she has made incredible gains to protect social workers and our clients, in the face of a very difficult political climate. On the side, Laura has been continuing to write and present material to our colleagues on ethics and clinical practice. I hope you will take a look at her contributions within this newsletter.

Rob Odell, our past president is working on revitalizing our Veterans Outreach Program (VOP) with an exciting opportunity for collaboration, consultation, and renewed resources for veterans in King County. As more and more veterans return from overseas, the need for specialized trauma treatment has been growing steadily. Our VOP program offers a rich opportunity to serve the community while also developing our expertise in trauma treatment and in gaining rich collaboration with other providers. Look for more information in this newsletter and in coming weeks on how you can become involved.

Rachel Kirby and Krista Murtfeldt are reinventing the newsletter you see before you. We are expanding the form and focus of this newsletter, to enhance its value to you! We hope you are enjoying its expansion.

As for me, my focus remains on increasing the opportunities for connections with and for each of you. I am also working to increase our strength in the services we offer to each other and to the larger community by expanding our volunteer pool. Beginning in this last membership year, we lowered dues to our associate (new professional) members, while adding an expecta-

tion of service to this community in the form of volunteering with a WSSCSW committee or for a onetime event. This was begun as an effort to do two things simultaneously: to provide opportunities for our younger members to become involved and to build contacts with more seasoned members, and to create a group of readily accessible volunteers to support the work done on the board and in the many committees.

However, as ever, we are looking to increase our programming and opportunities for connection and collaboration, particularly in areas of practice (both geographic and specialty) that WSSCSW has not always had. To do this, we need people to help. Historically, the work has been done by a small group of people, namely your board.

I believe this is due in part to a sense of intimidation to become involved: a concern about the amount of time, experience, or expertise required to be involved. I would like to dispel this notion. For anyone interested in meeting colleagues, helping to develop our impact in the clinical social work

community, build their skills in any number of professional areas, and have fun doing it, there is no limit to what volunteers can do and no expectation of time commitment beyond what you have to offer.

We are looking for people interested in coordinating social events, sending out a welcome email to a new member, helping write a conference brochure, signing people in at an event, developing new ideas for conferences or evening meetings, thinking about and responding to challenging ethical questions for your colleagues, coordinating consult groups ... and the list goes on.

If you have an interest in meeting your colleagues, increasing your visibility among your colleagues, and helping build a stronger clinical social work home, please send me an email! Anything is possible. We are only as strong and collaborative as the members make us. If there is something you want to happen, please step up. Please see our help wanted page for more specifics.

I look forward to hearing from you! As always, I am interested in your thoughts. My best wishes for a healthy and happy spring! ♦

Have you moved?

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

wsscsw.org

Colleagues, conversation, and comfort food

BY LYLA ROSS

Last October, we were delighted to have many of our members attend our Associates Program Annual Fall Dinner Reception. In keeping with the more grassroots feel to our programming this year, our esteemed president, Carolyn Sharp, generously offered up her home for the event! It was the first time in many years that this event was held in a residential setting, and it was a nice departure as it allowed many of us to have rich and seemingly more intimate discussions about the many topics that relate to our associate members and their supervisors.

Along with a catered meal, we enjoyed breakout groups to discuss the ins and outs of defining one's clinical niche—soliciting the expertise and wisdom of our more senior members (all of whom volunteer as clinical supervisors to our associate members)—while also hearing from the associates about where they are in their clinical journey.

Some nice connections were made between associates and potential clinical supervisors as well as a large group brainstorm on topics for springtime “Clinical Niche Meet-ups.” (More information on these meet-ups will be posted on the list serve, so keep your eyes peeled!)

Thank you to all who attended this event! This event continues to be an integral part of welcoming our associate members to the Society as well as a rare treat for our members to spend some quality time getting

to know one another. We hope to continue this tradition for years to come and find ways to make it meaningful for all.

