



## Summer 2016

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From the President

## It's Summer! I don't have Time to Read This! Renew My Interest!

*By Eric G. Huffman, LICSW*

### Okay, I get it. Let's try bullet points.

- The members-only cultural competency training with Caprice Hollins was a tremendous success, according to all the participants. We are leading the way in the clinical community to put racism, diversity and cultural competency front and center for mental health providers. This is a good reason to renew your membership!
- We are working on a larger conference to address related issues and to reach even more clinicians. There will be a special rate for WSSCSW members. This is a good reason to renew your membership!
- The listserv has been a great tool beyond its many uses for referrals and resources. It has been a center of grassroots organizing for things like Zane Behnke's group on starting a private practice. It has been a place to organize discussions around diversity and possible book clubs. It has served as an organizing center for a members-only meeting with CEU's for Clinical Social Work Practice: Interruptions & Endings, with Laura Groshong, which was held on July 30th. All free to members. This is a good reason to renew your membership!



- We are planning to launch mentorship groups for new and newer clinical social workers. This helps our profession maintain the high educational, ethical and practice standards we cherish. It also helps in networking and fostering a professional future. This is a good reason to renew your membership!

- However! To continue any of this...we need help. WE really need members to join a committee to help share the tasks. We don't have enough members on our committees to keep going as we are. When you renew your membership, PLEASE let us know what committees you are interested in. It is a very meaningful way to give back to the WSSCSW and to profession.

**HAVE A GREAT REST OF YOUR SUMMER AND RENEW YOUR MEMBERSHIP!**



President Eric Huffman, LICSW, addresses members at the annual party

## 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 professions to mid-range, seasoned, and retired citizens.

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

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

# Processing Collective Trauma: WSSCSW Responds

The board of WSSCSW wishes to acknowledge the recent tragedies that have occurred both nationally and globally. These events reflect the devastating legacy of racism and oppression that we face as a global community.

As clinical social workers, we are ethically bound to address these issues in our personal and professional lives by sharing in the responsibility of creating change and working for a more just world. We do

this by growing awareness, maintaining dialogue and promoting education about diversity.

The board is currently engaged in several efforts toward this commitment, including providing workshops, developing a fall conference, and offering opportunities for members to join a practice group. We hope you will join us in promoting action. If you would like to get involved with these efforts, please let the board know by emailing [newsletter@wsscsw.org](mailto:newsletter@wsscsw.org) or any of the board members directly.

## EDITORS' NOTE

By Lynn Wohlers and Emily Fell

We are happy to be printing a robust newsletter this summer! Thank you to everyone who has contributed.

We hope this issue informs, inspires, challenges, provokes and entertains you. As it is membership renewal season, we also wish to remind you of the many benefits of WSSCSW membership and how important your voice is to our community.

In recent months, our nation, and world, has endured overwhelming tragedy. The violence and hatred that targeted groups endure is profound. We all feel the impact. In this issue, member Bill Etnyre shares a poignant reflection on the June 2016 Orlando massacre. Stephanie Barbee takes on another topic that has large scale impact - the harm being done to our environment. We encourage more members to submit content that addresses events that affect us on so many levels.



Members enjoying the annual party.

WSSCSW newsletter is mailed quarterly to members of WSSCSW.

Classified ads are \$10 for every 25 words, \$20 for 50 words, etc. Articles and ads should be emailed to Lynn Wohlers at [wohlers13@gmail.com](mailto:wohlers13@gmail.com).

Newsletter design: Stephanie Schriger, [stephanie@dgmpartner.com](mailto:stephanie@dgmpartner.com)

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.

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# ORLANDO

By Bill Etnyre, PhD, LICSW

*On June 12, 2016, Omar Mateen, a 29-year-old American security guard, killed 49 people and wounded 53 others inside Pulse, a gay nightclub in Orlando, Florida, United States. He was shot and killed by an Orlando police after a three-hour standoff. It was both the deadliest mass shooting by a single gunman and the deadliest incident of violence against LGBT people in U.S. history, as well as the deadliest terrorist attack in the U.S. since the September 11 attacks in 2001. It is also widely considered a hate crime. Pulse was hosting Latin Night and most of the victims were Hispanic. (2016 Orlando nightclub shooting. (2016, July 7). In Wikipedia, The Free Encyclopedia. Retrieved 23:36, July 7, 2016, from [https://en.wikipedia.org/w/index.php?title=2016\\_Orlando\\_nightclub\\_shooting&oldid=728827792](https://en.wikipedia.org/w/index.php?title=2016_Orlando_nightclub_shooting&oldid=728827792))*

*Shortly after the shooting, long-term WSSCSW member Bill Etnyre sent his thoughts about it to some of his colleagues. Laura Groshong asked him to post the reflection on our listsev. It deserves a second read.*

**Y**es, I am horrified and deeply saddened about the murder of 49 young people (and perhaps more) who will no longer breathe the air of this earth and the suffering this act bequeathed to their loved ones, but I am angry too. I am angry about this as an attack on LGBT people and about the way some of the media and pundits have been covering this tragedy. What I mean by this, is the emphasis on this as an act of “Islamic terrorism” and lip service to the fact this was a purposeful, intentional attack of hate against LGBT people. It was also Latin night at Pulse that night so this act of terror may also have had a racist intent.

Recent information (reported by Chris Hays of MSNBC) discloses that the killer had frequented Pulse and other gay clubs and bars several times, and had messaged men on gay dating apps; go to Towleroad.com for more information that suggests he was gay himself, and likely not at all at ease with it (as one person who met him said, “He was awkward and just wanted to fit in.”) Was this act then quite possibly related to internalized homophobia?

While “Radical Islam” may very well hate America’s/the Western world’s “way of life” (trumpeted on the media) and openness to

diversity, you don’t have to look outside this country for plenty of hatred towards LGBT people. There are plenty of hate groups in this country that abhor LGBT folks. E.g., a minister in Tempe voiced that this massacre was a “good thing... 49 less child molesters out there.” The Southern Poverty Law Center keeps track of all kinds of hate crimes against LGBT people, reported in an issue a few months ago. So one cannot overlook the hatred and loathing towards LGBT people that still is alive and flourishing in this country. So as reprehensible as this killer’s act is, he too may have been a victim of homophobic messages that started long before he (born in Queens and not in Afghan [sic] as Trump lied about) ever heard of ISIS, which didn’t even exist when he was a child.

A friend sent the following to me that more eloquently states what I am trying to say that comes from “The Daily Beast” (Omar Mateen Committed LGBT Mass Murder. We Must Confront That (6.12.16). In The Daily Beast from <http://www.thedailybeast.com/articles/2016/06/12/omar-mateen-committed-lgbt-mass-murder-we-must-confront-that.html>):

What needs to be repeated over and over again, and interrogated, is that the largest

mass shooting in American history was an attack on gay people, LGBT people—politicians and lawmakers must say that, confront that, call it by its terrible, rightful name.

On social media, there is not just grief but also anger on the part of LGBT people, not just at the terrible loss of life, but of the erasure of LGBT people from a narrative that is centered on them, that has been visited upon LGBTs during Pride month....

Only President Obama, in his moving and concise remarks at the White House, recognized this for what LGBTs feel in the marrow of their bones—that this was an attack on them, as well as an act of terror.

