



**SUMMER
2011**

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PRESIDENT'S MESSAGE

Happy summer, everyone!

BY CAROLYN SHARP

A year ago, when I stepped into the role of president for this organization, my goal was to create more opportunities for connection and collaboration; to build a community for clinical social workers in this region where growth, learning, support, and enjoyable camaraderie are the norms. I am grateful to your exceptional board in helping to make this happen. Sara Slater, Lyla Ross, Shauna Hill-Silva, Bruce Gimplin, Krista Murtfeldt, Rachel Kirby, Denise Trainer, Theresa Rogers, Laura Groshong, Donna Flynn, and Rob Odell have worked tirelessly with me to create the opportunities for the beginning connections I have seen occur.

This year we had multiple social and professional networking events, from the associates event in the fall, a book club that met twice in the fall, the four clinical evening meetings throughout the year, a meet-and-greet in the spring, our conference in May, and the annual party at the amazing home of our wonderful J'May Rivara. At these events, I have had the great pleasure of meeting many of you and getting to have wonderful, enriching conversations. I hope

that we have created a foundation for many more opportunities like this.

Our newly imagined membership committee will, from this point, no longer need to focus on renewal or member sign up, thanks to the incredible work of Theresa Rogers, who brought us into the digital age and our administrative assistant, Aimee Roos who makes it all happen. Moving forward, the mem-

bership committee will have the opportunity to plan social networking events for members to meet each other and to develop connections that will support our growth as clinicians and as people. If you are interested in helping plan these events, please let us know.

I am thrilled to have had the chance to build a greater sense of community in our growing

membership. We now have over 230 members, 50 of whom are associates, which is a new record, and we welcome all of you. I am really excited to begin our next membership year, and my final year as president. Having set the stage by building a greater sense of community, I am now taking on something that is a

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WSSCSW

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

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

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

PRESIDENT'S LETTER

continued from front page

personal and political passion of mine. I want to reconnect us with our roots in social justice, ensuring that our community of social workers reflect the communities we serve as we continue to grow in our clinical skills, whether in psychodynamic or psychoanalytic private practice, mindfulness practice, behavioral work, hospital social work, agency work, school social work, or any of the other amazing fields in which clinical social workers help people in need.

Over the years that I have been honored to serve on the board, there have been many conversations about the homogeneity of our organization. Stereotype or fact, clinical social workers have historically been predominantly women of the dominant culture, while the people we support with our work are people of many different ethnicities, cultures, religions, sexual orientations, and backgrounds. Unfortunately, our board is no exception to that stereotype, and something we are eager to change. Following a challenging and enriching clinical evening meeting a few years ago

in which "diversity" in clinical social work was on the agenda, our board began an examination of our operating guidelines to ensure we are not directly or indirectly creating barriers to inclusion and support for a more diverse membership. Rob Odell took the lead, sending out a diversity survey to our membership about the experiences and beliefs of our members. This survey informed the newly formed diversity committee, led by Marian Harris, Bill Etnyre, Bridget Aldaraca, Shirley Bonney, and Al Lew. This committee worked to create the diversity initiative, outlining the goals and needs of the organization in this area. Following this, Marian Harris rewrote our bylaws, updating our policies and procedures to reflect our commitment to inclusion.

Concurrent with my work in community building over the last year, I have worked with the board and the professional development committee to integrate this commitment to inclusion into our programming. I asked the PD committee to allow me to set the

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

Classified ads are \$10 for 25 words, \$20 for 50 words, etc. Articles and ads should be emailed to Krista Murtfeldt at **kristamurtfeldt@gmail.com**.

Newsletter design: Dennis Martin Design, 206-363-4500.

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

theme for the 2011–12 program year, which has been titled “Working Across Difference: Cultural Responsiveness in Clinical Social Work.” Last fall, I contacted Derald Wing Sue, PhD, at Columbia University and asked if he would be available to lead a conference for us based on his groundbreaking works on multicultural clinical work and microaggression. He was happy to hear of our work, and I am thrilled to be welcoming him this fall on October 15. Having advised President Clinton and many multinational corporations and organizations on multiculturalism, on which he has won many awards, it is a great honor to host him as our featured speaker, and to begin this year’s programming.

We are all incredibly busy and stretched thin in terms of our resources in both time and in money. We all have interests on which we choose to spend our professional development hours. I support each of you in developing your practice in the ways that feel most meaningful to you. However, I think the topic of working across difference is one that warrants close examination and reflection. It is the differences between us, between our clients and ourselves, that bring clients in the door. Our clients are seeking a different perspective, skill set, and the tools to help them grow and change in their lives. Often, it is the difference between clinician and client that helps us deepen their understanding of the conscious and unconscious dynamics at play, providing opportunities for meaningful growth both in our clients and in ourselves. Further, it is these differences that can create “blind spots” for us in seeing what is happening for each of us and in our clients. It is especially critical for us to look at this topic when the difference present in the clinical relationship

encompasses an area of oppression for the client or for us, as emotional safety is obviously critical to the process.

This is a challenging conversation that often elicits strong feelings, but one which will strengthen each of us as clinicians as well as our larger community. In focusing on the challenges of working across difference, we are attempting to begin a dialogue to make the invisible visible: to look at the processes in our clinical work and in our interactions with colleagues which enhance or create challenges in supporting growth. Dr. Sue will present the latest research in microaggression to set the stage for our later discussions, bringing our awareness to many of the unintended, unconscious processes that may impact our interactions with clients and with colleagues who are different from us in a myriad of ways, particularly in ethnicity, gender, sexual orientation, and religion. Our clinical evening meetings will then bring together local clinicians with both personal and professional experience working across difference, to have more informal and in depth conversations in smaller groups about our experiences. All of this is meant to heighten our awareness to the experiences of our clients and our colleagues who may experience bias or prejudice in harmful ways.

It is exciting to be planning these events. Having worked personally and professionally on issues of cul-

tural sensitivity and responsiveness (two terms that are outmoded), it is a challenging process to examine the ways in which I may contribute to or create barriers to inclusion, acceptance or support to those I intend to help. However, I have found it to be some of the most important work I have done, as I have realized how difference encompasses all of my interactions with “the other” and how raising my awareness to these processes strengthen my clinical work in so many ways. It also is the basis of our chosen profession. As clinical social workers, we made a commitment not only to strengthening the psychological health of our clients, but also to contributing to social justice issues impacting our clients and our communities. It is important that as a clinical advocacy and educational organization, we lead a discussion within our professional community about how we can insure that we are inclusive and supportive to all.

