



FALL 2010

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PRESIDENT'S MESSAGE

Greetings and happy fall

From the desk of the new and still learning president

BY CAROLYN SHARP

It has been a whirlwind few months in getting up to speed as your new president. Past President Rob Odell did such a fantastic job handing everything off. He made sure there were no urgent crises, but I have had a steep learning curve nonetheless! As some of you know, my year as president-elect was spent addressing a family health crisis, and Rob and the board were incredibly generous in allowing me to focus on my family. As a result, I did not give the Society my full attention in the year leading up to me taking the reins. Crisis passed for now, I am getting fully brought up to speed on the many aspects of this organization. Here I will share what I have been focused on in the last few months, and what I am learning in the process:

Membership renewal

As everyone is aware, our membership renewal drive ended on September 15. Thanks to the tireless work by Theresa Rogers, Aimee Roos, Kate Witt, and Rob Odell, we successfully moved to an online member-

ship system, Wild Apricot. This system will allow us (and you!) to more efficiently manage our member data, reducing the chance of human error that was a source of frustration for many years. However, the renewal process was a bit challenging in the transition to this system. As a result, I had the opportunity to talk to many of you during this

time. I called about 80 members who had not renewed by our first deadline to make sure everyone had what they needed to renew.

The experience of talking to so many of you was priceless. So many of you were incredibly gracious and

kind, even as I interrupted your holiday weekends (even spoke to one of you mid barbeque!) and spoke of the value of membership. Others were generous and thoughtful in their candor, speaking about their frustrations with their membership and their ambivalence about renewing. Getting the opportunity to hear this feedback and to share my thoughts was invaluable. Thank you to all for sharing your time and your feedback with me, both positive and

**All are
instrumental to
our health and
growth.**

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The Washington State Society for Clinical Social Work was established in 1973 and incorporated in 1988 as a 501(c)(6) to promote and advance specialization of clinical practice within the social work profession. It is an organization of clinical social workers practicing in a variety of settings including mental health clinics, family service agencies, hospitals and medical clinics, and private practice in the state of Washington. Its members span the professional life cycle from students and new professionals to mid-range, seasoned, and retired clinicians.

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

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

PRESIDENT'S LETTER

continued from front page

negative. All are instrumental to our healthy growth. Please keep it coming! Email or call me anytime with your thoughts.

I cannot speak highly enough of the work of Theresa, Kate, and Aimee in this process. Those three have worked their tails off in the last eight weeks, preparing for and carrying out what is always our busiest work. This was incredibly successful as all of you are now accurately in our system and signed on, so future renewals will literally require just a push of a button. Additionally, with this new system our Professional Development events will have online registration, making signing up a breeze!

Professional Development planning

As you all know, our organization's year runs from July to June. Professional Development kicks off the year with the Associates Committee's Dinner (formerly known as New Professionals) in October and proceeds with a mix of Clinical Evening Meetings, short courses, and conferences. To

get up to speed with the workings of this committee, I have hosted and participated in a couple of the planning sessions for the year. This is an exciting committee to work with! Having a dialogue with such inspired and energetic colleagues has been a rich process (also helped by the delicious food and wine we had!) in which the committee has developed a very exciting year of programming. The committee has successfully planned the year's worth of programming, including an exciting conference for May 13-14, 2010, with an internationally renowned author and clinician. Look for more in the pages that follow. If you are interested in stopping by one of these planning meetings to add your energy and ideas, please contact Sara Slater. It really is energizing professionally.

The new and improved WSSCSW website

With the transition to Wild Apricot for our membership management, our incredible webmaster, Kate Witt, has been building a

WSSCSW newsletter is mailed quarterly to members of WSSCSW. Deadline for the next newsletter is **March 11, 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.

new and better website for us. All of the board has been working hard at updating the content to make it all current. I have been editing and working with Aimee and Kate to make sure it is consistent and comprehensive so it is a more useful tool to you and to the public about who we are and what we offer. Look for an announcement soon letting you know that the new website is live and running. We currently have two websites: one is our current (and outdated) site, and the other is the parallel site where the new information is being updated. In the next week or two, these websites will be merged and you will be taken to the new site automatically. With the newly updated website, you will be able to access a wealth of information and soon be able to register for clinical evening meetings and conferences right on our website.