On television this morning, there has been no one calling Mateen’s massacre out as a dreadful act of violence against LGBT people. It may be an “act of terror” as we keep hearing—and Mateen radicalized by ISIS, leading to his call to 911, stating his allegiance to ISIS as he carried out his attack.

But who was targeted exactly—and why? Why the resistance to saying it? If it was an act of terror, it was also a hate crime.

Over the next hours and days, as LGBT

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# Cultural Competency Training with Dr. Caprice Hollins, PsyD

**T**hank you to everyone who participated in the Cultural Competency training on June 18th. It was a great start to the important work of thinking about and addressing race, culture, privilege and social justice in our lives and practices.

Thank you, also, to everyone who shared their thoughts about the training on the listserv. It is apparent that further reflection, education and development in this area is of interest to the membership. Melissa Wood Brewster's listserv post suggested that a practice group be formed around the topic. We hope this idea will continue to develop.

During the Cultural Competency training Caprice Hollins shared a powerful autobiographical piece. In the tradition of "Where I'm From" poems, it juxtaposes a myriad of sometimes confounding images from Dr. Hollins' mixed race background, forming them into a poetic whole.

*"One of the most intimate, emotionally honest & low-professionally-barriered workshops I've ever attended. Awkwardness & shame re all our racist knowledge bubbled throughout the day, I think, greatly leavened by much lovingness & humor from peers & leader. It didn't hurt (actually, helped a LOT!) that most of us knew over half the room by name or long personal acquaintance. Caprice Hollins is a very committed, articulate, funny & 'present' teacher. Thanks again so much for organizing this!"*

Larry Venditto

*"To me the workshop seemed like a good first step. Now that a foundation has been laid, will there be other trainings? Caprice made reference to strategy trainings, ideas and I suspect practice on how to enter into conversations, build a bridge.*

*The questions I came away with were:*

- What does a person of color need to give up to be accepted, to be successful?*
- What do I need to learn about how different cultures engage in conversation?*
- Since I do sometimes make my comfort more important than creating a bridge to connection and greater understanding, where do I start? (I am thinking here of conversations with colleagues and out in the community rather than client based.)*

*Thanks to WSSCSW for getting this started."*

Suzanna McCarthy, LICSW

Some of us remember writing our own "Where I'm From" poems during a retreat two years ago. One member, who wishes to remain anonymous to maintain the boundaries of her work as a therapist, shares a "Where I'm From" piece here. We encourage you to write your own, or use the concept with your clients to enrich your work together.

To learn more about Caprice's work, visit her website at <http://culturesconnecting.com>.

Visit <http://www.georgeellalyon.com/where.html> for more information on the "Where I'm From" tradition.



## Perspective: Where I'm From, and Where I'm Not From

*Anonymous member*

**I** am from German ancestry by way of Odessa, Ukraine. Anxiously driven, talented but unable to reflect easily, secondary to culture and trauma. I am from Norwegian ancestry — poor, riddled with emotional challenges and alcoholism, talented yet frequently depressed. Addiction, patterns of abuse, ethnic rivalry between my parents.

I am from white gloves for church on Easter Sunday. Schnauzer dogs barking at every noise. Playing in the scotch broom making my own private "camp" in the vacant lot next door. I am from dark and shameful family secrets, only recently and partially revealed.

I am from twilight summer nights with fifties music on my transistor radio. Grooving to the tunes. Overcast sky of the Northwest, longing for a little sunshine. I am from piano practice after school every day. Violin lessons. Orchestra rehearsals. Recitals.

I am from pot roast on Sundays, and meat loaf on weekdays. How many ways are there to use hamburger? I am from cooking dinner as an 11-year-old because my school teacher mother was not home yet. Economic insecurity. My mother's overspending. Disappointment.

**And I am *not* from looking in the mirror and seeing my own black face looking back at me. Knowing it was a strike against me, my own face.**

I am from Puget Sound ferries and motor boating on the Sound, pungent smells of seaweed and saltwater breezes. Constructing driftwood rafts to play on in shallow tides. Fishing for halibut and dog fish, clamming on Pacific Ocean beaches, but never actually eating much fish.

I am from the grandparent's berry farm; raspberry juice, red and sweet and full of

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the taste of summer. Grandmother feeding me bottled milk whilst I lay separately in the playpen. I don't remember lap sitting or cuddling. Grandma "never liked babies". She bore seven children. My mother had six brothers.

**And I am *not* from having friends and relatives incarcerated. Not even in the Monroe prison within view of my grandparent's berry farm. Except when my brother stole the family car and drove it until it ran out of gas. He was mad.**

I am from school vacations spent with my older cousin, not wanting to go home again to family tensions and conflicts. The VA Hospital helping my father admit once again, for bipolar depression. I am from pouring a bottle of whiskey down the drain rather than having to see Dad medicate himself another time.

I am from church camps at the ocean, feeling listened to, yet not really knowing what I needed to say. Solo walks to the library in grade school, reading every book on the shelf about horses and dogs. Dreaming of owning a dog kennel and caring for animals when I grew up. A row of plastic horses on my window sill. They were my friends.

Piano recitals and dance recitals and sports teams. Preparing for the next performance, the next test, the next big paper. Working, reading, dreaming about how things will be in the future. Hot baths to calm me down.

**And I am *not* from ever hearing a racial slur or ethnic joke aimed at me. I am from hearing these jokes shared, with laughter, by older relatives at family gatherings.**

I am from working in drive in restaurants for minimum wage at age 14. Serving greasy food thru a take-out window on late nights, feet hurting. Counting dollars to save for

the next purchase I thought important. I am from berry picking and factory work, conveyor belt strawberries still moving before my eyes in my sleep. I am from running a piano studio as a young teen, teaching neighborhood kids. None of them were black. Buying my own clothes, sewing the latest fashion on an antique singer sewing machine.

I am from going to college "in state". I am from wanting to go to Stanford. I am from grants and scholarships and work study to pay for college. Insisting on taking only \$50 from my family to pay for college. Finally in charge of myself.

I am from a family with second generation immigrant history, invisible to outsiders. Looking like a "normal" family and part of the melting pot. Hardship, resilience, insecurity, self-doubt, loneliness. Noteworthy mood swings. I am from old world history... and new world opportunity. I am a product of the American Dream.

**And I am *not* from witnessing people I love being murdered by police for the color of their skin. I am not from hearing gunshots in the neighborhood growing up. I am not from seeing drug dealers on our street corner. I am not from knowing there were guns in our house. I am not from my brother needing to get "the talk" to avoid police attention.**

I am from never hearing emotions expressed directly. Except anger. I am from wishing for a different mother. I am from not bringing friends home in case another marital argument took place.