I hope you will all join me this year in furthering our commitment to inclusion and awareness. Please come and participate in the discussions, adding your unique perspective to the process. The more voices and opinions in this area, the stronger we are. We welcome all voices to this process, and I look forward to the growth this year of programming brings to each of us individually and to us as an organization. Many thanks! ♦

Have you moved?

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

wsscsw.org

WSSCSW FALL CONFERENCE

Derald Wing Sue, PhD, to present at WSSCSW fall conference

Coming this fall there will be another exciting opportunity to join your fellow WSSCSW members when we welcome Dr. Derald Wing Sue to Seattle for a full-day conference. Don't miss this incredible chance to see this nationally acclaimed pioneer in the field of multicultural psychology, multicultural education, multicultural counseling and therapy, and the psychology of racism/antiracism.

The workshop will focus on presenting cutting-edge research and perspectives on the manifestation, psychological dynamics, and impact of microaggressions on the well-being of marginalized groups, and will:

- Elucidate their role in assailing the group identities of target groups.
- Reveal how they create disparities in education, employment, and health care.
- Identify common and group-specific forms of microaggressions.
- Suggest strategies to overcome microaggressions on an individual, institutional, societal, and cultural level.
- Present important findings on how to combat microaggressions from a clinical, therapeutic, and mental health perspective.

Particular attention will be devoted to discussing how clinicians can become aware of their unintentional delivery of microaggressions to clients, what they can personally do to overcome them, and how they can teach culturally diverse clients to cope with the many microaggressions they experience throughout their lives.

Derald Wing Sue is professor of psychology and education in the Department of Counseling and Clinical Psychology at Teachers College and the School of Social Work, Columbia

University. He received his PhD from the University of Oregon. Derald Wing Sue has done extensive multicultural research and writing in psychology and education long before the academic community perceived it favorably, and his theories and concepts have paved the way for a generation of younger scholars interested in issues of minority mental health and multicultural psychology. He is author of over 150 publications, 15 books, and numerous media productions. In all of these endeavors, his commitment to multiculturalism has been obvious, and his contributions have forced the field to seriously question the monocultural knowledge base of its theories and practices.

As evidence of his professional impact, Dr. Sue's book, *Counseling the Culturally Diverse: Theory and Practice*, 2008, 5th Edition (with David Sue, John Wiley & Sons publishers), has been identified as the most frequently cited publication in the multicultural field; since its first edition, it has been considered a classic and used by nearly 50 percent of the graduate counseling psychology market. University study of multicultural publications and scholars concluded that "Impressively, Derald Wing Sue is without doubt the most influential multicultural scholar in the United States."

This conference promises to sell out quickly so register now! The conference will take place on October 15, 2011, 8:30–5:00 p.m. Six CEUs will be offered for the day. It will take place at Seattle Pacific University's Upper Gwinn Conference Center. Registration available at www.wsscsw.org. ♦

Transcending our training: The vision of Derald Wing Sue

BY SHAUNA HILL-SILVA

If psychologists believe they need only specialized training, they will never become culturally competent.

— Derald Wing Sue, PhD

Professor of psychology and education at Columbia University, Dr. Derald Wing Sue, PhD, wants clinicians to know that our investment in “cultural competence” isn’t to be taken lightly. When asked in 2006 by the American Psychological Association how a therapist’s lack of cultural competence can impact treatment outcomes, his answer was right to the point: “At best, even if no harm occurs it means . . . clients may not receive needed help. The client simply does not return and continues to suffer. At worst, the therapist may impose his or her values on (the client) and engage in what I call cultural oppression.”¹

Sue contends that expanding our skills and engaging in authentic personal process around oppression, cultural identity, and how we relate to others in the world is essential to ensuring that clinical practice is not only “accessible,” but actually relevant and helpful to all persons who seek it. This concept resonates deeply with clinical social workers, as we are so rooted in our social justice values and grounded by a code of ethics that requires us to provide the highest caliber of service to the most vulnerable and to anyone who needs it. However, when pressed, most of us can acknowledge a discomfort with the disconnect between how

we would we hope to be and who we really are as a profession: less diverse than we would like and still struggling to build clinical tools that fit for clients who are culturally different from their social workers.

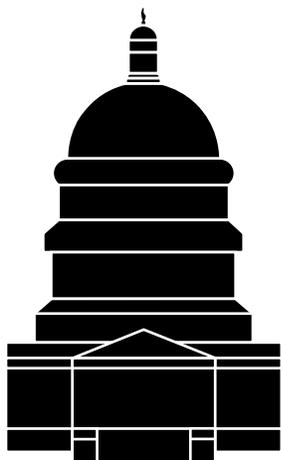
Sue’s extensive work on “microaggressions”—“everyday insults, indignities and demeaning messages sent to people of color by well-intentioned white people who are unaware of the hidden messages being sent to them”—has called much needed attention to the extremely subtle, and often completely unintended, ways that whites and other members of identities that benefit from privilege send derogatory messages to people culturally different from us. While most clinicians strive to be sophisticated in our ability to connect authentically across difference, Sue’s work indicates that privilege and power are always at play in how we relate. Additionally, he notes that it is painful and uncomfortable for those with privilege to take a hard look at this reality: “It’s a monumental task to get white people to realize that they are delivering microaggressions because it is scary to them . . . It assails their self-image of being good, moral, decent human beings to realize that at an unconscious level they have biased thoughts, attitudes, and feelings that harm people of color.”²

Getting a bit uncomfortable is exactly what Sue would like us to do. An important piece of that is formal training through workshops, conferences, and classes, but Sue is insistent that “cultural competence must be obtained through experiential reality.” His hope is that clinicians across disciplines will step into

courageous dialogue not only about our personal biases and how they play out in our work, but how some of the fundamental infrastructure of our very profession is in itself lacking and potentially harmful. “My focus is not only on standards of practice, but the code of ethics . . . Professional organizations . . . don’t want individuals to behave in ways that are unethical, which is legitimate. What happens if these codes are culturally bound and come only from one cultural perspective? What if other cultural groups don’t consider those codes acceptable to them?”⁴

Further exploration of Sue’s models of practice and on the impact of microaggressions can be found in his seminal works, *Counseling the Culturally Diverse: Theory and Practice* (2008) and *Microaggressions in Everyday Life: Race, Class and Gender* (2010). Sue is the featured speaker at WSSCSW’s fall conference on October 15, 2011. Register now at www.wsscsu.org and see the fall conference announcement in this newsletter for more details. ♦

1. Dittmann Tracey, M. (February 2006). Q&A with Derald Sue: Gaining Cultural Competence. *APA Monitor*, 37.
2. Retrieved from www.apa.org/monitor/febo06/sue.aspx.
3. September 2003. Professor Derald Sue Looks at Racism in America. *Columbia University Teacher’s College News*. Retrieved from www.tc.columbia.edu/news/article.htm?id+4525.