Legislative work

It is a very busy and very critical time for us in Olympia, in Washington, D.C., and in our backyard. Laura and Lonnie (our super heroic lobbyists) have been incredibly patient and gracious with me, helping me get up to speed in all the issues they are juggling in this election year. With a budget crisis at both the state and federal level many of the programs for our clients (and which pay for many of our services) are under attack. Additionally healthcare reform is constant and dramatic. Changes are in process at all levels, which will impact our delivery of mental health services significantly in the coming years. At the same time, the transition from

Uniform Medical Plan to Regence is underway and offers some significant challenges to us. Laura and Lonnie are incredible advocates for us and continue to work vigorously to protect our interests and the needs of our clients through these changes and challenges. I attended a meeting with Laura and representatives of other mental health disciplines to talk to Regence about their plans for the transition. I am confident that Laura and Lonnie and our peers will provide the best possible outcome for us and for our clients.

Summary and plans

As I have participated in all of these projects and processes, I have quickly developed a more profound understanding for the wealth of knowledge, experience and passion our organization possesses in its 220-plus members across the state. The vital piece of information I have garnered in this, primarily in my conversations with those of you I talked to during renewal, is the desire for a better sense of connection to your peers. While many of you have established connections to some of your peers, there is a felt sense of disconnect to the larger group. This remains my mission for my time “in office.” I want to establish a strong sense of community and connection within our organization: to provide the means to reach out through the website, listserv, and more importantly through the events we host, with confidence that you will find a common sense of purpose and shared experiences, even with the great diversity of practitioners here. Ours is an often isolating and highly challenging profession: we all need

support and community to better serve our clients and grow ourselves. We have a wealth of caring and committed professionals here, so it is an exciting prospect to think about building better connections.

So to that end, this year we will begin offering more casual social opportunities. Offered quarterly, board members who work in different mental health fields will offer happy hours or coffee hours to learn more about WSSCSW and to get to meet each other. Look for one of these in December or January to focus on legislative topics. This will be an opportunity to hear about changes to healthcare that impact our clients and our practices, as well as a time to chat with Laura Groshong, learn from her incredible expertise, and get to meet your peers. Prior to that, I will host a new member “meet and greet” to welcome our newest members, and provide an opportunity for those newest members to meet us. Please look for a save the date for both of these to come in the coming weeks. Please join me in connecting to your community of social workers and creating a home for consultation, support, and fun!

Best wishes for a productive and peaceful fall, and thanks for reading! ♦



Calling all volunteers for the Associates Program

BY LYLA ROSS

Ever considered finding a way to give back to your colleagues who have just completed their MSWs and are on their way to licensure? Think you have knowledge, skills or abilities that would be valuable to share with those who are looking for professional support in the first five years post graduation? Do you have a special interest in the Associates Program? Well ... now is the perfect time to act on those thoughts!

If you have been following the posts on the message board or are an approved supervisor or mentor within the Society, you have no doubt read about the Associates Program Committee within our Society. This committee provides various types of support for our associates within the Society as well as in our community and has been a valuable part of growing our Society membership over the past ten years. This coming year, we are looking for folks who would be interested in participating on the committee to fill a few important roles. Here are the committee positions we are hoping to fill:

- **Educational liaison.** This person would continue to build on the relationship our Society has with UW School of Social Work (both Seattle and Tacoma campuses) and other schools of social work throughout the state. This person may also help to increase the connections between the members

of our Society and the schools of social work to help provide and enhance clinical training and education through guest lectures and workshops. This is an important role within the Society as most graduates learn about the Society through these partnerships.* This person may also take on the responsibility of coordinating the Outstanding Student Paper Award, although this particular task could very well be a distinct role within the committee as well.