An answer to the call

Ask and ye shall receive! This was the answer I heard to my call for help with the Associates Committee this fall. Not just *one*, but *all* of the committee positions I was hoping to get filled throughout this year were filled by the end of the night at the Associates Dinner. The Associates Program Committee is now filled with new energy and even a new committee chair! Jennifer Lee will be heading up the supervisor and mentorship group connections. Historically, this position required an enormous amount of time and energy to connect associates with supervisors as well as associates to mentorship groups. Now that we are listing our supervisors on the website (with the ability for each person to update and edit their own information) hopefully Jennifer will have more energy and time to put in to developing our highly regarded mentorship groups. Ellen Rugg will be our new meet-and-greet contact for our new associate members—giving them a warm welcome to the Society and helping make connections as appropriate. Shirley Bonney will fulfill a much needed role as a liaison to the UW School of Social Work and our committee, and Shauna Hill, our current board secretary, will be filling my position starting July 1 as the Associates Committee chair. I am thrilled to have so much

support in the coming months and am really excited to pass the torch to Shauna to watch her contagious energy continue to inspire our associate members and all those involved along their clinical path. What a truly talented group of people I am working with this year! ♦



Bookmark our web site!

For the latest WSSCSW news and information, check out our web site at: **www.wsscsw.org**.

Looking for local conferences and workshops? Check the WSSCSW web site under “Marketplace.”

Thanks to our pioneers, and a bid for boldness

BY SARA SLATER

Believing that my mother is right (at least about the idea that late really is better than never), I wish to extend a most sincere thank you to all who have willingly, graciously, and boldly participated in this year's clinical evening meeting series, "The Journey of the Clinical Social Worker: A look at the development of the clinician across stages and events spanning a career."

The intention for this series has been to create an opportunity for dialog between colleagues on topics of mutual relevance, regardless of practice location, years of clinical experience, or stage of the life span itself. As those in attendance have experienced, the dialog has sprung from the clear-headed facilitation of a courageous panel of colleagues, and then opened up to all present. Both moderators and discussants have represented an excellent cross-section of our membership, and the evenings have been, in the words of one attendee, a reminder of the old brown bags days of the WSSCSW, when the smaller size of our membership allowed for easier gatherings promoting open conversation in a casual format.

So to our pioneers in bringing back the face-to-faceness of the "old days," we offer a round of sincere gratitude:

- To moderator Lyla Ross and discussants Audrey Allred, Beverly Davis, Peggy Nast-Hayes, and

Donna Wolthuis, for leading an exploration into maintaining freshness of perspective throughout the clinical life span.

- To moderator Dana Blue and discussants Robert Carlson, Theresa Rogers, and Melissa Wood-Brewster, for sharing with us how life events of all varieties impact us as clinicians.
- To moderator Shirley Bonney and discussants Karen Hansen, Shauna Hill-Silva, Kevin Host, and Jennifer Lee, for a stimulating discussion addressing the sometimes conflictual relationship between our "calling" and our "livelihood."
- And lastly but no less sincerely, to our dedicated Professional Development committee members, Robin Adler, John Powers, Lyla Ross, and Carrie Smith, and our unwaveringly supportive president, Carolyn Sharp, for their ideas, their follow-through, and their stamina on the scene.

We are all aware, through the WSSCSW listserv alone, of the collective richness of experience and wisdom within our membership. But email exchanges and referral requests are a surface response and barely break through the often isolating work we all do. We need our clinical home; it's why we're all members. If you haven't been to one of these evening meetings yet, it's not too late! We still have one more this spring, on Wednesday, April 13, concern-

ing "End of Practice and Beyond: Reflections and Lessons Learned," to be held again at the UW School of Social Work. Registration and an opportunity for networking and conversation will be from 7:00 to 7:30 p.m., with the discussion itself from 7:30 to 9:00 p.m. This is one of our all-too-rare opportunities to gather in person, so save the date and do try and come for that first half hour.

If you are interested in volunteering as a moderator or discussant or would like to find out more about your professional development committee, please contact me at 206-579-1729, or sarajacksonslater@hotmail.com. I cannot say enough about the richness volunteering with this organization has brought to me personally, in terms of deepening collegial relationships and the beginnings of friendships. I simply know no other way to cultivate this other than to participate. And participation truly can be at whatever level you are able to offer.