**I am grateful for where I'm from, now. I am privileged to be white.**

**I sometimes feel guilty for this privilege. I did not grow up knowing I had it.**

*"I was impressed with Caprice's professionalism and her willingness to make herself vulnerable as a way to engage us and get the conversation going about race and white privilege. The use of poetry as a way of communicating deep material was most appreciated (i.e. the "Where I'm From" poem Caprice shared at the training).*

*The topics of race and privilege are timely. There seems to be a fresh "push" to attend to the ways people of color continue to be underrepresented, unseen or dismissed. I think we have a great opportunity, as clinical social workers, to participate in this conversation by getting the education and doing the self reflection needed to understand the point of view of another. While I can feel uncomfortable to learn how the advantages of being white disadvantages others, I don't feel pushed if I choose to enter into this inquiry with the same curiosity I bring to anything other aspect of myself in service of the work I do. I'd like to think this is something that makes us social workers and potential leaders in our community.*

*I hope you will join me in the conversation on June 18."*

Warmly,  
Jenny Pearson, LICSW

*"Dr. Hollins was a strong, engaging and knowledgeable trainer who created an open and safe environment in which to explore this important topic. With Dr. Hollins's skilled guidance, we were able to begin to consider the inclusiveness of our work, our practices and our organization."*

Marti Hickey, LICSW

***We invite you to respond to the author's ideas and continue the discussion with letters to the editors, and on the listserv.***

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## Aimee Roos, 2016 Society Honoree

By Laura Groshong, LICSW

**T**his testimonial was given at our annual party on June 16, 2016. Each year we honor one of our own and this year it was Aimee Roos' turn. She has worked tirelessly as our Executive Administrator for almost ten years.

Aimee has been such an integral part of WSSCSW for so long that many Society members have taken her presence for granted. At a recent Board meeting where the structure of the Society was being discussed, there was a moment where there was the collective realization that all the underlying information about the Society and its members runs through Aimee. That led to a combination of gratitude and fear in all those present. WWWDWA? What would we do without Aimee? This honoring of Aimee tonight is a small effort to make everyone aware of how crucial her work is to the success of the Society and how well she does that work.

A little history. Aimee has not always been the linchpin of the Society. Only ten short years ago she was happily working in the HR Department of Family Services, now Well-spring, when the Society decided we needed a part-time administrator. Aimee was about to become a mother and was looking for a part-time position which would allow her to work from home. The five hours a week that the Society was asking for would be a fine fit. Kevin Host, EAP Vice-President at Family Services, was the broker who brought Aimee to President Marianne Pettersen's attention. At the time, the Society had less than 100 members, didn't have an interactive website, and hoped to grow into a more successful organization.

Aimee quickly learned the ways that the Society worked – and what needed improvement. She helped us put a professional website in place, oversaw the growth of the Society to

over 250 members, and accepted the administrative needs of our group as they grew to a ten hour a week job while raising Ryan, now 7, and Kyra, now 9. We appreciate so much their sharing their mom with us, as well as Ed, Aimee's husband of 13 years, doing the same. Little did Ed know when they meet in the teaching program at Antioch that Aimee's life would become entwined with that of Washington's LICSWs, LASWs and associates through the Society.

Aimee has brought us into the technological era. She knows who has answers when people have questions. She is a genuine, warm, detail-oriented person who is invaluable to the Society and someone I am happy to consider a friend. May we continue to have this partnership that has been so fruitful for many years to come!

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## Federal Integration of Public Mental Health at Last?

By Laura Groshong, LICSW, WSSCSW Legislative Chair

**T**his summer has been one of the busiest ever when it comes to legislation which affects mental health funding. Margot Aronson, LICSW, CSWA Deputy Director of Policy and Practice, and I have been feverishly reading and responding to many of the almost 20 bills that address coverage of mental health and substance use disorders; housing and social services for the mentally ill; the connection between mental health disorders and violence; and many more.

The two major bills are the Helping Families in Crisis Act of 2016, HR 2646, which many of you responded to in early July (thank you!!) and the Mental Health Reform Act of 2016, S 2680. CSWA sees much more merit in S. 2680, which, unfortunately, has not passed the Senate, though it has passed out of Committee. HR 2646 has passed out of the House.

Both bills include the following positive steps:

- Creation of a National Mental Health Policy Laboratory
- Creation of a Minority Fellowship Program, which will develop policies to support cultural competency

- Addition of an Assistant Secretary of Mental Health to Department of Health and Human Services

What CSWA opposes in HR 2646 is the elimination of SAMHSA, the primary agency that oversees treatment of mental health and addiction. This would shift oversight to DHHS without defining what the problems have been under SAMHSA.

It is likely that there will be no final action on these bills until after the elections but CSWA wanted you to be aware of the major elements of them.

Finally, you may have been hearing about the passage of CARA, the Comprehensive Addiction and Recovery Act, recently. While CSWA supports many of the goals of this Act, the fact that it is unfunded makes it a hollow shell when it comes to really providing needed services.

CSWA encourages everyone to VOTE and work for the candidates that you want to see elected! There has never been a more important time to do so.

# "How's the Weather?" A Call to Action for Clinical Social Workers

By Stephanie Barbee, LICSW

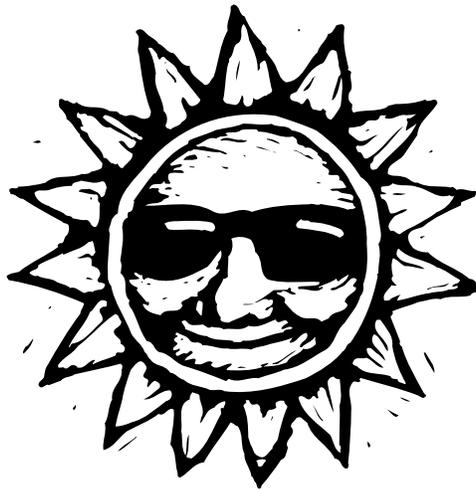
“Hi, I didn't catch your name... How are you? ... Where is your call center? Louisiana? Awesome. How's the weather over there?... Extra hot and humid you say? Wow. Hey, I am just wondering, are people in your community talking about climate change? Not too much? Hmm....”

“...Texas? Nice...You say it's been very hot... bad flooding too? I am sorry to hear that, is everyone ok?... (pause)...Hey, I am just curious, are people talking about climate change where you live?”

These are the kinds of questions I work into my conversations lately with folks in call centers, the people who assist with insurance claims, internet connectivity or other services. While I used to dread this aspect of running my practice and resented the time it requires, I now see these calls as a revolutionary opportunity for information gathering and human connection. It's a chance to work on two levels; to keep my practice running smoothly and also to blow into the embers of social awareness about climate change. When the other party is not interested I just let it go, hoping the question plants a seed of possibility in their doubt. If they do seem interested, we can wonder together if weather events in their region, such as Hurricane Katrina in Louisiana, super storm Sandy in New York, or Hurricane Hayan in the Philippines are climate change signals. If they seem open to it, I suggest that though we live miles apart, we are in this together, and there are things we can do to bring about positive change. If they are still with me at this point, I suggest a website for more information about the climate justice movement. Sometimes there is a heart to heart connection that radiates with

hope and energy. More than once, the call has ended with not only my business matter solved, but also a subversive sense of joy.

Though unconventional, these little conversations about local weather and global climate change, (separate and related phenomena) are meaningful actions I can take to gently break through our shared trance in the face of the climate change. You have probably



already heard that 97% of the world's climate scientists agree that recent human activities are causing a warming of the planet, with reinforcing effects, which if not addressed immediately, will overwhelm Earth's thermal self-regulation capacities. This has consequences for all the systems that support life on Earth, with the impacts landing on ecosystems that support the more vulnerable and marginalized among us, both here in the US and in the global south.