- **Outreach coordinator.** This person would meet and greet new associate members (over the phone, in person for coffee, or elsewhere in the community) to answer questions about the Society and how to build a professional home while working toward licensure. This person would also introduce those members to folks within the Society who might already be working within their clinical niche.

- **Supervision/mentorship coordinator.** This person would be the contact person for our approved supervisors and mentors within the Society. Over the years, this job has been quite labor intensive as our list was kept in hard copy form only. Now, with the new website and membership database, this role should require much less work. Our members will now be able to choose whether or not they would like to be listed as an approved supervi-

sor and/or mentor online within their membership listing once our coordinator has confirmed approved supervisor status. (More information to come about how to get listed as an approved supervisor and mentor at the supervisor/mentor brunch on November 6.) This person would also coordinate mentorship groups—keeping track of folks who are interested in joining or leading these groups.

If you are interested or would like more information about ways you could support our associate members, please feel free to contact Lyla Ross (current Associates Program Committee chair) at lylaross@hotmail.com or 206-226-5952.

** All types of Society members are encouraged to inquire about the committee and the above-mentioned roles. Mixed makeup of this group has provided much richness in ideas and progress in the past! ♦*



Our shared journey: This year in Professional Development

BY SARA SLATER

Your Professional Development Committee is delighted to announce our calendar for the 2010–2011 year in professional development! With the objective of building community and creating opportunity for dialog, we are thrilled to present a unifying theme, which draws on the experience of all segments of our membership, from our wise, mostly younger associates to our giddy almost-retirees! Entitled “The Journey of the Clinical Social Worker: A look at the development of the Clinician across stages and events spanning a career,” we will explore the changes and challenges that shape us as clinical social workers across our careers.

Following the kickoff of our associates dinner on October 21, which welcomes our newest members into the field, we will present a series of four Clinical Evening Meetings looking at stages of our practices and life events that shape them and how we as individual clinicians grow and adapt. These evening meetings will draw on the wealth from within our membership. They will be an assembling of diverse practitioners from different stages of career and various practice specialties to discuss their professional, personal, and emotional growth as clinicians. Both panel discussions and fishbowl-style conversations will foster deep and meaningful dialog between panelists and participants, encouraging a lively and engaging process for all.

(Please see the box entitled “Clinical Evening Meetings” in this newsletter for dates and titles).

To deepen the opportunities for growth and learning, the Professional Development Committee will be sponsoring several short courses, offering more concrete tools to supplement these Clinical Evening Meetings. Entitled “The Business of Practice,” these short courses will offer participants the opportunity to leave with concrete tools for opening a private practice, confronting the challenges of a “digital” world (online billing, Skype, email, texting); and closing a practice (retirement, professional wills, etc.).

Each of these short courses will also include three ethics CEUs, allowing participants the opportunities to complete the mandatory six law and ethics CEUs by attending two of the short courses offered. Dates and details TBA.

This dynamic year will culminate in our spring conference on May 13 and 14, 2011, in which we welcome internationally renowned author, professor and clinician Dr. Jeffrey Kottler, who will lead us in both a small pre-conference evening (open initially only to WSSCSW members) and a full-day conference on the “Journey of the Therapist,” based on two of his bestselling books. Dr. Kottler will provide interactive exercises and dynamic presentations to heighten our learning about ourselves—and the impact of our work on ourselves. Please look for more information about this event as we get closer. Because of his popularity, this promises to sell out quickly!

Lastly, we’ve had a fantastic response to our fledgling WSSCSW Clinical Book Club, which started on Wednesday, October 13. This is a great opportunity for building community and dialog, as well as the perhaps-needed push to read some of those excellent books collecting dust on (my) shelf. We’re using the initial group as a prototype, and hoping to see more than one group start up—especially with Dr. Jeffrey Kottler’s books on the agenda before the spring conference. If you are interested in starting or joining a group, please let us know—we are happy to play matchmaker!