Let's all strive, as our awesome evening meeting pioneers have, to bring our clinical home back from the brink of being a virtual one. Attend an evening meeting or inquire about volunteering. It's a darn nice group! ♦

Ask the Ethics Committee

BY BRUCE GIMPLIN

I can do no other than be reverent before everything that is called life. I can do no other than to have compassion for all that is called life. That is the beginning and the foundation of all ethics.

— Albert Schweitzer

As a service to our membership, the Ethics Committee offers this column, exploring an ethical question that is relevant to our clinical practice. The following question addresses a topic that is pertinent to both a new social worker who is organizing her or his practice or a seasoned clinician. As always, our answer is consultive and not prescriptive and is meant to explore the issue and to bring about further thoughts, discussions, and answers.

Dear Ethics Committee:

I am taking an extended vacation and I am perplexed about what my responsibilities are regarding having my practice covered and about sharing information about my clients with the covering therapist. Also, this question has led me to consider what I need to do to ensure my clients are cared for and their health information protected should I become unable to continue my work.

Thank you,
Wanting to Enjoy My Vacation

Dear Wanting,

You bring up an excellent question, and we will try to explore the issues for you.

The Clinical Social Work Association's Code of Ethics (revised 1997) states that "When interruption or termination of service is anticipated, the clinical social worker gives reasonable notification and provides for ... continuation of service in a manner as consistent as possible with the client's needs..." In considering this statement, it is important that you assure that your clients' have clinical support, if needed, while you are on vacation.

Possible issues that are important to consider include: Will I be available to help my clients while I am traveling? Who would be the best fit to be "on-call" for my practice while I am unavailable? How much information about my clients do I share with the clinician who will be covering my practice during my absence? How will I arrange to debrief and receive chart notes, if appropriate? Will there be a monetary arrangement with the covering clinician? How and when do I notify my clients about my absence and do I include "coverage" in my disclosure statement?

There are obviously many things to consider and there are a number of ways that different clinicians handle this issue. In speaking with some clinicians, they have related that their "on-call" clinician sign an agreement regarding information and work with clients. Some have reported that they have proactively had their clients sign a "release of

information" form prior to leaving on vacation. If you use a professional answering service, you can have your calls forward directly to your covering therapist. Having an "extended absence" message on your work voicemail and email account is not just for your clients, but also for allied professionals who may be contacting you for referrals or other clinical assistance. Others have just given the Crisis Clinic contact information to their clients, although this might not be appropriate depending on the acute nature of the clients on your caseload.

When discussing a client with another provider, keep in mind that per HIPPA you "must make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request" (Department of Health and Human Services). If you work at an agency, your supervisor will probably work with you to arrange for other practitioners at your facility to cover your caseload during your absence.

As for your other issue regarding possible future inability to continue your work/practice, it seems like you may be talking about a "practice will." This is an important legal item to consider for your practice as it will articulate your wishes and attempt to assure a smooth transition for your clients should you become incapacitated or die. Who will contact your clients should you not be able to? How will your billing issues be taken

care of? How will your chart notes and other protected health information be appropriately passed on or disposed of? Who will you designate to work through these issues, or take over your practice, and how will she/he access your secured records?

You may want to contact a lawyer who specializes in these issues to discuss this further and to have your wants put in writing. In addition, you can seek advice through your liability insurer. You may want to access the HIPPA website at www.hhs.gov/ocr/privacy, the CSWA and NASW Codes of Ethics, or the Washington State Laws for Social Workers at www.doh.wa.gov/lhsqa/counseling/mhblaws.htm.

Thank you for your question.

If any WSSCSW member would like to request an ethics consult, contact Bruce Gimplin, Ethics Committee chair, at bgimplin@msn.com. In your request, please include the following information: 1) your ethical question; 2) details of the issue (please keep confidentiality); 3) type of response desired (readings, resources, etc.); 4) time-frame for response; and 5) contact information.