But most of us know that already. As clinical social workers, we are intellectually curious and compassionate; we have moral imagination and a mandate to advocate for the most vulnerable among us. Tackling climate change

is squarely within our mission because it is not just about preserving the living, breathing planet we share, it is also about justice. The impacts of sea level change, ocean acidification, coral reef bleaching, loss of arctic ice and tundra, the increase of superstorms, species loss, human displacement, drought, food insecurity and conflict are predicted to disproportionately affect the marginalized, the poor and people of color, people who generally and historically have contributed the least to the problem.

We know that greenhouse gases, especially carbon dioxide released from burning fossil fuels, are the main driver of climate change. Climate justice leaders assert that the solution will be complex, varied, and require a total transformation of our extractive, carbon-based, consumer culture and economy. Author Naomi Klein, in her book, [\*This Changes Everything\*](#), gives a brilliant analysis of the systemic and political forces that got us into this situation. Fortunately, she also proposes good ideas for equitable solutions.

There is another reason that climate justice is within our mandate as therapists. Climate change means trauma with a capital T, in every script and in every language, everywhere at once, with specific impacts and diffuse causes, overwhelming our capacity to act. In the moments we are really paying attention, free from our collective trance, we realize how grim the situation is. And this can quickly lead to despair, anxiety, denial, dissociation, distraction, anger and paralysis. It's not good for us and not good for our planet. We therapists know how to treat trauma. The first step is to get out of harm's way, to end the threat. But there is no DCFS or CPS or DV agency

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## HOW'S THE WEATHER?

*continued from page 7*

in this situation. In the words of a climate activist placard, "There is no Planet B." So we need to take care of the planet, first by taking care of the parts of us that are triggered by the news, if we want be able to respond with meaningful actions.

Here are a few things we can do move through our natural responses to traumatic news. We can:

- inform ourselves with accurate evidence-based information and state of the art activism
- practice excellent self-care, especially care of our physical bodies and allowing moments of play, creativity and inspiration
- face and work through our natural protective responses and underlying feelings, recognizing that it is often an iterative process: relief and revisiting, revisiting and relief. This includes continuing to heal wounded and traumatized parts of ourselves
- connect with others who are also stepping out of the trance, to decrease isolation and feel our collective strength
- follow our naturally occurring, right-sized action-taking inclinations, according to our interests, gifts, and abilities aimed at changing any of the conditions that threaten our shared biosphere
- find and transform our individual and institutionally held racism, sexism, classism, nationalism, ageism, and heterosexism so that we can see clearly, do no harm and effectively contribute to the global transformation that is already underway



– be open to moments of joy and transcendence

So, a final and obvious point I'd like to make is that we need to get our own personal climate justice houses in order, to be in the best position to help our clients find their way through. I am not suggesting we introduce the topic to them. We should not pop their denial or feed their despair or collude with minimizing parts that want to laugh it off. Usually, our clients come to us with other problems, we must not add to their burdens. But when they bring it up, let us be ready to courageously sit with them, and listen to their understanding of the troubling news and what it means for them. Let's help them be open to the love under their grief, the clarity under their fear, the courage under their anger. Let's reassure them in their human need for safety, hope and fairness. Let's be ready to wonder together about authentic actions we and they can take that will have an impact in their spheres of influence. Let's help them accept their own human limitations, knowing that sometimes even a nudge or a butterfly wingbeat can make a difference.

Here are some resources for us to get started. I welcome any feedback or interest you have in continuing the conversation.

### Books

Klein, Naomi. 2013. *This Changes Everything: The Climate vs. Capitalism*

Macy, Joanna with Chris Johnstone. 2012. *Active Hope: How to Face the Mess We're in Without Going Crazy*

Pipher, Mary. 2013. *The Green Boat: Reviving Ourselves in Our Capsized Culture*

### Websites

350.org Founded by Bill McKibben and students, organizing global movement to address climate change. Some inspirational videos!

Climatesolutions.org Shares latest news on exciting, hopeful developments

<http://gotgreenseattle.org/> Grassroots organization tackling climate change with equity and opportunity in communities of color

<http://www.backbonecampaign.org/> Puget Sound based organization that fosters citizen activism with art and imagery around the country

<http://billmoyers.com/2014/02/07/five-groups-leading-the-charge-to-halt-climate-change/> Other groups working on halting climate change

<http://www.climatepath.org/aboutus/science#> To calculate your carbon foot print, buy carbon offsets

<https://coast.noaa.gov/digitalcoast/tools/slr.html> To view models of predicted sea level rise

<http://guide.cred.columbia.edu/> Guide for communicating with others about climate change

*We invite you to respond to the author's ideas and continue the discussion with letters to the editors, and on the listserv.*

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## Be a Part of WSSCSW's Future

*By Lara Okoloko, LICSW, Interim Membership Chair*

I have joined the board to help support our membership renewal efforts this summer and I hope you will join me in renewing your membership for 2017. We want to retain our valued and experienced current membership while expanding to better represent our full community of clinical social workers in Washington State.

Watch your mail box for a letter in August reminding you to **renew your WSSCSW membership before September 15th.**

I believe 2017 is going to be a great year to be a part of the Society. Our board is prioritizing their work in a few key areas that I know will strengthen us as an organization and lead us into the future as an evolving, relevant and robust group.

We will be seeking to welcome more associate social workers through

agency outreach and by offering additional membership benefits to associates. One of these new benefits will be revitalized mentorship groups led by LICSWs from our own membership, who will be compensated for offering this service to associate social workers. Thank you to board member and associates committee chair Melissa Wood-Brewster for her work to make this great idea a reality.

Another area I am personally excited about is our plan to continue to build on Dr. Caprice Hollins' work with our board and our membership. We will be offering more learning opportunities and supporting each other to grow personally, clinically, and as a community in the area of cultural humility, anti-racism and social justice.

Thank you for being a part of this community.

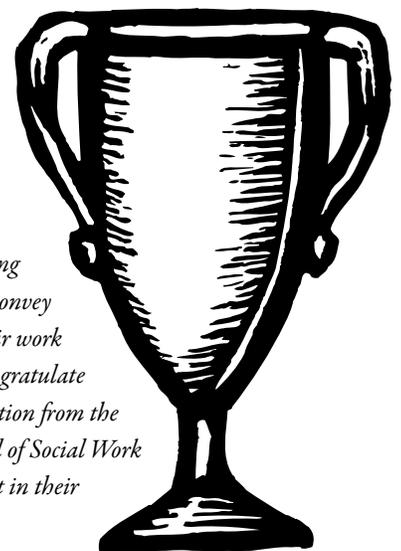
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## WSSCSW Outstanding Student Paper Award 2016

Each year WSSCSW presents the Outstanding Student Paper award to two students who are in their graduating year at one of the Washington State master's level social work programs. The students are required to submit a clinical practice paper that contains both clinical case material and discussion of theory that applies to the understanding and treatment of the case presented.

This year, we presented the grand prize of \$350 to **José T. León** and the runner up prize of \$150 to **Regina Yeh**. In addition, they were each offered a one-year membership to WSSCSW.

Both of these award winners submitted papers that are well written, and clinically stimulating and sophisticated. These papers convey the students' true passion for their work as clinical social workers. We congratulate José and Regina on their graduation from the University of Washington School of Social Work and wish them both the very best in their professional development.



