WASHINGTON STATE SOCIETY FOR

CLINICAL SOCIAL WORK

NEWSLETTER

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From the Desk of the President

Connections

By Ann DeMaris Davids

As President I am learning about our history, thinking about what is happening now in our organization, and hoping to support what will keep our organization relevant to future clinical social workers.

What we bring individually can strengthen the whole. This takes the ability to both recognize and embrace our differences. Many years ago I taught a group of preschoolers in New York City. One morning we were waiting for the elevator to take us to the roof, where there was a lovely play space. I talked about how much fun it was going to be up on the roof, and one of my students asked why I barked like a dog. We played with the different ways that we all said "roof." My Eastern Washington State farming roots are evident in the way I pronounce that word to this day. My New York City students had their own pronunciations, also influenced by their families of origin.

Accepting and enjoying differences enriches our lives, but it also might irritate the heck out of us. Too much of either is not effective or constructive. It's in the balancing of these that creativity and growth are fostered. I believe that this balance can be discovered by finding opportunities to spend time with others. And for me that has meant participating in the work of the Society, which brings relationships and people to work together, with purpose towards the future.

Last October I attended the Clinical Social Work Association (CSWA) Summit in Washington DC. This was a gathering of clinical social work state presidents and CSWA board members, including our WSSCSW members, Karen Hansen and Laura Groshong. It was an opportunity for state representatives to talk with national board members about what support is needed at the state level. I left feeling fortunate that I practice in a state where clinical social workers have the right to diagnose. Last October there were still eight states where clinical social workers did not have the right to diagnose. What impressed me the most was this unique opportunity to sit and talk with clinical social workers from other states. It was good to hear about what was working in the various groups and what was being worked on. It made me think about connections in general, and my interest in trying to understand what works and what needs to be worked on in our own Society. Members from one state talked not only about how they were attempting to support their youngest members, but also about how they were looking for ways to learn when their senior members retire or start winding down their clinical practice. It might be possible, if there is interest and participation from our own membership, to figure out how our various generations can connect. Historically the Society has done this by nurturing our younger members, now our Associates, as they work to become licensed. Over the years many of our senior members have

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run mentor groups and offered reduced fees for both supervision and psychotherapy for our Associates.

I remember being on the farm one time, watching my older brother start to cut down a damaged tree. He used all his youthful, muscular energy to wield the chainsaw against the tree - up to a certain point. That was when my father stepped in to finish the cut so the tree would fall in a safe spot. They both contributed important energy to the task of felling the tree, and it was all under the watchful eye of my grandfather, who for this moment in time was able to observe two younger generations at work on his farm. The sharing of experience and skills can bring generations together where all can contribute.

We are a group of members who need to find ways to contribute what and when we can. Growth is only possible when we have extra resources beyond the number we need to maintain our rudimentary ongoing tasks. Anchoring our organization is our mission to provide clinical training and support, legislative advocacy on mental health and social service issues, protection of clients' rights, and economic vitality for clinical social workers. These are important goals which can only be achieved if we all join in the task of sharing our time and talents on behalf of our mission.

Ann DeMaris Davids, LICSW
WSSCSW President

EDITOR'S NOTE

We apologize for the lateness of this issue of the WSSCSW Newsletter. At our deadline in December we had received very few articles. Obviously we are all very busy, especially during the holidays. Eventually enough articles were submitted so we could publish, with the help of last minute proof reading by our Executive Administrator, Aimee Roos. We're reviewing the deadline schedule to see if a change might ease the way. We'll keep you posted – in the meantime, as always, we encourage each and every member to submit your thoughts, feedback and articles.

Let us know if you would like to contribute your thoughts and time to creating and editing this newsletter, too. We need people with sharp eyes who can edit and proof read articles, and the newsletter as a whole. We think it can be rewarding work, and we welcome your input.

Thank you,
Lynn and Sara

Email Lynn at Wohlers13@gmail.com or Sara at Saraslaterlicsw@gmail.com to inquire about working on the Newsletter committee, and to submit articles.

WSSCSW newsletter is mailed quarterly to members of **WSSCSW**.