MEMBERSHIP

Spotlight on new members

Our Society is bursting with new members! In 2010 we had close to forty new social workers join our ranks. Please join us in welcoming the following new members to our Society:

Kristie Baber, LICSW

Kristie is a children's mental health specialist with a focus on infant mental health and early childhood development. She sits on the advisory board for the UW's postgraduate psychological trauma certificate program and teaches regularly through the Northwest Resource Associates and at conferences including the Child Welfare League of America, NICWA, and Division for Early Childhood.

Amal Mummar-Hastings, MSW, LICSW

Amal works as a pediatric social worker at Seattle Childrens' Hospital and currently is in private practice focusing on life transitions with first- and second-generation immigrants with individuals, couples, and families. ♦

*Show me a sane man and
I will cure him for you.*

— Carl Jung

*“Our aspirations are our
possibilities.*

— Robert Browning

*Everyone has inside him a
piece of good news. The good
news is that you don't yet
realize how great you can
be! How much you can love!
What you can accomplish!
And what your potential is!*

— Anne Frank



Check us out online at:
WSSCSW.org

ETHICS

Ethical practice in unethical times

BY SHAUNA HILL-SILVA

It's no secret that the American economic crisis of the past several years has taken a toll on communities and individuals that has translated to changes in how the practice of clinical social work looks and feels. I have had many discussions within our professional community about this issue, and as an agency practitioner and program leader, I struggle daily to guide a team of clinicians in their efforts to maintain clinical excellence in an environment that sometimes feels diametrically opposed. The questions that come up from private practitioners and agency social workers alike reflect the deep uncertainty that tight budgets and unpredictable markets cultivate: How do I maintain my job/client base as people lose jobs, income, and benefits? How do I facilitate insight-oriented talk therapy with clients who are increasingly in economic/resource crisis? Is it ethical for my caseload to be so large? Am I maintaining ethical practice when my clients lose benefits or income and must terminate services in a time of great crisis?

In my observation, the past two years of economic instability have been very disequilibrating for our field. Clinical social work practice is difficult, and it is particularly so for practitioners in agency settings with overflowing caseloads of high-risk and high-needs clients. It is hard to show up for what we do when we are worried about our own employment and economic future. Additionally, I find it can be almost fatally disheartening to witness the continual loss or shrinking of resources and programs coupled with endlessly expanding needs of our clients. We begin to feel both overextended and pessimistic about

the success of any advocacy efforts. If we aren't careful, it is very easy to slip into negative thinking that can strike down into the very core of who we are and why we became clinical social workers in the first place.

A colleague recently came up to me after I spoke on a panel about how the economic climate was impacting practice. I had offered some details of the picture inside my organization, which has experienced loss of funding streams, staff reductions, and contract changes at a time when our clients are experiencing more basic-needs emergencies, mental health crisis, and multi-system involvement than ever. I had spoken of large caseloads and diminishing community resources. She grabbed me by

the door and said, "That just sounds like a nightmare." I agreed that things were very difficult for clients and staff alike.

What is interesting for me about this interaction is that it reminded me of something I had not thought about in a long time and actually breathed some new energy and hope into my work: times like these are what social work was designed for! There are two fundamental

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tenets of our profession that, in my mind, hold us apart from our mental health colleagues of other disciplines, and I now realize we must draw upon them to fuel us during this moment. At the risk of sounding like a coach giving a half-time pep talk, these two elements—unique to social work—position us well for not only surviving but thriving as we move through the next few years.

First, our craft sprung from deep roots of social justice work. Before we were anything else, we were advocates and allies to the poor,

the marginalized, and the oppressed. As our field evolved and expanded to include clinical social work, and specifically psychotherapy practice, it required us to build theories, interventions, and skills that would allow us to provide mental health services to the widest array of people possible and to develop the critical thinking skills required to problem solve issues of access, benefits, therapy readiness, resource or case-management needs, etc. When economics are good, we are able to provide clinical services more comfortably. However, when they are difficult, we must remember that we have the skills, creativity, and historical mandate to forge ahead in what we do with creative, adaptive approaches that reflect our roots and our commitment to our clients. This means we each individually have been trained in the skills we need to navigate our current challenges, and that collectively we have a more-than-strong-enough foundation to keep us steady as we go.