*See excerpt from winning paper on page 10*

continued from page 9

## Social Work Clinical Assessment: Diagnostic Statistical Manual of Mental Disorders Vs. Person in Environment System

By José T. León, MSW, University of Washington School of Social Work

**T**his paper was developed to meet a requirement for SOCW 571, a clinical assessment class at the University of Washington. The PIE classification system was explored and compared to the DSM system. A summary of a case intake was provided with a short DSM and PIE formulation.

*The Diagnostic and Statistical Manual of Mental Disorders (DSM)*, now in its fifth edition, has been the standard for clinical assessment and diagnosis for more than 50 years...The DSM represents the medical perspective of mental disorders; it is just an interpretation or point of view of human behavior. It represents a more individualistic philosophy centered in the mind-body-imbalance model. Even though many disciplines have embraced the DSM criteria, this individualistic theory of mental illness appears to be at odds with social work theory.

Social work recognizes the connections between the internal psychopathological origin of behavior and “the external social causes of that dysfunction”. This position of exploring the relationship between the micro, macro and mezzo arenas is the cornerstone of social work practice. Social work core concepts blend practice and psychological theory with an understanding of the environmental

impacts on the individual. This unique lens distinguishes the field from other



WSSCSW Student Paper Award, Runner-Up, Regina Yeh, MSW.

helping professions. This philosophy has been consistent in underlining the need to see the organism and the environment as a system with mutual impact. (Proctor, Vosler, & Sirles, 1993) Healey proposed that social work’s knowledge of this dynamic adds to the classical manner of explaining the world. “Our skills and purpose are substantially constructed in, and through the environments in which we live”. (Healy, 2005) A person’s behaviors and attitudes should be assessed and understood in the context in which it occurred.

The assessment process in clinical social work has been an area that I have special interest. As I searched for a subject for my paper, I found the Person-In-Environment (PIE) framework as an alternative assessment system to the Diagnostic and Statistical Manual. This model appealed to me because I believe that the DSM philosophy is too narrow and restrictive to complete a global mental health assessment.

The PIE system facilitates the assessment of individuals and family systems in the clinical social work and child welfare field. The areas that the PIE system explores are crucial for the development of an ecological service plan. This ecological assessment will produce a comprehensive service plan to ensure safety and wellbeing of all its family members.

The clinical social worker could benefit from using the PIE system as an additional tool for the DSM traditional system. Because the PIE system takes in consideration the social role in addition to the mental and physical disorders, it provides a closer aligned assessment with

the clinical social work field. The mental health consumer is part of a dynamic environment. The interactions between the inner and outer world are a significant



WSSCSW Student Paper Award, Grand Prize Winner, José T. León, MSW.

aspect of the healing journey. The assessment and intervention should include areas at the micro, macro, and mezzo levels. The DSM-V interview format attempts to incorporate those areas in its formulations however, the complexity of its application does not lend itself to meet the needs of the social work field.

Looking at the client, as an isolated organism, solely responsible for the pathology or its healing, does not make sense to me. It takes a “whole village to keep one healthy”. As clinical social workers or child welfare social workers, we need to see the person as a dynamic entity that is in a reciprocal relationship with its environment and design our intervention from that framework. The PIE system fills the gap between the DSM system and the social work field.

**Editor’s note:** *A Case presentation using DSM and PIE tools was included in this paper but was removed for privacy.*

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# A Place of Meeting: The Bones of Clinical Work

Column By Jenny Pearson, LICSW

Beyond concepts, methodology or orientation, beyond years of experience, or practice setting, is a **place of meeting**. How do you experience these moments? When do they happen? How do you get there? We get very little training in this aspect of our work, yet this is where most meaning lies for both client and therapist.

## Eden

By Jenny Pearson, LICSW

*What is the path to wholeness? How do we find that path for ourselves, for our clients? In this poem, a path of authenticity is remembered in the aliveness of a hummingbird. Reflections on this subject are most welcome. Please submit comments to the editor.*

On a terrace at sunset,  
friends gathered for drinks and conversation  
which briefly stopped  
when a hummingbird came to drink from the flowering flax  
we were standing beside.

A moment of wonder and delight  
briefly honored  
before returning  
to the world of politics and travels.

But here was a point of departure –  
Another kind of return –  
Each on a journey,  
we arrive at different destinations.

Following the winged invitation,  
you fly out over the lush green –  
A flash of green fire –  
Into the honeyed hollows —  
A shimmering path in the wide blue light.

And you remember Who you really are –

Sparkle. Buzz. Hum. Hover. Free.

And when they ask you where you've been,  
the best you can do is,  
"In the Garden."

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## WSSCSW Associates Program

By Melanie Walker, MSW, Associates Committee Member

**A**re you new to the profession, new to Seattle or just looking for a way to connect with other Social Workers? The WSSCSW Associates Program hosts a quarterly get-together to support master's level clinicians who are in their first five years of practice.

On June 27th the Associates group met at Giddy Up Burgers and Greens in Ballard for an opportunity to network, socialize, and enjoy tasty food and drinks. In attendance were Associates Committee members and Social Workers from diverse agencies and programs such as Swedish medical group, Sound Mental Health Community Networking Program

and Valley Cities Meridian Center. Topics of conversation included accessing supervision towards licensure, the upcoming, revitalized WSSCSW Mentorship Program, the Washington State licensure process, licensure exam prep, the federal student loan forgiveness program and networking with clinicians who can advise on building private practice. The Associates group meetings are a great way to meet people, connect with information and resources, and grow in your profession.

**Please join us for our next meeting, scheduled for September 26, location TBD. We hope to see you there!**

The Associates Committee would like to give a special thank you to Josh Cutler who recently stepped down from the committee. He has been extremely supportive of associate members in recent years.

Thank you, Josh!

# What's All the Hype About Mindfulness/Somatic Practice?

Shirley Bonnie, LICSW

I am a very old clinician by now, and I am trying to learn new tricks! Actually not tricks at all, but a way of working that incorporates what all of us as clinicians have experienced for years: some issues are not accessible through words. I have in my more than 40 years of practice always been frustrated by the lack of power verbal interpretations sometimes have. And while there have been various theoretical approaches incorporating the soma or body into therapy, my training and background in psychoanalytic theory in many ways “outlawed” the use of the body, so I did not get involved with them. Certainly the idea of physically touching a client was forbidden.

In the fall of 2011 I began training with the Sensorimotor Psychotherapy Institute, which was begun by Pat Ogden in the 1980's. In January I attended Pat Ogden's workshop which the Northwest Alliance for Psychoanalytic Study sponsored. I was so moved by the presentation and videos of Pat's work that I felt compelled to learn more. I was also relieved that even though Pat herself uses touch very comfortably with clients, there is no need to do so when using sensorimotor psychotherapy (from here forward referred to as “SP”). The acknowledgement of that made it more palatable for me to move forward, given that a complete taboo of using touch with clients was embedded in me so early in my training. I clearly held that taboo in my own body. If I had thought I would need to change that to utilize SP, I would likely not have moved forward with this technique.