Important insurance update!

LEGISLATIVE UPDATE

Changes to Regence administration of UMP mental health benefit

BY LAURA GROSHONG

WSSCSW has been working hard to address the delayed payments, unread treatment reports, and communication problems with Regence BlueShield that have arisen in the past two months. Carolyn Sharp, LICSW, WSSCSW president; Sue Wiedenfeld, PhD, Washington State Coalition for Mental Health Professionals and Consumers president; and I met with several Regence executives on May 4, 2011, and have had regular discussions with Regence, the Health Care Authority, and the Public Employees Benefit Board since then about these problems. The Society is pleased to provide the following information about the difficulties that members have had with Uniform Medical Plan (UMP) patients under Regence's administration.

Thanks to Nicole Oishi, deputy director of the Health Care Authority, for providing the following arrangements with Regence to solve most of the problems:

- All mental health claims that have been made since January 1, 2011, for UMP members will be paid, even if they have been previously denied. Regence is meeting next week to start reviewing all claims and will pay them if a patient was seen once or twice a week. They hope to have all payments made in the next few weeks.
- Regence has not staffed their mental health review process adequately and will approve all requests for additional sessions after the initial 20 sessions up to 52 sessions a year until they have

adequate staffing in place. Clinicians should submit the Regence form found at their website for additional sessions. Sessions will not be denied if a patient is not in severe emotional crisis, as has often happened over the past six months.

- Nicole is reviewing insurance rules and Regence policy on patients who wish to be seen more than once a week. She will let me know if a written contract may be made between the therapist and patient to have the patient pay directly for any sessions over once a week. This practice may be considered an "uncovered benefit" which can be paid for by the patient without jeopardizing the benefit at once a week.

I hope this resolves some of the difficulties that we have had in the Regence administration of the UMP contract. Please let me know if you have any questions. I will let you know about more specific timelines for payment and the ability to bill Regence and the patient for different sessions in the same time period as I receive more information. We will be meeting with Regence in early July to confirm all the details. ♦

Coming soon! Announcing your PD calendar 2011–12

BY SARA SLATER

On the heels of a fantastic year in professional development, in which the theme, “The Journey of the Clinical Social Worker: A look at the development of the clinician across stages and events spanning a career,” was explored in both the small group dialog of the clinical evening meeting as well as the larger format of an outstanding conference with nationally revered clinician, Jeffrey Kottler, PhD, we are already well warmed up for a brand new year!

Thanks to the inspiration and collaboration of a number of your colleagues in the WSSCSW, I have the pleasure of announcing the resulting Professional Development programming for the 2011–12 calendar year.

Led by our past president, Rob Odell, and based on the hard work of the Diversity Committee two years ago, our bylaws were rewritten by Marian Harris, our esteemed colleague at the UW School of Social Work in Tacoma and a veteran private practice clinician. This effort was undertaken to ensure that our community is inclusive to clinicians of all backgrounds and that our education and services meet as many needs and interests as possible. To that end, our current president, Carolyn Sharp, asked the Professional Development Committee to reflect this commitment toward diversity and inclusivity in our programming, and thus, our professional development theme for 2011–12 is “Working Across Difference: Cultural Responsiveness in Clinical Social Work.”

Starting the year off, on October 15, 2011, we are thrilled to welcome a national pioneer in multiculturalism, Dr. Derald Wing Sue from Columbia University, who will be presenting on his latest research on microaggression. Please see the attached description and look for brochures and registration information to be available in the next few weeks. It is a great honor to be welcoming Dr. Sue, and it promises to be a very important training for all to attend.

Following this, we will be presenting a series of clinical evening meetings in which we will examine the ways in which our clinical interactions are challenged by difference. Facilitated by veteran clinicians in this area, each evening will feature a panel discussion about the many facets of working with clients who are different from us in gender, sexual orientation, ethnicity, class, education level, physical and mental abilities, political beliefs, etc. Entitled “Intercultural Clinical Practice Across All Phases of Treatment,” the schedule is as follows:

- Cultural Considerations in Relationship Building — Wednesday, November 9, 2011
- Cultural Considerations in Assessment & Diagnosis — Tuesday, January 10, 2012
- Cultural Considerations in Treatment — Wednesday, February 15, 2012
- Cultural Considerations in Termination — Tuesday, April 10, 2012

The CEM series will be held at the UW School of Social Work, and based on feedback received, we will be alternating Tuesday and Wednesday nights to allow more people to attend. For the first time this year, we offer these as a package to be bought at one time so that attending all four meetings will complete six hours of CEUs.

As we did in last year’s series, we are currently assembling speakers for our panel discussions and will continue to draw from an excellent group of colleagues representing many life stages, backgrounds, and points of view. We are delighted to announce the early commitment to participation of a dynamic and experienced group of clinicians, including, Jackie Kite, LICSW; Jarred Lathop, LMHCA, MPH; Amal Muammar-Hastings, LICSW; John Streimikes, director of Behavioral Health, REWA; Sarah Pullyam, LICSW, MPH; Ann Migettigen, executive director, Seattle Counseling Service; and Alicia Martinez, LICSW.

If any of you are interested in serving on a panel or if you have colleagues who you believe would enjoy such a process, please call or email me with your suggestions.

And be sure to mark your calendars with “save the date!” ♦

Volunteer opportunities and transition to new chair

BY LYLA ROSS

With the number of our associate members rising each year, so too does our programming for this vital group in our Society. I have been preparing for a year now to transition out of the Associates Program chair position so that I may officially pass the torch to Shauna Hill—a person with whom I have much admiration and respect. Shauna comes to this position with many skills and interests that were acquired through her work within the community mental health, hospital/ER, and clinical supervision realms. I believe she and her committee provide a vast array of skills and abilities as well as clinical niches that our associates may tap in to in order to make some headway on their personal clinical career. Don't hesitate to utilize their many talents! I am excited to see what Shauna and her committee will do to keep our associate members connected, supported and listened to. In the meantime, I want to remind you of a few important events and resources.