Second, we differ from our non-social work colleagues in that our practice is rooted in a “person in environment” perspective. Social workers endeavor to see the whole picture of a person’s experience, to learn and understand how the complex intersection of personal characteristics, family and relationship dynamics, systems forces, and macro social forces impact someone in their daily life. Our model of assessment and treatment is sophisticated in

that requires us to respond to and serve the whole person, not simply the diagnosis, or a single intervention model. This orientation and the accompanying skills are increasingly well-known and appreciated in the broader mental health and medical fields, and at an accelerated rate now that consumers of mental health services are having a wider-range of needs and concerns than ever before. If we continue to tell the story of how clinical social workers are uniquely suited to provide mental health services to diverse populations, we will no doubt remain secure in our relationship to employers, third-party payers, and clients.

As for all those questions and concerns about ethical practice, I find it helpful to go back to the fundamentals. Our code of ethics requires us to make all “reasonable” efforts to abide by the ethical standards it outlines. I myself have lost sight from time to time of what reasonable is. Sometimes, when I am frustrated by something I was unable to provide or achieve, I have held myself hostage to the idea that I have done something “unethical.” A common example in my current work is terminating services with individuals who lose their Medicaid. In this example, an ethical social worker is responsible for helping the client understand their benefits situation and for providing support and problem solving if benefits are in jeopardy. In my program, my staff would be responsible for identifying any options for keeping the client in services, such as grant or emer-

gency funds, and for keeping the client informed of these options if they exist. If benefits end and there is no funding source, the clinician is ethically bound to assess the risk of sudden termination to the client and to develop a plan with the client for transfer to other services or, at minimum, safety planning for how to access community supports that the client may need.

What I must remind my staff clinicians in supervision (and myself, on occasion) is that our code of ethics never required us to be super-human or made us responsible for stopping bad things from happening. I can be a highly ethical practitioner without serving unfunded clients if my program cannot accommodate that. While it may feel terrible to be witness to loss of resources or services, or other painful realities of our clients’ lives in these tough times, it feels worse to then be self-critical and to question the ethics of our work. In order to sustain ourselves for the long haul, we must re-visit our ethical principals and reacquaint ourselves with what they ask of us, as well as with what they do not ask us with! None of us is being asked to make things different than they are outside of “reasonable” advocacy. Additionally, our clients may very well need us to help them accept and plan for harsh realities of “what is.” If we cannot ourselves accept it, it will be difficult to support them in

that work that they do not have the luxury of not doing.

I believe that in today's socio-economic climate, we must lean into each other and reconnect with the fundamentals of ethical practice to guide us. We must remind ourselves of our professional (and human!) limits. Consultation and supervision—always invaluable—are of critical importance to ensuring we maintain our ethical standards in an environment that can feel unjust, unpredictable, even “unethical,” at first glance. If we take a collective breath, revisit our values, and remember who we are and what we were trained for, we can forge ahead together with our clients and perhaps more than just “survive” this. Perhaps we can thrive.

Shauna Hill-Silva manages Child and Family Clinical Programs for East King County for a large community mental health agency. ♦



PROGRAM UPDATE

Re-energizing the Veterans Outreach Program

BY ROBERT ODELL

WSSCSW developed the Veterans Outreach Program (VOP) in 2005 to address the need for community-based clinical social work services for veterans and families of the wars in Iraq and Afghanistan. WSSCSW responded to the belief within the Veterans Administration, the Washington Department of Veterans Affairs (WDVA), and others, that the mental health needs of these veterans and families could overwhelm the available resources within, and outside of, the VA. At the time, no other professional mental health membership organization had launched such a program.

It was my privilege to coordinate the development of VOP, along with WSSCSW board members Marianne Pettersen, John Powers, Frank Kokorowski, and Kevin Host with invaluable support from Laura Groshong. In direct consultation with the VA, we developed a program where WSSCSW members contributed clinical office hours—at least one pro bono and the others on a sliding fee scale. Additional professional education events on military culture and trauma were organized (principally by John Powers), and client referral marketing was actively pursued from 2005–2008. Laura, and Frank Kokorowski (who took over as program coordinator when I became board president), energized all of these efforts, culminating in a fall 2008 clinical conference.