I quickly learned that some of what I had been doing all of these years was actually re-traumatizing for clients. I had experiences where a client would get flooded upon entering my

consulting room and I would patiently try to understand what might be causing that, but what I did not understand was that the cause was actually the psychotherapy itself. This happened more often with clients who were very intellectually capable, had experienced significant early trauma and talked about their trauma in ways that led me to believe they could handle in-depth verbal exploration. The client would seem to be “with me” as we explored their experiences, but as I gained



more understanding of the ways people manage trauma, I realized I was often encouraging a “hypoaroused” or somewhat disassociated state. In spite of the client's ability to talk intellectually, he/she was not stably present with me.

Beginning SP training focuses on a neurobiological understanding of the presenting problems of clients who have experienced significant trauma, often preverbal in nature, which is held biologically and causes significant “affect dysregulation.” So what I began to appreciate is that while my psychodynamic training had encouraged free association which was seen as beneficial, sometimes such associations actually took a client to a very “dysregulated” state. I further began to appreciate that when a client is “dysregulated” they

do not have access to cognitive function. As a result, they don't have a mind with them to help make sense of or process the information. If they are not able to process the information, it only further traumatizes them.

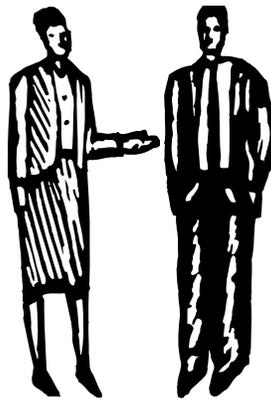
This was certainly a painful realization on my part. Though I was doing the best I knew how, I had actually caused people to be re-traumatized. I was able to make repair with a current client at the time of my training, and it was amazing to experience the power in our work together as I connected with the hypoarousal she was displaying in the therapy hour and utilized SP interventions to bring her to a place of neurobiological regulation, allowing us to maintain our connection. Trauma with her mother had caused her to disassociate or “go away” to emotionally survive her mother's verbal abuse. When work I thought we were doing together got too overwhelming, she had to utilize her survival defense — and I did not even notice. The client's mother was a very narcissistic person without capacity to notice her daughter's needs, and I was recreating a similar experience.

SP focuses on paying attention to bodily clues that I had never been encouraged to notice. It is embarrassing to admit my lack of attention, as now it seems so automatic to attend to such information. SP taught me to track how trauma is held in the body and how to name what appears to be happening in a client's body in the moment, so both of us can begin to tune into and deepen the connection to such experiences. This requires a level of mindfulness that can be enhanced by directed mindfulness interventions used to help the client maintain a level of emotional regulation, or move back to a level of emotional regulation when it is clear that something has

*continued on page 13*

triggered the client and taken him/her to a less than optimal level of emotional regulation. Interventions in the SP model are often put forward as experiments, with the idea of being curious to see “what happens if.” These “experiments” often involve something to do with boundaries, using space, pillows, or yarn to establish an actual boundary. Boundaries are a part of what humans need to feel safe, but if someone had caregivers who did not respect any sort of boundary, that person will not have an internal felt sense of a boundary, or might have a very rigid boundary.

A client who was adopted at 3 months of age accessed records indicating he was in four different foster homes prior to being permanently adopted. He experienced his adoptive mother as very needful, always demanding he be close, which he resented and resisted. As an adult he was irritable with partners/spouses when they wanted to be close. His third wife insisted they come for couples’ counseling because of this problem, but after the initial session said she was no longer willing to work on the relationship. He understood my assessment and was interested in addressing the problem. After several sessions, as we talked about his “prickly” (hyperaroused state) responses to closeness, I asked if he would be willing to do an experiment where he would stand at one end of my consulting room and I would stand at the other end, I would move toward him and he would put up his hands up to indicate when I should stop. Just the idea of this experiment was too uncomfortable for him. When I asked how he knew that, he reported tightness in his chest, sweating, shortness of breath and rigidity in his arms and legs. His agitation was visible and I noticed his legs getting rigid. It reminded me of the way an infant who is overwhelmed stiffens. I invited him to focus on his legs and wondered what those legs wanted to do. He said he



didn’t want to say, but then acknowledged he wanted to kick me. I encouraged him to go ahead and kick into the air, inviting him to pretend he was kicking me if that was useful. We talked about kicking and/or stiffening being a resource available to a three month-old, and how the trauma of losing several caregivers in such a short time left him afraid to connect with or be held by his adoptive mother. He became tearful, which brought the rigidity and wish to kick me right back into the room. Since then we have worked with other “experiments” wherein he has control of the proximity and distance between us. He has realized he can control how close he allows people to get. He is able to communicate his need for space to his new partner, rather than get irritable and hostile. He has developed the ability to be mindful when he is becoming hyperaroused, and consciously use physical exercise to help manage the hyperarousal and dissipate feelings of wanting to “jump out of my skin.” This brings him to a level of emotional regulation that allows his mind to be present again.

The exercise, and even just proposing it, allowed us to be together around his hyperarousal and re-experience of trauma as he anticipated I might move too close to him. He is a very bright, intellectually savvy man who I believe would never have been able to access

his experience without my inviting something physical to happen between us.

Sensorimotor Psychotherapy’s first phase focuses on stabilization through affect regulation, noticing and understanding the survival defenses a client learned to use in the face of early trauma, and how that traumatic memory continues to be held somatically. With clients whose early history involved recurrent trauma by caregivers, stabilization may be the consistent focus of therapy. SP addresses the differences in somatic treatment approaches for clients with secure, ambivalent, avoidant and disorganized/disoriented attachment patterns. When clients have more secure attachment patterns, therapy can move beyond stabilization, helping clients connect more deeply to their own emotions. SP utilizes methods to track and name developmental and attachment patterns, which allows clients to make meaning from the “bottom up” such that they become more attuned to their body postures and physical action patterns, and understand how these patterns reflect their early attachment experiences. The consultation room becomes a space of relational mindfulness between client and therapist where both verbal and physical experiments are used to address the legacies of attachment.

One verbal experiment uses a “probe,” a thematically relevant phrase stated by the therapist. The purpose is to see what mental or emotional obstacles are evoked by the phrase, rather than convincing the client of the truth of the statement. A client whose mother was a friendly, outgoing and popular was consistently critical of the client’s hesitant, shy, avoidant traits. When the client ventured out to connect with people, and express excitement that “someone liked me,” her mother would say things like, “Don’t make a mountain out of a mole hill.” Such interactions with her mother

*continued on page 14*

left the client with a negative “core belief” that she is unlovable. As a result of this firmly held belief, the client had no ability to take in or hold positive regard for herself. Even when given a prestigious award at work, she couldn’t recall anything that was said about her; she could only think about people she failed to thank, ways she looked foolish, etc.

During a session following a visit to her mother, she recalled how critical her mother had been of her wish to go out in a snow storm to help a woman whose car was stuck. Even though thoughtfulness was something she sometimes recognized with tentative pride as a strength, in the face of her mother’s criticism she withdrew into her “patterned emotional response” of intense self-criticism. After connecting and finding our way to a mindful space I said, “May I say something to you and see what happens inside you as I say it?” She responded positively. I paused, quietly said her name, and “You are lovable

just the way you are.” She immediately began to cry saying “I’m not lovable unless I am just like my mom.” I noticed her foot tapping and asked, “Can you tell what is happening in your foot?” She acknowledged that her foot wanted to move. I encouraged her to stay with that movement. As her foot moved more intensely I said there seems to be a lot of energy in the movement. I wondered aloud if there were any words that came with that movement. She laughed a little, saying “I don’t think my foot believes my mom...maybe it believes you...” I was careful to contain my enthusiasm about her comment, as being too celebratory typically took her back to the patterned emotional response that provided her safety from her mother’s criticism: to criticize herself before anyone else can do it. Instead I invited her to sit with these words: “Your foot might think you are lovable just the way you are...” She cried quietly and said tentatively, “Maybe, but that feels scary.”