Keeping with tradition, the associates will kick off the fall with the annual fall dinner reception—a special event geared specifically towards associates, supervisors, and mentors to network, put faces to names, and discuss matters that pertain to navigating life post MSW completion. Stay tuned for your invitation to this fun yearly event!

If you are looking for supervision, individual or group mentorship, or reduced-fee personal psychotherapy, you are now able to access this information online. We have recently

added a public page on our website that provides folks with the ability to access contact information for those members who wanted to be listed as approved supervisors. (Go to main website, www.wsscsw.org, click on “Associate Program” tab and then click on “Approved Supervisor List.” Associate members may also look on the website to find out if there are any active mentorship groups with openings. These are listed under the “Associates Program” tab. If none are listed, you may contact Jennifer Lee, jennifer@jleemsw.com, to find out if any groups are forming.

Lastly, as some of you may know, the WSSCSW board made a decision last year to reduce the membership dues for our associate members to hopefully increase access to the professional support and programming the Society provides to our newly minted MSW colleagues. One of the ways that we were able to offer this reduction in fee was by adding a volunteerism component to your membership. Our hopes were twofold: reduce immediate costs to you while also giving you a way to connect with your friends and colleagues within the Society by giving at least five hours of your time per year within the Society. The feedback on this decision has been positive and met with enthusiasm, as it seems to move folks in a direction that feels true to the social work ethic of service as well as grassroots/community involvement.

So with this in mind, I want to share with you some opportunities to get your five hours of volunteerism started and/or get you thinking about how you might want to share

your talents, interests, abilities, etc., with our larger community in the coming months and year ahead.

Participate in a term-limited, single event or task

Examples:

- Help register folks for our clinical evening meetings, short courses, or conferences.
- Help with set-up or clean-up for various events such as the associates event in October, the annual party in June or other events such as meet-and-greets.
- Write an article for the newsletter that comes out two to three times a year. Contact Carolyn Sharp, carolynsharplicsw@comcast.net, if you have specific interests.

Participate on a committee

The following committees are currently looking for new members:

- Professional development — in charge of seeking out topics, space, and talent for clinical programming; clinical evening meetings; short courses; conferences.
- Ethics — in charge of planning one ethics training/conference per year as well as consulting with our membership on submitted ethical questions.
- Newsletter — currently looking for a co-editor and someone that could attend the once-a-month board meeting on the third Friday of every month.
- Membership — currently looking for membership chair (cochair is also an option) as well as committee members.

Congratulations to our special honorees!

BY CAROLYN SHARP

Participation within committees is variable in terms of time commitment and needs. If you are interested in participating on any of the above committees, please feel free to contact the committee chairs to get an idea of their current needs:

- PD – Sara Slater,
sarajacksonslater@hotmail.com
- Ethics – Bruce Gimplin,
bgimplin@msn.com
- Newsletter – Krista Murtfeldt,
kristamurtfeldt@gmail.com
- Membership – Carolyn Sharp,
carolynsharplicsw@comcast.net

Participate on the board

The board is comprised of the president, treasurer, and secretary (executive committee) as well as the chairs of each of the following committees: professional development, ethics, legislative, associates, membership, and newsletter. The board meets once per month on the third Friday of every month from 12 to 2 p.m. If this is something you are interested in, please contact Carolyn Sharp (president) at *carolynsharplicsw@comcast.net*.

In closing, it has truly been a pleasure participating on the board the last five years, and I am certain I have grown both personally and professionally in doing so. With much gratitude and fondness, I thank you for the opportunity to share in many of your clinical journeys and I hope that I get to see you at upcoming events! ♦

This year we honored two of our board members, Lyla Ross and Sara Slater, for their long-standing and ongoing contributions to the Clinical Society. There was overwhelming support following multiple nominations for each, making it an easy decision for the board.

Lyla Ross has been a board member for six years. She joined the board soon after joining the society. She was a very organized and efficient secretary, keeping us all on task and helping to create new organizational processes to support the work all of the committees were doing. She also created new and more efficient ways to maintain our CEU program, so that we support educators in the community, certifying their trainings. While secretary, she also worked closely with the (then) New Professional Program, helping Karen Hansen and Carrie Smith build the programs to newly graduating members. When Karen left her post as chair of NP program, Lyla stepped in to become chair. Under her leadership, the NP program grew and flourished. She expanded supports to new professionals, worked with Laura to support these members through the change in title to associates and was seen as an incredible resource to all the newest members. She did all of this while having her first child, remaining strongly involved even while on maternity leave. Lyla's energy, enthusiasm, and commitment to supports for our newest members is contagious. She has been a passionate advocate

for them, and for all of our work, ensuring the highest quality work for anything she is involved in. We are so grateful for her work!

Sara Slater joined the board at around the same time as Lyla. She stepped into a newly created role as communications chair. So new was this role that it was not yet defined. Sara was flexible, adaptive, and hard-working, even without clear tasks. She pitched in to all the work of the board. When her role was joined with another chair, Sara found new ways to contribute, continually volunteering her help where she could be utilized. Her previous career as in advertising served all of us in developing new programs and marketing ourselves. When an opening on professional development came about three years ago, Sara stepped in very willingly to one of the most active chair positions. She has since overseen three incredibly successful program years. Under her leadership, Sara's creativity and vision has resulted in new programming ideas benefitting all of us. We now have thematic programming, allowing all of us to learn at a deeper level over the course of the year while continuing to build strong connections between us. Sara works tirelessly to make sure that all of the programming runs smoothly to serve the continuing education needs of our members. We all look forward to another outstanding year under her guidance.

Thank you to Sara and Lyla for all that you do to create wonderful opportunities for all of us. ♦

Welcome to new board members

WSSCSW is pleased to announce four new board members. They each bring a wide breadth of clinical experience and knowledge which is highlighted below. Please join us in welcoming, Donna Flynn, Karen Hansen, Shauna Hill, and Jay Laughlin.

Donna Flynn: Treasurer

Donna Flynn has been a psychotherapist for 15 years and is our new treasurer. A native to the area she currently has a private practice in Bellevue working with clients in recovery from emotional, sexual, and physical abuse as well as with the challenges of mood and anxiety disorders, major life transition, and work stress.

Her previous experience includes working with clients impacted by severe trauma—specializing in asylee and immigrant populations for eight years at Harborview. She has a strong interest in the role cultural norms and beliefs play in therapy and the variants of Eastern and Western approaches to health, mental health, and wellness.

Having provided clinical supervision for both the UW School of Social Work and Smith College, she has enjoyed working with individuals on their path towards a satisfying career in clinical social work. She sends her warm regards and looks forward to meeting you over the coming year. Please feel free to contact her at 206-351-2689.