This Professional Development calendar is a work in progress and it only works with your participation, so please be sure to save the dates! If you have questions or would like to get involved (remember, like NPR fund drives, we appreciate all levels of involvement!), please contact Sara Slater at 206-579-1729 or sarajacksonslater@hotmail.com. ♦



Ask the Ethics Committee

BY BRUCE GIMPLIN

The choice for social workers... is not whether their work has an ethical dimension, but whether or not ethical questions are addressed explicitly and how they are explored.

— England (1986)

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 our changing landscape of practice and has been discussed on the Society's listserv. As always, our answer is consultative and not prescriptive and is meant to explore the issue and to bring about further thoughts, discussions, and answers.

Dear Ethics Committee:

In this age of more and more portable communication devices and clients who ask for communications in cyberspace, I am confused about my responsibilities to protect their privacy through this quickly evolving medium. Please help me clarify what I need to do.

Thank you,
Afraid to Press "Send"!

Dear Afraid,

You bring up an excellent question and we will endeavor to assist your search for clarity. The Clinical Social Work Association's Code of Ethics (revised 1997) states that "Clinical social workers have a primary obligation to maintain the privacy of both current and former clients, whether living or deceased, and to maintain the confidentiality of material that has been transmitted to them in any

of their professional roles." This issue is also discussed in a similar manner in the NASW Code of Ethics (revised 2008). Clearly, no matter how the information is transmitted we must ensure that we do our best to protect the protected health information (PHI) of our clients. What are the ways we can protect PHI in cyberspace?

Let's start with informed consent and email. Just as we may ask if we can leave a voicemail on a client's phone line, it is important to ask our clients if we can email them at the address they furnish to us, and to consider how. We should consider how best to have that consent included in our disclosure statements and/or informed consent forms. Important questions include—is the client the only person with access to the email address? What type of information are they willing to receive or discuss over the internet? What does the clinician state in the "subject" line? Before emailing, we need to think about what information is to be included in the body of the message and what is the minimum information needed to communicate the intended message. You may also want to think about how often the recipient reads emails, and consider how your words, as written could potentially be misinterpreted by your client. In closing, what verbiage do we use as a disclaimer footer informing unauthorized recipients to destroy email and respond to us regarding our errant message?

Next, how does the clinician protect email communications from being hacked, or having someone eavesdrop on conversations (either

purposefully or unintentionally)? It is important to consider a strong, updated internet security program to stop viruses and hackers, and/or encryption software. In addition, consider how to protect the information in a public space. Communications from location such as a coffee shop might suggest a privacy screen to stop peepers. A secure login that only you know will protect information in case a laptop or cell phone is stolen or lost.

Finally, how should a clinician keep a record of contact with clients and providers she or he contacts regarding their clients?

If you work at an agency, hopefully the answer to most or all of these questions will be found in your agency's policies. However, if you are in private practice seek advice through a lawyer, your liability insurer, or a computer security specialist. In addition, you may want to access the HIPAA website at www.hhs.gov/ocr/privacy, the CSWA and NASW Code of Ethics, or the Washington State laws for social worker at www.doh.wa.gov/lhsqa/counseling/mblaws.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.



Join in our collective journey

BY SARA SLATER

In the words of one of our Professional Development Committee members, this note serves to “set the table” for our new Clinical Evening Meeting series, “Journey of the Clinical Social Worker: A look at the development of the Clinician across stages and events spanning a career.” In other words, what can you expect when you come to this year’s Clinical Evening Meetings? A little from the “brown bag” days, a bit of the familiar evening format, and a lot from all of you.

In short, we want to draw from the wealth within our amazing membership and to facilitate dialog and community among us. Frequently expressed is the desire to know each other beyond the barest limitations of convenience, coincidence, and listserv participation. Professional Development is a natural for the overlap between continuing education, networking, and socializing. And no matter our “years in the business,” what we all have in common is the journey of growth and change, in which all of us (or perhaps none of us!) are experts. So what can we learn from our collective experience?