I hope this article has conveyed a flavor of what Sensorimotor Psychotherapy offers to the therapeutic experience. I am glad I am opening myself to try to integrate powerful new ways of working with clients. My hope is that there will be another article written by someone who has experienced a different school of training in mindfulness-based somatic work. SP is but one of a number of modalities working toward the integration of neurobiology and psychology. We are fortunate to live in a city so rich in opportunities for training. If this article has piqued your interest in SP training, there is an advertisement in this issue about the next opportunity for a Seattle SP training in December, 2016.

*We invite you to respond to the author’s ideas and continue the discussion with letters to the editors, and on the listserv.*

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ORLANDO

*continued from page 3*

people and homophobia may continue to be made surreally incidental to their own story, Omar Mateen will also likely be made ‘the other’--all will become a marshy soup of ‘radicalization,’ ISIS operatives,’ and briefings by law enforcement sources.

But Omar Mateen’s anti-gay hatred wasn’t beamed in from Syria. It birthed and grew right here....If both Trump and Ryan, and their colleagues, really want to ensure the “victims & families” will not be forgotten, they would do something to ensure their party stopped attacking LGBT people, they would actively fight for equality.

Please, no more “thoughts and prayers,” unless they come with a vocal recognition of this as an attack against LGBT people in an LGBT bar.

Please, no more talk of the Pulse as a “nightclub” without the word “gay” or “LGBT” attached to it. Please, no more talk on this being an “attack on all of us” unless LGBT people are accorded the same rights as everyone else.

*We invite you to respond to the author’s ideas and continue the discussion with letters to the editors, and on the listserv.*

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## BOOK ANNOUNCEMENT

# From Reverie to Interpretation: Transforming thought into the action of psychoanalysis.

Dana Blue, LICSW, FIPA and Caron Harrang, LICSW, FIPA

**T**wo longtime WSSCSW members, Dana Blue and Caron Harrang, are proud to announce the publication of their book, *From Reverie to Interpretation: Transforming thought into the action of psychoanalysis* (Karnac 2016). This compilation was authored by the presenters at the tenth International Evolving British Object Relations Conference sponsored by Northwestern Psychoanalytic Society and Institute (October 2014). If you missed the conference you don't have to miss out on the diversity of thought on this clinically relevant topic available in this collected works manuscript. The book is available for purchase on Amazon. You can also select NPSI as your charity of choice through Amazon Smile and the organization will receive a small donation with each book sale.

### Excerpt from the Book's Introduction

Seattle is located on Elliot Bay, an incursion of the Pacific Ocean into the northwestern corner of the United States. Living and working between the vast ocean and ranges of mountain, this geography shapes us. We are informed by the oscillating movement of this great restless body of water in association with the surrounding rugged peaks. Our maritime weather is shaped by the interplay of ocean, sky, and mountain.

In this context, we began to wonder about the dialectic between reverie and psychoanalytic interpretation. Was it possible to locate the action of psychoanalysis, to map the terrain wherein the receptivity of the analyst to the analysand's communications is transformed into interpretative speech? ...



### What is Psychoanalytic Reverie?

Building on the works of philosophers, particularly Rousseau who thought of reverie as an optimal method to discern otherwise inaccessible truths, Wilfred Bion (1962) transported the term reverie into psychoanalysis, and developed a bi-personal psychology with reverie at its core. He described a state of mind that occurs between an infant and his mother, where the baby's anxieties and terrors, transmitted via projective identification, are met by a mother's emotional receptivity. In optimal circumstances she transforms these baby-worries, and returns them to her infant enhanced by understanding. Gradually, the baby internalizes not only the de-fanged anxieties, but, in time, the ability to make his own sense of the world. In Bion's conceptualization, this process is analogous to a

process that can transpire between analyst and analysand. The clinical use of reverie has wide implications for psychoanalytic practice.

In psychoanalysis, reverie is a much larger and more profound word than in its everyday incarnation of "thinking about pleasant things." If the analyst opens herself to provide a gestational space for otherwise inaccessible truths, any variety of emotion can be engendered. Psychoanalytic reverie reaches toward the notion of the sublime in that it spans the range between terror and awe...Whether in art or psychoanalysis, reverie is the first step in an evolving dance. Eventually, the products of reverie must be expressed in a poem, a sculpture, or other work of art—or in a psychoanalytic interpretation. The transformation of reverie into the action of psychoanalysis, interpretation, is the subject of our book.

*We invite any of you who may be interested in the topic of reverie to join us for a book reading and party sponsored by NPSI on September 10, 2016 (5-7 p.m.) in the office and home of David and Jeanne Jachim. For additional information or to RSVP please contact NPSI Administrator Hollee Sweet at [admin@npsi.us.com](mailto:admin@npsi.us.com) or by calling (206) 930-2886. There is no charge for this event, but space is limited, so please RSVP now to make sure we'll have the pleasure of your company at this celebratory event.*

# BEST OF THE LISTSERV

*“BEST OF THE LISTSERV” is a recurring series in our newsletter, highlighting relevant and thought provoking conversation threads from our listserv. The listserv is an important benefit of membership. As a go-to tool in our clinical toolbox, it keeps us connected and enables us to support one another as we request resources and referrals, discuss challenging subjects, and share what matters to us as engaged social workers.*

## Insurance Audits

For clinicians who bill insurance companies, it has been hard to ignore the recent upswing in audits involving client information. As our legislative consultant Laura Groshong, LICSW, points out, this is in part related to requirements of the Affordable Care Act.

Members have been posting to our listserv, wondering how best to respond to audits. Laura reminds us that if a clinician experiences problems as a result of an audit (i.e. denial of care), to let her, the Attorney General and Office of the Insurance Commissioner know immediately. Laura also posted an article written by Barbara Griswold, LMFT, who specializes in helping clinicians navigate insurance. We think it is worth another read.

## 10 Tips for Responding to a Records Request

Barbara Griswold, LMFT  
Reprinted with permission.

Many of us have practiced for decades without a health plan asking to look at a client's chart.

But lately, providers are having the new experience of receiving records requests from third party companies hired by health plans including Anthem Blue Cross, Blue Cross/Blue Shield, and Aetna.

Hopefully you read my articles about Equicclaim's 90837 CPT code provider profiles which included a threat of records review (if you missed those articles, go to [www.theinsurancemaze.com](http://www.theinsurancemaze.com)).

However, the latest batch of record requests is



from third party companies including Inovalon and Episource, and is related to risk adjustment audits under the Affordable Care Act (ACA). In risk adjustment, information from health care providers is used to determine the severity of illnesses and treatment costs for members in each plan. As a means of balancing risk between insurance companies who sell insurance on the ACA marketplace, health plans that have a greater number of lower risk ("healthier") members are required to transfer funds to plans that have a greater number of higher risk ("sicker") members.