Karen Hansen: President elect

Karen Hansen grew up in the Northwest and received her MSW from the University of Washington in 1976. She has been working in the clinical social work field for 35 years, starting in agency settings and continuing with a private practice which began in 1986. Karen has been a member of the Clinical Society since 1991. Karen is no stranger to the WSSCSW board. She was a member of the board from 2002 to 2007, chairing the New Professionals Committee and helping to develop the New Professionals Program. Karen has taught classes and workshops through WSSCSW as well. She will be co-leading “Starting your own Private Practice” with Shirley Bonney this fall. (Look for details in this newsletter.)

Karen and her husband Rob have raised three spirited girls; the youngest two will be starting college in the fall. Karen has balanced her life as a mom and as a professional for the past 23 years and is looking forward to a simpler career path that does not involve quite as much juggling. She enjoys biking, hiking, gardening, music, and travel. Karen brings an enthusiasm for creativity and multiculturalism as a focus of the Clinical Society and is excited about reconnecting with the leadership of the WSSCSW board. She will begin her new role as president elect in July 2011.

Shauna Hill: Chair of the Associates Committee

Shauna Hill-Silva, LICSW, has more than ten years experience working with high-risk children, youth, families, and adults in a wide-range of clinical settings in Washington and Massachusetts. Her work has included child welfare systems, housing programs, community-based stabilization services, and medical settings. Shauna has worked as an outpatient and crisis clinician for the past five years while managing community mental health programs serving low-income children and families with acute mental health stabilization needs. Shauna is passionate about practitioner education and professional development. This is evidenced by her tireless work in a small practice providing both trainings and clinical supervision in the areas of child and family mental health, emergency/crisis mental health assessment and stabilization, and best practice approaches to treatment of childhood behavior disorders and autism. Shauna also works at UWMC as an emergency room social worker. She has been on the WSSCSW board for the past two years as secretary and is thrilled about her new role supporting social work students and associates as the chair of the Associates Committee.

Jay Laughlin: Secretary

Jay Laughlin recently retired from the City of Seattle after 25 years in the environment, health, and safety field. During much of the time, he worked there he volunteered with the King County Dispute Resolution Center doing community-based mediation. Jay also volunteered with the Seattle Police and King County prosecutor as a domestic violence advocate. Congratulations are in order as Jay has recently completed his MSW at the University of Washington and an internship at the Seattle VA in palliative care. He has now begun his search for gainful employment. Jay's clinical interests lie along the intersection of criminal justice with mental health.

In addition to his work in domestic violence, he has worked with the seriously mentally ill and is also very interested in working with veterans, particularly the current cohort returning from Iraq and Afghanistan in need of clinical support with readjustment and PTSD. Throughout his time as an MSW student, he has been a member of WSSCSW and has benefited tremendously from that affiliation. Jay is excited to be part of the board while getting to know members of the society as well as helping to build a strong relationship with the UW School of Social Work.

Jay is the father of two grown children. Jay and his wife, Katie, enjoy travel throughout the U.S., hiking the Cascades, and have recently adopted a black lab puppy named Ruthie. ♦

Membership renewal time is almost here!

We have three ways to renew membership:

- Simply login to your membership profile make any needed changes, pay via credit card OR choose manual payment and mail your payment.
- Mail in your membership renewal with any needed changes, and we will renew your membership.

We will have more information in the coming weeks regarding renewal. If you have forgotten your password, you can reset it. If you have any questions or concerns, please email or call Aimee Roos at admin@wsscsw.org or 206-786-0534.



Bookmark our web site!

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

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

Fiscal year 2010 – 2011

BY DONNA FLYNN

The 2010–11 fiscal year has been one of conservative, estimating uncertain costs so as not to end up with a significant deficit at the end of the year. This proved to be highly successful. With the development of the new online registration system, we conservatively anticipated significant costs associated with this first year. Fortunately, we did not incur the costs expected. Additionally, because of the ease of online registration and a higher visibility of our services, both as a result of the enhanced website, we attracted a significant number of new members. At the same time, our conference was not as well attended as we hoped, which drew down our expected conference income. The books for the year are not yet officially closed, but the numbers below are approximately correct. The transition, mid-year, of the treasurer position also caused a significant challenge to the maintenance of our books, which has now been addressed.

Income

Our total income to date is \$44,741.44. The largest percentage of income that the WSSCSW generated this year came from member dues, which was 66% of total income. We added a significant number of members. Conference income brought in 16% of our income, before expenses. Lobbying contributions made by our membership provided 2.85% of our income. This number is lower than is accurate because of a Quickbooks glitch in lobbying donations being reported by Quickbooks as membership dues. More accurately (though

not exact), member dues brought in about 62%, while lobbying brought in about 6% of our income. Evening meetings raised 1.39% of income, and 4.74% of our income came from granting CEUs to other organizations. A new category of income of enhanced website listings brought in 2%. A little less than 1% came from ads placed in our newsletter or from the sales of our mailing list to other organizations.

As a nonprofit organization, we are not allowed to show a profit. Therefore, our books are kept on a cash basis. This means that whatever we earn in income, we must balance with an equal amount of expenses. If, as we expect to do this year, we have a surplus of income to expense, this money will be placed in our reserve account for use in emergencies or to invest in the infrastructure which will improve communications and streamline processes such as renewals and event sign up. Additionally, we will reinvest a significant portion of this to build back our investment fund, which was hit by the recession. This coming year, we are also bringing a nationally known multicultural speaker whose speaking fee is higher than our usual speaker. This year, and in years to come, we will also invest in our professional development programming to enhance services to members. We expect to see both a financial and more importantly programmatic return on this investment.

Expenses

Our total expenses to date are \$36,809.68. The largest expense was communications, which were 34%

of our total expenses. This pays for our staff—our program assistant Aimee Roos and webmaster Kate Witt—and production of our expanded newsletter. Thirty percent of expenses were for legislative costs, paying for the time and operating costs of our lobbyists, Lonnie Johnson-Brown and Laura Groshong, as well as for contributions we made to support our legislative agenda. The executive expense category, comprising 14%, paid for general operating expenses, our end-of-the-year party, the volunteer recognition dinner, the scholarship we award yearly to a MSW graduate at the School of Social Work, and the Veteran's Outreach Project. The Professional Development Committee accounted for 19.89% of our total expenses, paying for our programming expenses and student paper award. The Associates Program totaled 2.14% of the budget.