Your Professional Development Committee has created an overall theme and four specific topics; we have drafted learning objectives and will provide CEUs for each evening. The format will be part fishbowl conversation, part community-build-

ing discussion. Relevant resource materials and ideas will be collected and shared. What we want is you: folks willing to be “discussants,” to apply your own experience to these learning objectives.

We are looking for about three or four people per evening and would like to represent all stages of practice, from associates to mid-level to seasoned. We would like about ten to twenty minutes of content/perspective from each discussant, and there will be a facilitator for each panel. Check out the box in this newsletter with the Clinical Evening Meeting themes, and ask yourself: what part of the clinical journey most applies to me? How have private happenings or world events impacted my practice or demanded change within myself as a clinician? What has most influenced my own evolution or how I practice social work?

If you would like to participate, or want more info, please contact Sara Slater by email at sarajacksonslater@hotmail.com or phone at 206-579-1729. And whether you see yourself as discussant or audience, we encourage everyone to participate in an exciting series, which we hope will build community and get us all talking to one another! ♦

Save the dates!

Don’t miss this dynamic new series of **Clinical Evening Meetings:**

Tuesday, November 9

Fresh Eyes: Cultivating “beginner’s mind” throughout the clinical life span

Wednesday, December 8

When Life Happens: The impact of personal events on our practice

Wednesday, February 9

Sustainable Practice: Maintaining a healthy practice in the face of economic, political, and professional changes

Wednesday, April 13

End of Practice and Beyond: Reflections and lessons learned

All Clinical Evening Meetings will meet at UW School of Social Work, Room 305.

Thought-provoking book offers fascinating perspective on the divided brain

BY MARIANNE PETERSEN

Last March at the Ninth Annual Attachment Conference in Los Angeles, Dan Siegel, M.D., briefly mentioned a book, referring to it as “astonishing.” A few months later I ordered it and was a bit taken aback. *The Master and His Emissary: The Divided Brain and the Making of the Western World* by Iain McGilchrist is a hefty tome—a well written, researched, and referenced book of 600-plus pages. I gulped and began reading. I also asked the WSSCSW newsletter editors if I could do this book review with its impending deadline for submission so I wouldn’t lose my nerve to keep at it.

In short, this is indeed an astonishing book. I don’t want to oversell it although I admit I already have to friends and colleagues or to anyone who will listen! I hope it is not too strong to say that, at least for me, it has been a life changer. Much of the language I have used comes from the writer himself rather than a rehashing of it by me.

The author, Iain McGilchrist, M.D., is a former English professor at Oxford University and has three times been elected a fellow of All Souls College. He retrained in medicine and became a consultant psychiatrist and clinical director at the Bethlem Royal and Maudsley Hospital in London and has been a neuroimaging researcher at Johns Hopkins University Hospital. He currently practices in London and is a fellow of the Royal College of

Psychiatrists. His thesis reoccurs throughout the book:

... for us as human beings there are two fundamentally opposed realities, two different modes of experience; that each is of ultimate importance in bringing about the recognizably human world; and that their difference is rooted in the bihemispheric structure of the brain. It follows that the hemispheres need to cooperate, but I believe that they are in fact involved in a sort of power struggle, and that this explains many aspects of contemporary Western culture.

The book is divided into sections: “The Divided Brain,” an in-depth look at the research regarding the nature, not just facts of the brain, and its hemispheric differences, redundancies, and properties. I have chosen to write mostly about the first section in this review. Part Two is “How the Brain Has Shaped Our World.” This section explores culture from ancient times through the Renaissance and the Reformation, to the modern and postmodern worlds, and discusses how the once dominant right hemisphere of the brain, with its embodied nature through art and religion, has now gravitated to the left. In his conclusion, “The Master Betrayed,” McGilchrist synthesizes his thesis that there may be unforeseen but ominous consequences for the continuing emphasis on left hemisphere’s narrow values and tendencies.

McGilchrist believes that understanding the differences between the left hemisphere (LH) and right hemisphere (RH)—such as the RH understands metaphor and the LH does not—goes to the core of how we understand our world and ourselves. He states that the kind of attention we pay—and *the two hemispheres do this so differently*—actually alters the world and that “we are literally partners in creation. This means we have a grave responsibility ...”