The good news, then, is that this review should not be focusing on the medical necessity of treatment, or on recouping money from therapists, its stated purpose is to get a snapshot of the severity of the illnesses of the chosen clients as mandated by the government.

**So if you get a records request, what should you do?** There is no right answer here. But here are 10 tips when considering your response:

**1) Check what your professional ethics codes and state law say** about releasing records.

**2) Consider notifying your client.** The letter may state that HIPAA doesn't require client notification prior to release, yet many ethics codes and state laws require this (while usually federal law supersedes state, if state law is stricter, it will control).

**3) You could ask your client how they feel about the release.**

After all, it is their record. Document the conversation in their chart, and get a written release if they approve it. If your client doesn't want you to release them, you might inform the plan that you are reluctant or unwilling to go against your client's wishes.

**4) You might say you will comply once the plan has addressed state laws regarding records release.** For example, California Civil Code 56.104 (a) (1) through (4) requires the

plan to state: the specific information requested, the specific intended use, the length of time the information will be kept before being disposed of, a statement that the information will not be used for any purpose other than its intended use and when the records will be returned or destroyed, and a statement that the entity will destroy or return the information before or immediately after the time has expired.

**5) You might even ask for a new release.**

The Inovalon records request I received asked for *SOAP notes* and summaries related to surgical procedures, consultations, pathology, laboratory, and discharge -- none of which I have. Clearly this request is primarily used for medical providers. While the Inovalon representative I spoke with said they wanted progress notes and all documents related to diagnosis and prognosis. However, since none of these was listed on the request, I could ask for a new written request specifically requesting these items.

**6) If you keep separate psychotherapy notes, as defined by HIPAA, don't release them.** Unlike progress notes (which include session start and stop time, treatment type and frequency, diagnosis, treatment plan, symptoms, prognosis, and progress), psychotherapy notes are kept separately, and afforded greater privacy.

**7) If you feel the release was adequate, and you release records,** remember to only give the *minimum information necessary* to fulfill the request. Releasing more is a HIPAA Privacy violation.

**8) If you do release records, and you are unable/unwilling to make the copies yourself** you can contact the requesting party and they will typically send someone out to make the copies. Also, while this is not advertised, you can get sometimes get reimbursement for time spent complying with the request. The Inovalon representative I spoke with told me reimbursement is on a case by case basis — for more information, contact them.

*continued on page 17*

**9) No matter what you do, be sure to respond in some way to the request.** Especially if you are a network provider, in your contract you may have agreed to cooperate with the insurance company concerning requests for information. It may be unwise, then, to ignore or dismiss a request or to be hostile in your response. It may be better to promptly respond to the carrier's request, clarify the nature and the purpose of the information being requested, and to request the information that is legally and ethically required prior to the release.

**10) Do you cringe when you think of someone reading your notes?** Vow to start keeping better records — now. Remember that well-written notes could serve as your best defense in a disciplinary or ethics complaint -- or to help your client in a future treatment review. Contact me if you'd

like to schedule a (non-judgemental) consultation on improving your note taking. Also, I'm hard at work on a webinar focused on what should be in your client notes and how to write notes that say all you need them too without spending hours writing them.

Griswold, B., LMFT. 10 Tips for Responding to a Record Request. Retrieved July 11, 2016, from <http://navigatingtheinsurancemaze.com/>

A book, *Navigating the Insurance Maze: The Therapist's Complete Guide to Working With Insurance – And Whether You Should*, is available for purchase on Amazon and through Barbara Griswold's website: <http://navigatingtheinsurancemaze.com/>

## NEW MEMBERS

The Membership Committee wants to welcome these new and returning members (list includes new members as of June 22, 2016). We look forward to meeting and getting to know each one of you.

- Danielle Baird**
- Anna Bautista**
- Robyn Callahan**
- Karin Conner**
- Julie Franks**
- Nicole Hollinsworth**
- Lisa Kennedy**
- Jenni Linder**
- Maggie Mathew**
- Sarah Matlock**
- Janet Moore**
- Bart Ozretich**
- Wend Pacifici**
- Carrin Perez**
- Andrea Razook**
- Jonathan Siehl**
- Jamie Weber**
- Hez Wollin**

## NEWSLETTER VOLUNTEERS WANTED!

Are you interested in developing your writing and editing skills? The newsletter is seeking committee members. There are many ways to participate including editing, outreach for content and creative input!

Please contact editors Emily Fell and Lynn Wohlers for more information at [Newsletter@wsscsw.org](mailto:Newsletter@wsscsw.org).

## Part-time Therapist Opening at Shepherd's Counseling Services

Shepherd's Counseling Services ([shepherdstherapy.org](http://shepherdstherapy.org)) is accepting applications for part-time contract therapists at this time. Applicants for this position must be fully licensed and have experience providing individual therapy for adults with childhood sexual abuse. Group experience or willingness to learn is preferred. Shepherd's offers on-going training and consultation in a very supportive and collegial work environment. Please send cover letter and current resume to: [brook@shepherdstherapy.org](mailto:brook@shepherdstherapy.org).

## Benefits of WSSCSW Membership:

- Access to our email listserv for **convenient consultation, resource gathering and referrals**
- Advocating and tracking of **legislative initiatives** through our legislative correspondent
- Opportunities for **professional networking** and comradery
- Free/Reduced rates for **CEU events**
- **Discounted CSWA** (Clinical Social Work Association) membership
- Special Opportunities for **Students and Associates** to learn and grow
- Participation in the latest clinical conversations through **Clinical Evening Meetings**
- Free/Reduced rates for **CEU events and conferences**
- Participation in stimulating clinical conversations through **Clinical Evening Meetings**



# SENSORIMOTOR TRAINING

## Sensorimotor Psychotherapy Institute

*LEVEL I: Affect Dysregulation, Survival Defenses, & Traumatic Memory*

TAF Bethaday Community Learning Space  
605 SW 108th St.  
Seattle, WA 98146

**Start Date: December 2, 2016**

(Training consists of approximately 80 contact hours)

**Trainers:** Anne Westcott, MA, LICSW, and Rochelle Sharpe Lohrasbe, PhD, RCC

**Discounted Registration for groups of 3 or more**

**More info:** [https://www.sensorimotorpsychotherapy.org/discount\\_policy.html](https://www.sensorimotorpsychotherapy.org/discount_policy.html)

### About the Program

The body's intelligence is a largely untapped resource in psychotherapy. Few educational programs in clinical psychology or counseling emphasize how to draw on the wisdom of the body to support therapeutic change, leaving therapists mostly dependent on the verbal narrative.

**The Level I Training**, first of three in SPI's Training Program, provides participants with foundational Sensorimotor Psychotherapy<sup>SM</sup> skills that can be used to explore the somatic narrative that is arguably more significant than the story told by the words. By tapping into somatic expressions participants can illuminate implicit processes that shape the brain and body and communicate meaning that not only influences the manner in which content is formed and expressed, but may also essentially determine the content itself.

## CLINICAL SOCIAL WORK ASSOCIATION MEMBERSHIP

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

Please consider complimenting your WSSCSW membership with a CSWA membership.

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

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