I hope this produces a helpful financial picture of our budget this year. Our 2011–12 budget was ratified at the board meeting at the end of June and includes changes to all committees to continue the growth and development of WSSCSW, while putting in place all the fiscal and organizational structure necessary. Feel free to contact me or Carolyn Sharp with any questions you may have. Thank you for your help, patience and confidence in me as I work to maintain the level of quality that the past treasurers Denise Trainer and Jennifer Loewen insisted on. ♦

Ask the “EC”

BY BRUCE GIMPLIN

At the descriptive level, certainly, you would expect different cultures to develop different sorts of ethics and obviously they have; that doesn't mean that you can't think of overarching ethical principles you would want people to follow in all kinds of places.

— Pete Singer, philosopher

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

Dear EC:

Although I have been in private practice for more than a decade, I am feeling awkward asking for help regarding a situation with a client. In working with a new client, whose cultural background and spiritual beliefs seem to be diametrically opposed to mine, I find myself struggling with my disdain for our differences, how to hold onto my positive regard, and help them therapeutically. Can you help me with this?

Thank you,

Uncomfortable in My Own Skin

Dear Uncomfortable,

You bring up an excellent issue, and we will try to explore this dilemma for you and applaud your willingness to bring out such a sensitive topic.

The Clinical Social Work Association's Code of Ethics (revised 1997) states that “Clinical social workers do not, in any of their capacities, practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, religion, color, national origin, gender, sexual orientation, age, socioeconomic status, or physical or emotional disability.” In addition, the Clinical Social Work Association's Code of Ethics also addressed this issue by stating “Clinical social workers monitor the quality of their services, continuously evaluate their effectiveness, and strive to increase skills, knowledge, and mastery. They refrain from conduct in which personal issues or biases may prove harmful or impede competence.”

As we live and practice in an increasingly diverse community, it is imperative for us as clinicians to be aware as possible of our own personal issues with difference and to become as educated about this subject as possible. Although we all have completed diversity class in graduate school, our understanding of ourselves and our world is always evolving. Thus, if you have not already done this, you may want to consider engaging with a clinical supervisor, discussing your feeling and thoughts with a therapist, or talking with a trusted colleague.

In regards to working directly with the client, if you are not able to

work effectively and ethically sound with him or her, you should consider referring him or her to another clinician. However, if you are able to work with the client, you may want to consult with organizations, readings, and other sources to become informed as possible of the clinical issues that may affect your client's identified community.

It is also important to review how you characterize yourself to the professional community to ensure that you receive the appropriate referrals that represents how you optimally practice. You may also want to look at your disclosure statement, and other paperwork to assess if it has any possible discriminatory passages in it.

Thank you again for bringing out this important and deep issue.

If any WSSCSW member would like to request an ethics consult from the EC, 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. ♦

Perspectives on the art of attending to the clinical and business issues

BY KAREN HANSEN

In this day and age, clinical social workers in private practice face a number of challenges. At the same time, starting and running a successful private practice can be deeply satisfying. It is a way to freshen and open up a new way to pursue clinical work with the advantages of being an entrepreneur. How do the challenges and the rewards stack up? The following are a few reflections on these ideas from my experience of running a practice for the past 26 years.

WSSCSW has long been a clinical home for folks in private practice. It was essentially founded by private practice clinicians even before licensure was established and has been a way to enhance and support their work. Involvement in WSSCSW has been a way to enhance and support a private practitioner's work. However, over the past decade, and especially over the past five years, members join WSSCSW from other situations: new graduates looking for professional connections and support, agency workers who want the same, and many who are considering whether or not they want to open and develop a private practice.

In one respect, private practice can be the "dream" of a career where you are in charge, doing what you truly love, and getting paid for it fairly. For many folks this is the promise that keeps them working hard to establish their clinical hours for licensure, to endure heavy caseloads, and difficult workplace dynamics. When you are in business for yourself you get to set your own schedule and fees, decide who you will and won't work with, take vacations whenever you want, choose and decorate your own office, and choose your own office mates, and even the color of your business cards! So what's not to love about that? Get your degree,

develop your clinical skills, put in your agency hours to get licensed, and then you are ready for the dream career, right?

Well, actually private practice can also have its own set of "nightmarish" qualities. Let's consider a few. 1) Financially there is never going to be a guaranteed paycheck. For awhile you may even need to keep your "day" job. 2) Waiting for the phone to ring to get that first or next client can be frustrating. 3) Then there's not having someone to pay for your sick leave or vacation pay. 4) Working with a difficult case when you don't have an in-house supervisor to turn to and balancing the clinical work

with the marketing of your practice to secure your referral base can be daunting. 5) Setting your fees to cover your expenses and make a living through a certain amount of trial and error. 6) Working with insurance panels, or not being accepted to them, which can have its own moments of irritation

and insecurity. Considering these issues the reality can start to overwhelm the positives.

Another issue is competition for the psychotherapy business in Seattle. There are many psychotherapists graduating from different disciplines in this city, graduates from the UW, Seattle U, Seattle Pacific, Bastyr Institute, Antioch, some of whom want to stay in Seattle and start a private practice. Some do not feel the need to wait to get licensure to begin practice (Note: WSSCSW sets a strong norm that licensure is the minimum requirement to be in practice on your own). Folks coming in from across the country to live in the beautiful Northwest add to this group. Seattle is a psychologically minded city and so it is a good place to recruit a caseload for a practice. Yet competing for these referrals when so many options are available is one of the challenges of practice here.

WSSCSW has long been a clinical home for folks in private practice.

In one respect, the “market” for referrals is not a finite one. Many more people need clinical social work services than actually seek them. It is question of raising awareness: the more folks who view seeking help as an acceptable option and who are aware of the availability of this help, the more business is available for clinical social workers. Thus, part of the development of a viable business model is providing this consciousness raising in the form of offering lectures, publications, networking with health care professionals, and community events. Even in this economy people need more than ever access to affordable and competent clinical help to deal with their lives, their families, their emotions, and the complexity of integrating it all towards well being (and away from mental illness).

Insurance panels (Group Health, Regence, Premera, Aetna being a few of the large ones) are mostly closed to new applicants these days. It was easy to get into them when they initially opened up, many in the 1990s. Now they are full and holding steady, even though it means many folks struggle to find an available clinician who is paneled with their insurance. This gatekeeping is a way for the industry to manage their costs. It is also an opportunity for non-paneled clinicians to compete for the cases. Offering strong skills and sometimes a sliding scale as an out-of-network clinician can be a persuasive argument to a new client towards their deciding to work with you. I have recently (and with much forethought) decided to end my contract with Regence because of their requirement to take a significant discount off of my fee. The reality is that even offering a lowered fee can be more cost-effective for the clinician than being required to take this discount on every case. The lesson here is not to worry if you can't

get onto a panel, take a different approach! In the class I teach with Shirley Bonney, we have people role play how to have this conversation with prospective new clients.