Classified ads are $10 for every 25 words, $20 for 50 words, etc. Articles and ads should be emailed to Lynn Wohlers at wohlers13@gmail.com.
Newsletter design: Stephanie Schriger, stephanie@designandgraphics.biz

What We're Doing

An Update on Society Activities from Our President

It's not easy to gain perspective on the work of an organization while you are serving as its President. I seem to be busily engaged in all sorts of details, many of which I would not have paid attention to were I not President! It is a long learning curve, but well worth the energy and attention, because I am committed to the work of this organization: what it has meant, what it means now, and what it will continue to mean in the lives of so many people!

Several exciting things have been going on over the last many months. The most recent change, and one that has really opened up possibilities for many younger clinical social workers, is the news that after many, many years of its insurance panel being closed, Regence is now open to anyone wishing to sign on with them. This didn't just happen overnight, but took many years of ongoing communication with Regence. At these moments of major change, we can acknowledge and recognize how gifted our own Laura Groshong, Legislative Consultant, is at the patient behind-the-scenes work she does. "Economic Vitality for Clinical Social Workers" is part of our mission. This change with Regence makes it possible for more clinical social workers to become part of Regence, if it is something that makes sense for them to do, in whatever setting they practice.

While it is a different sort of accomplishment, it is exciting and worth noting that a record number of people came to hear Pat Ogden, PhD, present "Beyond Words: Attachment, Trauma, and Implicit Communication," at our November 2014 conference. Ogden was an engaging presenter and generously responded to audience questions, even staying for additional questions after the conference. This was a long day for our Professional Development Co-Chairs Dawn Dickson and Tanya Ranchigoda and their group of volunteers, as they had more than 150 conference attendees to sign in and out that day. Many thanks go to our Professional Development Co-Chairs for handling all the various conference details.

Beyond the conference, Dawn and Tanya were also busy with our Clinical Evening Meetings (CEM). The first one, in October of last year, featured Dawn Dickson and Daniel Master. They presented "The Use of Story in Clinical Practice: Reframing Personal Narratives about Health and Well-Being." In January, we had the "Critical Incident Stress Management" panel with John Powers, Robert Odell, and Seema Mhatre. These evenings were both well attended and allowed plenty of time for people to share their ideas and questions with the presenters. It was good to sit in a room with the presenters and other attendees and think together about all the various ways clinical work gets done. Unfortunately, there was a bit of mystery behind the scenes at our Clinical Evening Meetings around what happened to our old reliable hot water pot. It disappeared this year, necessitating a new solution for making hot water. An important detail for those who look forward to a cup of tea while attending our evening meetings!

If you haven't been able to attend one of our Clinical Evening Meetings yet – there's one more this spring. On April 23, Jamie Katz, MSW, will present "An Introduction to Working with Trans* and Gender Nonconforming Clients." Come and join us in thinking together about how and what we attend to in our clinical work with clients.

Our Associates Program, chaired by Stacey DeFries, organized a successful Associates Event in January. It included time to socialize, tasty food and a panel discussion after a 25 minute training video titled, "Healing Neen: Trauma and Recovery." The panel, which included Beatriz Salgado and Kalfani Mwamba, was facilitated by Stacey with the help of Josh Cutler and Caroline Mass. There was lots of great conversation around how the panelists incorporate their training into their particular work settings. This was the last event that will be chaired by Stacey. She has been an advocate for WSSCSW at the UW School of Social Work and a conduit for resources and ideas between the school and the Society. She has brought wisdom and integrity to the Associates Program for the past three years. We will miss her insightful and encouraging voice and presence on the Board.

At the January Associates event Melissa Wood Brewster announced that starting March 19th there will be Quarterly Meetings for Associates to come and spend some time having their questions answered and concerns heard. There has been a Listserv discussion about the various steps recent MSW graduates must take to work toward licensure. This Quarterly Meeting will be one place to bring all these questions. Our Legislative Consultant, Laura Groshong, needs to hear from you if you have any particular concerns or issues about the current licensure laws, so she can address them. My understanding is that she will be available at the first Quarterly Meeting in March.