He raises the question, “how has the LH come to dominate us so badly that we hardly notice its pervasiveness?” This raises some of the fundamental differences in the hemispheres, many of which I had not been aware, such as the fact that the LH can only observe itself, while the RH can observe both itself and the LH, perhaps informing the question raised above. I began to keep track in column form (LH!) of these hemisphere properties so as to begin to view them both separately and how they need to work together (RH!).

A very partial summary of the nature of the left hemisphere could be as follows: it has an emphasis on doing, on things mechanistic, of the “whatness” of things; it is interested purely in functions and can only see things in context. *The LH is not interested in living things.* It does not understand metaphor and deals with pieces of information but cannot see the gestalt of situations. It recognizes the familiar and is not the hemisphere that attends to the

“new,” therefore it searches for what it already understands to categorize and nail down, often with (another of its characteristics) *an unreasonable certainty of itself*. Remember, it cannot observe anything outside of its own confines. Since it prefers the known, it attempts to repackaging new information (if unaided by the RH) as familiar—a kind of re-presenting the experience. *It positively prefers (and defends!) what it knows!* The LH tends to deny discrepancies that do not fit its already generated schema of things. It creates “a sort of self-reflexive virtual world” according to McGilchrist. Additionally, it is “regional” and focuses narrowly. The metaphor for its structure is vertical. It brings an attention that isolates, fixes, and makes things explicit by bringing it under the spotlight of attention. It helps us to be grounded and “in life,” looks for repetition and commonality between things without which we would drift and be unable to understand our experiences since all would be continuously new. It is efficient in routine situations where things are predictable. Without benefit of the RH (seen in studies of people with hemispheric damage), it also renders things inert, mechanical, and lifeless. However, the LH allows us to “know,” learn, and make things.

The right hemisphere’s emphasis is on process, on the “how,” “the manner in which” or the “howness” as McGilchrist puts it. It is interested in “ways of being” which only living things have. I was amazed to learn that the RH does recognize one group of inanimate objects as belonging to the class of living entities, and that is musical instruments! It helps us resonate with other living beings and the natural world, seeing its ultimate interconnectedness. The RH can carefully see things out of their context, it is *global* rather than

regional, is broad and flexible, and as mentioned above, understands metaphor. It sees the gestalt and the wholeness; it tolerates ambiguity and the unknown. Its structure metaphor is “horizontal”; it is spacious and helps us with enough distance so we can observe. In it we experience the live, complex, embodied world of individual, always unique beings, forever in flux, a net of interdependencies forming and reforming wholes, a world with which we are deeply connected. The RH is responsible for every kind of attention: divided, vigilant, sustained, and alertness—except for “focused,” the domain of the LH. It can direct attention to what comes to us “from the edges” of our awareness regardless of the hemisphere side. It alone detects new or novel experiences. It distinguishes old information from new better than the LH. Animals, like horses, perceive new and emotionally arousing stimuli with the left eye (which is governed by the RH). The RH is more capable of a frame shift; think “possibility.” It has flexibility when encountering the “new” and suppresses the immediate impulse to see it as “old.” It actively watches for discrepancies, like a “devil’s advocate.” It approaches certainty with caution and humility. It says, “I wonder” or “it might be” when confronted with information. But it also, without the LH, would create an experience that was always unique, forever in motion and unpredictable. “If all things flow and there is never a repeated experience, then we can never step into the same river twice, and we would never be able to ‘know’ anything.” If nothing can ever be repeated, then nothing can be known.

The frontal lobes, a look at the brain as a whole, rather than hemispheric differences, get special attention in this first section of the book.