Developing a marketing niche is one of the ways clinicians can develop their practice base. Identifying an area of strong clinical knowledge and interest opens up the possibilities of focus on the community where those cases are available. When I started my practice in the '80s, I used the niche of adult children of alcoholics, offering groups and workshops on this topic. I networked with every resource and agency that I could to assist this process. This was a successful way to both promote awareness of this issue and also recruit for the practice I was developing. It required me to put myself in front of groups where I had to stretch my comfort zone. My zeal to have a practice drove me forward, but reflecting upon this today I realize it did take energy and courage. Finding support to engage in such activities is a vital requirement to becoming successful and sustainable as a professional along the way. WSSCSW can offer such support.

WSSCSW is the clinical home for clinical folks, and has also been the business home for clinical folks. Knowing the regulations, the insurance issues, developing a referral network, and getting support when the practice is shaky is assisted by the rich and experienced member base of WSSCSW. Laura Groshong keeps all of us up to date on the regulatory and insurance issues that can affect our practice. The listserv is regularly used by our member base to request and offer referrals. Formal and informal gatherings are places where members get help and support with both clinical and business issues of their work.

Is there an ethical conflict between focusing on the business

dimensions and clinical dimensions of our work? Well, yes and no. Earning a living in a fair way offering services of value that make a difference is an ethical enterprise. We cannot discuss fee setting collectively, but we can encourage the attitude of setting fair fees for our work. How we do this does requires maintaining ethics and balancing our needs with the needs of our clients. We are not taught to think this way by our professional training as social workers, and for many of us it is as difficult to learn as were our clinical skills. I am proud that our professional organization straddles the clinical as well as the business of practice and keeps an ethical stance with both. As your “president in training,” I hope to encourage and promote this balance.

Shirley Bonney and I will again offer our class this fall in how to start a private practice. We have offered it several times and helped many begin the challenge of opening a practice. It is rewarding to track their progress and to know our class has helped. If your dream is still waiting to happen and you'd like some help getting it started, consider joining us this fall (October 11 and 25, November 8, 2011, 6:30–9:00 p.m.). See the WSSCSW website for more details. We would like to help your dream of a private practice come true.

To conclude, the practice as a business and the business of practice is an amazing opportunity for creativity and meaningful work. In this economy it has many challenges. Being a member of the Clinical Society can help support and enhance the opportunity of this balance in a positive and rewarding way. If you have practice or business concerns or questions take them to the society or submit them to your newsletter editor. We will be wiser and more successful if we can all share our collective wisdom on these topics. ♦

Spring conference day two with Jeffrey Kottler

BY BILL COOPER

The Jeffrey Kottler workshop sponsored by WSSCSW on May 14, 2011, began and ended with the questioning of assumptions. In fact, Kottler had the most interesting start to a workshop I have ever seen: the first PowerPoint slide was titled “The End,” and he began a straight-faced dialogue with us, questioning what we had learned during the day and what would we take with us now that the training had ended. We played along and were reminded that things are not always what they seem.

There were about 35 professionals in attendance at Gillman Conference Center at Seattle Pacific University to hear and learn from Kottler, a professor at Cal State University, Fullerton, California. The workshop was billed as “The Journey of a Therapist: How Clients Change Their Therapists over the Career Span.” I have rarely questioned the cultural assumptions of my profession as deeply as during this workshop. Kottler reminded us that for thousands of years people have used radically different approaches to healing than what currently exists in the West.

Kottler illustrated these cultural assumptions when relating an interview he had with an aboriginal shaman, a fellow healer. Kottler asked the shaman to discuss his healing practices, but the question was quickly turned back to Kottler. The conversation went something like this:

KOTTLER: Well, the individual client comes to me in my office.

THE SHAMAN: The individual? Where’s the tribe?

KOTTLER: We don’t use a tribe.

THE SHAMAN: What about the fire?

KOTTLER: No, we don’t do that either.

THE SHAMAN: What about the drumming and dancing?

KOTTLER: No, we don’t do that.

Kottler explained to the shaman that when he works with clients he sits with the individual in an office with chairs and encourages him or her to talk about their problems. Kottler said the shaman thought healing while sitting individually on chairs in the absence of a tribe, fire, dancing, and drumming was fascinating and he laughed for a long time.

This dialogue struck me about many of the assumptions I have about doing therapy, and what it means to help someone. To bring his point home, Kottler talked about how psychotherapy in the West is still in its infancy and the many implications of this.

Another major point of Kottler’s was summarized by his statement, “I’ve made a career about talking about my self doubts.” Kottler’s message of doubt seemed to resonate with many of us who have read countless books and watched videos of “master” professionals in our field as they flawlessly perform psychotherapy. Kottler talked about this: We know what we do in our offices rarely looks like anything close to

the “masters.” Being a therapist is not only isolating, it can be very difficult to evaluate one’s own effectiveness. Some of our clients see us a few times and then don’t offer an explanation when they abruptly stop seeing us. We never know why they stop, and as a result we can often wonder and doubt ourselves. At other times, what we think is effective in therapy isn’t what proves to be the significant intervention for the client. Kottler offered his story of asking a client, who he thought his clinical interventions had been quite successful with, what she had found to be most helpful in her therapy—it turned out to be the hole in Kottler’s shoe (long story, but trust me, it didn’t bolster his ego). It was reassuring to have Kottler assuage some of our professional doubts with his own stories of less-than-perfect therapy. “You can’t have good therapy without bad therapy” was a maxim we heard a few times. The workshop provided many of us with a sense of relief about our own “shortcomings,” which turn out to be an essential part of the process of development as a therapist.

During the day, the large workshop format was broken up with small group work on such topics as: the most creative intervention we have ever done to help a client, our biggest “failure,” and how we have been impacted by our clients. The discussion, both in breakout groups and the larger workshop, covered areas such as creativity and its derivative nature; the importance

Tradition carries on!

BY LYLA ROSS

of occasionally breaking out of our theoretical orientation to work more effectively; the importance of honoring the mystery in therapy; and learning from failure (my favorite). These small groups proved to be a valuable experience to meet colleagues on a deeper level and discuss some of our own important experiences on our journeys as therapists.