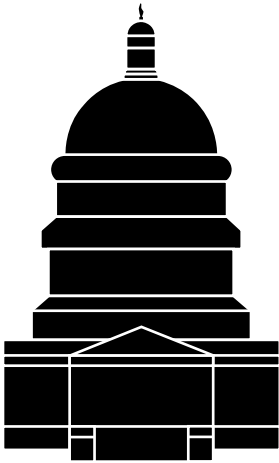
Recently, I was contacted by my friend Thomas Schumacher, who heads the PTSD Program at WDVA. He updated me about WDVA's professional education programs, but he also mentioned that the funding for a clinical case consultation group was available. The group would be led by a clinician who was highly experienced with veteran culture, outpatient treatment for military level trauma, with a thorough understanding of traumatic brain injury. It would be free to regular attendees.

In the coming weeks, I will re-assume coordinator status for the VOP program and look forward to reviewing and reinforcing the program's membership, helping to recruit members into the clinical case consult group and continuing education. For any social work clinician or agency interested in treating trauma, this is an excellent professional development opportunity. The need for competent community-based service remains strong and increasingly necessary in the face of governmental budgetary cutbacks.

♦

Update from Olympia

BY LAURA GROSHONG



I had expected to be giving you a pretty gloomy report on the first month of a legislative session. It has been the most dire budget deficit ever faced in Washington State (a total of over \$10 billion over the past two years and a current gap of \$2.6 billion). Though that will undoubtedly affect many important programs, including Disability Lifeline and the Basic Health Plan, there are some unexpected bright spots on the policy side of this session as follows:

Social work title protection

SB 5020 passed out of the Senate Human Services and Corrections Committee on February 17. After four years, it appears that the difficulties that made this bill problematic for WSSCSW and other groups have been resolved. It appears that this bill will pass and protect the title of social worker, requiring some degree in social work for unlicensed social workers to use the title (primarily in DSHS and other state agencies).

Social emotional learning

HB 1004 would provide funding for education in emotional awareness and communication to help elementary school children learn the basic communication skills necessary to have healthy relationships. This bill was passed out of the House Education Committee on February 3. Rep. Mary Lou Dickerson, a social worker, is the prime sponsor.

Revocation of the Master's Mental Health Advisory Committee

The governor had requested that 50 boards, commissions, and committees be ended through HB 1371, including the Master's Mental Health Advisory Com-

mittee, the only direct communication that LICSWs, LASWs, LMHCs, LMFTs, and their associates have with the Department of Health. All costs are paid for by licensee fees and would add no money to the general fund. The bill was passed out of the House State Government and Tribal Affairs Committee on February 17 with the elimination of the Advisory Committee *removed*, thanks to a huge effort by lobbyists for WSSCSW, NASW, WMHCA, and WAMFT. Many thanks to Lonnie Johns-Brown, our Olympia lobbyist, for her excellent work.

Allow unlicensed clinicians to treat families with autistic children

This bill, HB 1629 and SB 5642, would have allowed unlicensed clinicians with a bachelor's or master's degree in a mental health field who have had four months of training as a board-certified behavioral analyst or a board-certified assistant behavior analyst to be reimbursed by the Department of Developmental Disabilities and Department of Social and Health Services for treatment of autistic disorders. It would also have eliminated LICSWs as clinicians who can treat autism. Through the hardest battle so far this year, it appears that the bills will not pass out of their respective committees. Special thanks to Keith Myers, LICSW, vice president of clinical and training services at Wellspring Family Services, for his outstanding testimony opposing the bill. ♦

INTERVIEW

Heidi Arizala Showman, founder of the the North Star Girls Group

BY KRISTA MURTFELDT

Graduate school is a time to learn, create, and formulate who you want to be as a social worker. Most of us wrote a paper or two that we were proud of and felt like our graduate school experience shaped us in many positive ways. I recently had the opportunity to interview one of our clinical society members who took on an amazing project in graduate school that became an internationally recognized curriculum for adolescent girls.