As the newest part of the brain, the frontal lobes represent 7 percent of total brain volume in dogs, 17 percent in the lesser apes, 35 percent of the human brain and much the same in the great apes. The main difference between humans and animals is in the proportion of white matter, allowing for the regions to be more profusely interconnected in humans. According to McGilchrist’s reading of scientific literature, the defining feature of the human condition can be traced to our ability to stand back from the world, from ourselves, and from the immediacy of experience. This enables us to plan, think flexibly and inventively, and take control of the world around us rather than to simply respond to it passively. This distance, this ability to rise above the world in which we live, has been made possible by the evolution of the frontal lobes. “To live headlong, at ground level, without being able to pause (stand outside the immediate push of time) and rise (in space) is to be like an animal; yet to float off up into the air is to not live at all—just to be a detached observing eye.”

Periodically throughout the book one can get the sense that McGilchrist is favoring the RH over the LH, but it is really his intent to emphasize how our culture and perhaps the world at large is being shaped by an ever-growing and unacknowledged dominance of the LH. As mentioned above, “each [hemisphere] is of ultimate importance in bringing about the recognizably human world.” He advocates that we develop an intentional RH/LH/RH sequence in approaching anything in our lives, but certainly in our relationships, which include a more than human world. He invites us to consider an approach that begins wide, global, and inviting rather than beginning in a reductionist manner. This beginning

approach takes into account the *who* not just the *what*. The invitation is then more focused, examining regionally the mechanics, the “what” to form a sense of what is perceived and a beginning understanding perhaps leading towards “knowing.” Then concluding with the RH understandings of the wholeness, the interconnectedness of what has been understood, a standing back for the gestalt. Very pertinent, I believe for our work as clinicians. As a side note, McGilchrist cites many of the neuroscientists and their work that are familiar to many of us, notably Jaak Panksepp, Allan Schore, Antonio Damasio, Andy Meltzoff, and descriptions of brain characteristics that evoke the work of Daniel Siegel (and his nine functions of the prefrontal cortex) as well as the concepts of Melanie Klein and Freud.

Is the result of this growing LH dominance over the RH an increasingly dehumanized society where mechanism, bureaucracy, obsession with structure and with “what” predominates over a concern for living things and beings and their interconnectedness? You will be immersed in this question throughout this remarkable book.

I hope one can get the sense of the vastness of *The Master and His Emissary* from this review. I am aware that I cannot adequately convey its richness. While no doubt this book deepens our understanding of the brain and has vast implications for psychotherapy and the understanding of human psychology, it is far more than this. It isn't possible to read this book without a continuing awareness of our political system, the growing dominance of our corporations, the weak assumptions of war, and the uncomfortably growing sense of the “dehumanization” of our world. ♦

LEGISLATIVE NEWS

Update from Olympia

BY LAURA GROSHONG

The following is a summary of issues that currently affect clinical social workers at the state and national level.

UMP and Regence

As most of you are aware, Regence Blue Shield will be taking over the administration of the Uniform Medical Plan on January 1, 2011. This has been a cause of concern for many members on two fronts. First, Regence reimbursement rates are significantly lower than the UMP rate offered when they administered their own plan. As you are also no doubt aware, the state is in a terrible financial crisis. The shift to Regence is mainly to lower UMP costs. Second, LICSWs will need to become Regence providers to continue working with UMP enrollees. The plan at the moment is that anyone seeing five or more UMP clients will be eligible to become a Regence provider if they are not currently on the Regence panel. Anyone who is not seeing five or more UMP clients will not be eligible to join the Regence panel. I would like to hear from any members who do not meet this standard and wish to do so.

Possible changes to outpatient psychotherapy

Several factors at the state and national levels are occurring which may affect the ways that LICSWs conduct their practices through public or private insurance plans. I have put together a survey which will give the Society a better picture of 1) how our members conduct their practices and 2) how you would feel about these potential changes. The

changes are the result of health care reform laws and financial challenges and include more flexibility in how treatment is conducted. For example: reimbursement for phone calls if longer than five minutes, reimbursement for less than 50 minute sessions, reimbursement for phone therapy under certain conditions, and reimbursement for home visits under certain conditions. In the survey we will also discuss the development of “medical homes,” also called “health homes,” and the implementation of electronic medical records which include mental health records. Finally, the survey will discuss formal outcome requirements for reimbursement using a validated outcomes tool. Please watch for this survey and give the Society the input we need to represent your interests.