Of course, there is more to healing than individual therapy. Kottler reminded us of this with a brief summary of his social justice work with Nepali schoolgirls. The interventions involved scholarships, group work with Western students, empowerment, education, and more. He also discussed some of the cultural barriers that had arisen in the project, such as resistance from male village elders, and how he overcame them.

Did I learn any wonderful techniques for treating clients? Not really. But I did have a more important experience—one of being met honestly and sometimes unconventionally by someone in our profession who told his story about the journey of a therapist, flaws and all. And for those in attendance perhaps the workshop helped to make our own journeys as therapists a little more understandable and a little more self-compassionate. ♦

This spring, we again made the call for graduating MSW students from Walla Walla University, University of Washington—Seattle Campus and University of Washington—Tacoma Campus to submit their clinical papers for review. This award has been a great way for the Society to connect with clinically minded graduating MSW students over the years and has also opened the opportunity for us to gain their membership and provide them with a professional/clinical home upon graduation.

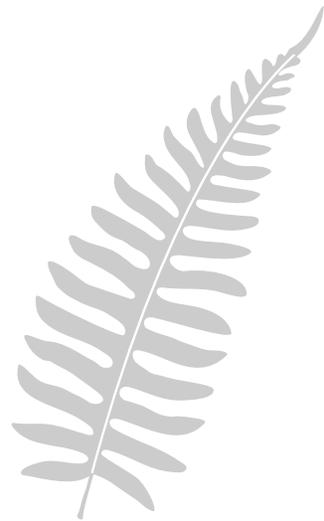
The grand prize winner receives \$500 and a one-year membership to the Society. Honorable mention winners (one from each participating school of social work) also receive one year's membership to the Society. All winners also receive an award certificate suitable for framing and recognition at the annual party for the Society.

This year the selection committee was comprised of Carol Hall, Diane Grise-Crismani, and Lyla Ross. Although the turnout has been bigger in years past, we did receive a nice variety of submissions throughout our state, which was a reminder of the richness and diversity of not only our students, but of their clinical passions as well. Plans to extend the invitation to other schools of social work within the state are in the works for upcoming years.

The grand prize winner of the 2011 Outstanding Student Clinical Paper Award is Emily Conbere for her paper entitled “Breath and

Sound: A Case Study Incorporating Time Limited Dynamic Psychotherapy.” Emily is a recent graduate of UW Seattle School of Social Work. Jessica Bowes, also from the UW-Seattle campus, was selected as the honorable mention winner for her paper entitled “Interventions for Women Survivors of Childhood Incest.” Tim Schroeder from Walla Walla University was selected as the honorable mention winner for his paper entitled “Generational Cancer and the Mother Object: An Object Relations Perspective.” All papers were thoughtfully written and provided good discussion amongst the selection committee.

Congratulations to all of our award winners and welcome to the Society! ♦



Benefits available to WSSCSW's associates

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

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

To be of use

BY MARGE PIERCY

*The people I love the best
jump into work head first
without dallying in the shallows
and swim off with sure strokes almost out of sight.
They seem to become natives of that element,
the black sleek heads of seals
bouncing like half submerged balls.
I love people who harness themselves, an ox to a heavy cart,
who pull like water buffalo, with massive patience,
who strain in the mud and the muck to move things forward,
who do what has to be done, again and again.
I want to be with people who submerge
in the task, who go into the fields to harvest
and work in a row and pass the bags along,
who stand in the line and haul in their places,
who are not parlor generals and field deserters
but move in a common rhythm
when the food must come in or the fire be put out.
The work of the world is common as mud.
Botched, it smears the hands, crumbles to dust.
But the thing worth doing well done
has a shape that satisfies, clean and evident.
Greek amphoras for wine or oil,
Hopi vases that held corn, are put in museums
but you know they were made to be used.
The pitcher cries for water to carry
and a person for work that is real.*

MARKETPLACE

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

Certificate Program in Clinical Theory and Practice. Fall 2011. Well-spring Family Services has offered the Certificate Program in Clinical Theory and Practice—a 100-hour program in adult psychodynamic theory and practice—since 1991. The program's content is practical and applied through the use of teaching cases. The major influences on clinical

practice and an understanding of human development are integrated to provide a comprehensive learning experience. 100 hours of continuing education credits are available which also apply to Associates' CE mandates (approximately 20 of which count towards supervision requirements). To register or for more information, call Roberta Myers, LICSW, BCD, program chair at 425-452-9605 or visit www.wellspringfs.org.

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

FALL SHORT COURSE — NOW REGISTERING

Considering starting your own private practice?

This short course is for you!

Starting Your Own Private Practice

- With Karen Hansen, LICSW, and Shirley Bonney, LICSW
- Three Thursdays: October 11 and 25 and November 8, 6:30 – 9:00 p.m.
- Six CEUs
- For information and to register, go to www.wsscs.org



Letters to the editor

BY KRISTA MURTFELDT

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

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

If you have a "letter to the editor" or other article you want to be considered for the next newsletter, please email it to me at kristamurtfeldt@gmail.com by September 1, 2011. I look forward to hearing from you!

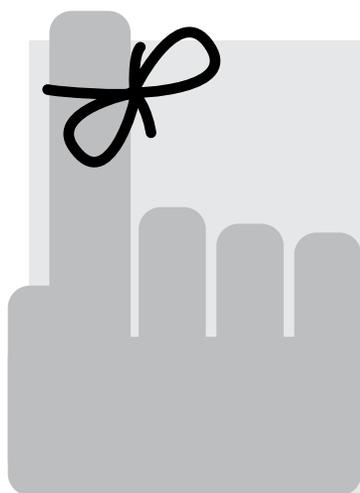


Washington State Society for Clinical Social Work

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Save the dates!

Fall conference with Derald Sue, PhD

"Microaggressions In Everyday Life: Race, Gender & Sexual Orientation—Implications for Clinical Practice." Saturday, Oct. 15, 2011, 8:30–5:00 p.m. Six CEUs offered for the day. Held at Seattle Pacific University's Upper Gwinn Conference Center. Registration available at www.wssscsw.org.

2011 – 2012 Clinical Evening Meetings

- Wednesday, Nov. 9, 2011 — Cultural Considerations in Relationship Building
- Tuesday, Jan. 10, 2012 — Cultural Considerations in Assessment and Diagnosis
- Wednesday, Feb. 15, 2012 — Cultural Considerations in Treatment
- Tuesday, Apr. 10, 2012 — Cultural Considerations in Termination