Heidi Arizala Showman created the North Star Girls Group curriculum as a graduate school project during her time in Susan Kemp's Practice Class at the University of Washington's School of Social Work in 1997. Heidi was doing her practicum at Youth Eastside Services and was enjoying working with adolescent girls who were struggling with a variety of special circumstances. For her class and practicum, she decided to explore what the research was saying about group work and what was being offered to adolescent girls. She found several groups and curricula that focused on the special needs facing at risk adolescent girls such as substance use and teen pregnancy. She found nothing that simply supported girls around being adolescents and the self-esteem issues that every young girl faces. Therefore, as a graduate student she decided to create her own curriculum that would provide adolescent girls with a safe and comfortable environment while making it a standard design that could be used in a variety of settings.

The North Star Girls Group was adapted from the idea of the North Star from a passage in *Reviving Ophelia* by Mary Pipher. The concept is that we all need a guide in life and need help to orient our "boats to the north" so we have understanding and direction. Half-way through the curriculum, the leader uses a visualization to allow each girl choose her own

north star and to consider what she wants in life. The idea is that if each girl has chosen her own north star she will have a guide to lead her where she wants to go in life. If you know what you value in life and why it is important to you, the pieces will fall into place. Heidi describes the "winds" that can alter your boat's path as teachers, parents, coaches, and friends. They try to guide you in different directions and can make everything feel unauthentic. She discovered that many of the girls in her groups had never been asked what they wanted out of life or what their values were.

Heidi originally wrote the curriculum for 11- to 14-yearold girls, but it is now being used with girls as young as third grade and as old as seniors in high school. The curriculum is designed to run for 12 to 14 weeks, and each session is approximately 90 minutes; however, it is often used in schools where 50-minute class sessions are utilized as well. Heidi believes the curriculum is best used in the school and after-school setting, and she has also written a specific version for summer camps. She wanted the curriculum to be written in such a way that any and all girls could benefit from the groups regardless of what specific issues they were facing. The groups are also taking place in several residential treatment facilities which Heidi believes works well because it allows girls to step away from whatever brought them there and give them the time and privilege of just be girls.

Heidi officially started publishing the curriculum and created a website in 2005 (www.northstargirls.org). Heidi says she sends out five to six curriculum packets a month, and the groups are active in the US, UK, and Australia.

One of the most unique outcomes of this project was when Heidi received an email in October 2010 from the White House. She initially assumed it to be “spam” but after a little more research discovered it was the “real deal.” She was invited to the White House Gardens for an appreciation day and tour by the White House Council on Women and Girls which was created by President Obama. She was allowed to invite up to 20 guests. After much skepticism she was convinced by a friend to go, because how often does one get invited to the White House Gardens? She and about ten other friends and family members flew to Washington, DC, for the tour. She said there were about 400 other groups being “appreciated” while she was there (Brownie troops, etc.). While she did not get to meet either the president or the first lady, Heidi says the tour was a once-in-a-lifetime opportunity, and she was thrilled to be a part of it. To this day she does not know how the White House found out about her program, but is hopeful to one day solve that mystery!

I encourage you to go to the website and take a look at the curriculum and amazing work that Heidi has done for adolescent girls across the globe. ♦

Ten Benefits of membership

The Washington State Society for Clinical Social Work

- Develops and promotes the highest standards of quality in clinical social work through adherence to a strict code of ethics, endorsement of the standards set by our state in its licensure procedure, and encourages its members to meet the national credential of board certified diplomat.
- Lobbies in Washington State and Washington, D.C., for inclusion in any new health care initiatives and to protect clinical social work on your behalf.
- Provides public relations/marketing to enhance our professional identity and promote clinical social work to the public.
- Provides educational offerings and CEUs: yearly clinical conferences, ethics and supervision conferences, and short courses.
- Lists you in our membership roster and circulates it to managed care and EAP companies to increase your referrals.
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spring conference

WSSCSW SPRING CONFERENCE

Jeffrey A. Kottler to present at WSSCSW spring conference

Don't miss Jeffrey A. Kottler presenting "Journey of the Therapist: How Clients Change Their Therapists Over the Career Span." This is a full-day conference, with a special pre-conference offering, to explore the ways we are impacted by our clients across the course of our careers. Using case examples, stories, lectures, and interactive exercises, participants will have the opportunity to examine some of the constructive and challenging ways we are transformed by our work with our clients.