MH-PAC donations, doorbelling, and phone banking

Many thanks to those of you who have donated to our political action committee, MH-PAC. Some of our champions in the state legislature really need our help. If you are willing to help out by “doorbelling” (going door to door to encourage people to vote) or by “phone banking” (calling people to encourage them to vote), please let me know. Our Society has several members serving as excellent MH-PAC Board members: Barbara Sardarov, MH-PAC Treasurer; Theresa Rogers; Gail Katz; and Samantha Ching. We need more help to cover all the races that need our support. Please let me know if you can help at this crucial time at lwgroshong@comcast.net. ♦

Mental Health Political Action Committee

BY LAURA GROSHONG

Have you been wondering how to pass legislation that supports better access to ethical mental health treatment?

Do you want to elect legislative candidates who support:

- Privacy of mental health records.
- Respect for quality mental health treatment.
- Empowering clinicians and consumers to be heard.

MH-PAC is a political action committee affiliated with Washington State Coalition of Mental Health Professionals and Consumers.

Eight mental health groups in Washington have decided to achieve the above goals by forming a political action committee, MH-PAC, which has made contributions to

the campaigns of candidates who demonstrate a willingness to support ethical mental health treatment for the past 10 years, endorsing over 150 candidates for state office, and distributing over \$30,000. MH-PAC's rate of successful endorsements overall is 93 percent! Political action committees are the most effective way to make our voices heard—by electing candidates who support access to ethical mental health treatment.

The Washington State Society for Clinical Social Work has wonderful representation on the MH-PAC board, with Laura Groshong, coordinator; Barbara Sardarov, treasurer; and members Samantha Ching and Theresa Rogers. Please support their hard work by doing your part and making a donation to this superb organization.

You will also be joining our colleagues in the Center for Object Relations, Child Therapy Association, Northwest Alliance for Psychoanalytic Study, Seattle Psychoanalytic Society and Institute, Washington State Coalition of Mental Health Professionals and Consumers, and Washington Mental Health Counselors Association with your donation.

Our MH-PAC goal for the 2010 election cycle is \$8,000. Please contribute to support our ability to influence legislative mental health policy! ♦

Yes! I want our legislature to support access to quality mental health treatment!

Name _____ Leg. dist (state) _____ (fed.) _____

Address _____

Email _____ Phone _____

Amount: \$100 \$50 \$25 Other _____ I want to be on the MH-PAC board.

Please send your contribution to:

MH-PAC, Barbara Sardarov, MH-PAC Treasurer, 15 S Grady Way, Suite 250D, Renton, WA 98057.

Thanks for your support!



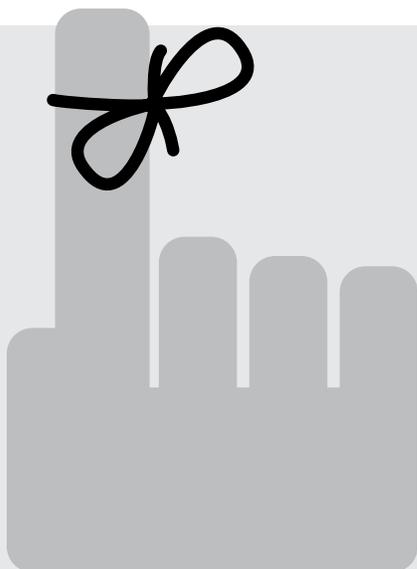
Washington State Society for Clinical Social Work

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Save the date!

Friday & Saturday, May 13 & 14, 2011

**WSSCSW Spring Conference:
“The Journey of the Therapist”**

Featuring **Dr. Jeffrey Kottler**, internationally renowned author, professor, and clinician

- Preconference: Friday evening, May 13, open initially only to WSSCSW members
- Full-day conference: Saturday, May 14

Watch for more information soon. Because of his popularity, this promises to sell out quickly!