Jeffrey A. Kottler is one of the most prolific authors in the field of psychotherapy, having written 80 books about a wide range of subjects during the past 30 years. He has authored a dozen texts for counselors and therapists that are used in universities around the world and a dozen books each for practicing therapists and educators.

Some of his most highly regarded works include *On Being a Therapist*, *The Imperfect Therapist*, *Compassionate Therapy*, *Making Changes Last*, *Divine Madness*, *Learning Group Therapy*, *Changing People's Lives While Transforming Your Own*, *The Client Who Changed Me*, *Bad Therapy*, and *Creative Breakthroughs in Therapy*.

The conference will take place on Friday, May 13, 6–9 p.m., and Saturday, May 14, 8:30–5 p.m. Eight CEUs offered over the two days. Be on the lookout for more information to come about this amazing opportunity!

Want more information now? Contact the registrar Aimee Roos at admin@wsscsu.org or 206-786-0534. ♦

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The deadline for postmark is April 30, 2011. ♦



MARKETPLACE

Wanted:

- Membership committee volunteers: Looking for energetic, friendly persons to help welcome new members. Job entails making welcome phone calls, emails, and/or letters to new members; answer questions, and connect new members to a seasoned board member with any more challenging questions. May also plan social events to provide opportunities for new members and seasoned members to meet. Time commitment: three to five hours per *year*, based on interest and role chosen.
- Professional development committee volunteers: Looking for energetic, organized, and engaged professionals to help develop ideas for professional development programming and to facilitate the steps to carry out programming. Based on interest and skills, may make phone calls, staff at day-of events, plan logistics, write marketing materials, attend meetings. Time commitment: open-ended; no minimum or maximum time commitment.
- Secretary of the board: Exciting opportunity to join the board and the executive committee. Looking for an organized and engaged person to participate in board meetings, facilitate and disseminate meeting minutes; organize CEU program, and participate in discussions related to the functioning of the organization. No experience required.

Time commitment: two to four hours per month (two hours for board meeting on third Friday of the month). Position starts July 1, 2011.

- Membership chair: Another exciting opportunity to join the board and to head newly reorganized committee. Responsible for oversight of committee, whose mission is to welcome new members, answer questions of current members and facilitate renewal. Need organizational skills and people skills. No prior experience necessary. Cochair position(s) available for job-share. Time commitment: open-ended, but must be able to attend the board meeting on the third Friday of the month for two hours. Position available now.

Please send questions and interest to carolynsharplicsw@comcast.net.

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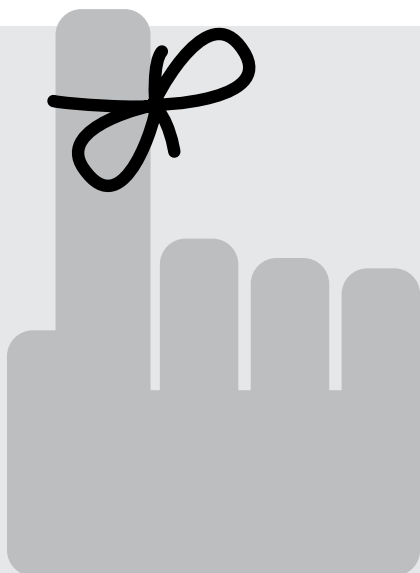


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Save the dates!

Thursday, March 31, 2011, 7–9 p.m.

- “Meet and greet” informal social gathering of members at Carolyn Sharp’s home

Friday & Saturday, May 13 & 14, 2011

- WSSCSW Spring Conference: “The Journey of the Therapist,” featuring Dr. Jeffrey Kottler, internationally renowned author, professor, and clinician
- See details on page 14

Thursday, June 16, 2011

- Annual party, with food, wine, and conversation