One area of concern that was recently brought up on the Listserv was the access Associates have to affordable, approved supervisors when they aren't receiving licensure supervision at their agencies. This continues to be an area that is important to our membership, and we need your help to meet the growing need for affordable, approved supervisors. Our list of supervisors is posted on our website, along

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Pat Ogden's Conference: "Beyond Words: Attachment, Trauma and Implicit Communication"

By Shirley Bonney, LICSW

Pat Ogden, PhD, is one of the pioneers in using the body to access traumatized experiences, both in us and in our clients. Dr. Ogden began her career using dance as an activity therapist in a traditional psychiatric hospital setting, so using the body has always been a primary modality for her. She is the founder of the Sensorimotor Psychotherapy Institute in Boulder, Colorado, whose mission is training therapists in the sensorimotor psychotherapy model. The modality integrates verbal techniques with body-centered interventions in the treatment of issues related to trauma, attachment, and development, while incorporating theory and technique from psychodynamic psychotherapy, cognitive-behavioral therapy, neuroscience, and theories of attachment and dissociation. In spite of Dr. Ogden's international reputation and the density of the subject matter, she presents in a very accessible way with humor and compassion. The material was very easy to understand and integrate, at least cognitively.

Experience is first taken in through the body, as an infant does not yet have much of a mind. Thus, the body is first to experience the world and the body is used to defend oneself against overwhelming experience. The implicit self which is held in the body continuously anticipates the future as if it will recreate the past. Thus, looking at body posture can often be more revealing of a client's trauma than their facial expression. Sensorimotor psychotherapy focuses on a mindful self-engagement, looking at one's cognition, emotion, five sense perception, movement and inner body sensation. Dr. Ogden stated, "You can't take the engine apart while it's running", thus the need to slow things down and focus attention inward

in a mindful process. The work is focused on what is left over within the client around a traumatic event, not the original incident.

The process is a phase-oriented treatment approach with stages of stabilization/symptom reduction; treatment of traumatic memory and attachment-related memories, and personality integration around limiting belief systems and meaning, social reconnection, relationship and intimacy, etc. Dr. Ogden showed many videotaped vignettes of her work, including one in which she had unconsciously reenacted something in the client's trauma history. She talked very candidly about how important it is for all clinicians to get consultation, as it was only in her own consultation that she realized the enactment and could then address it in the treatment process.

Sensorimotor psychotherapy utilizes experiments as a way to see "what happens when." An example was shown in a video in which an adolescent girl was being seen because she was unable to go to school. The young girl, C, had been disrespected and bullied by peers when she was eight years old. After establishing a connection with C, Dr. Ogden asked if she could say something to that little eight-year-old girl. When C agreed Dr. Ogden stated, "You deserve respect." After saying this, she and C began to notice what was happening. C's frozen body began to move. Her lips quivering, one hand began stroking the other. C began to establish social engagement with Dr. Ogden. Then Dr. Ogden asked C to engage with her eight-year-old self: could C hold the eight-year-old's hand? Dr. Ogden asked what happened when C imagined holding the eight-year-old's hand. As the questions were asked and C attempted some of the suggestions, Dr. Ogden tracked the present experience in the moment and named it. For example, C's posture changed. Dr. Ogden noticed the change and asked how it felt, and C acknowledged discomfort in her stomach. Dr. Ogden helped C recognize the anxious feeling in her stomach, and then invited C to soothe her stomach by putting her hand on it, so the "posture" didn't have to be the unconscious helper.

Another important concept in sensorimotor psychotherapy is called the "window of tolerance." This window is the expanse of emotional stimulation that can be tolerated while having one's mind available. Many people talk about being "flooded" under the pressure of emotional upset. Emotional catharsis, which has historically been valued as therapeutic, can actually be re-traumatizing. Clients can become hyperaroused, whereby their level of activation is overly intense and interferes with emotional integration. On the other end of the spectrum, clients can become hypoaroused, whereby the level of activation is insufficient to integrate the experience. People who have experienced early trauma typically have a smaller window of tolerance. When interaction occurs outside the window of tolerance, clients are not able to utilize what occurred in any kind of integrative way, as the mind is offline, whether in hyper or hypo arousal. As a therapist becomes sensitive

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PAT OGDEN'S CONFERENCE

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to these hyper and hypo aroused states, he/she can work to help the client stay at the edge of this "window" such that gradually the window of tolerance is able to stretch, allowing the client to integrate greater emotional intensity. This can only happen if the client's state is identified whenever it is outside the window, and attention is paid to how to move back within the window.

Dr. Ogden also spoke about various types of attachment. In sub-optimal attachment a child experiences emotional distress, but it does not overwhelm the child. When there is attachment trauma, the child experiences attachment figures as overwhelming and dangerous. A child's core self is defined by both who the parent perceives the child to be and who the parent denies the child to be. For example, if a parent loves to see their child as strong and independent and is intolerant of any vulnerability, the child will learn to deny his own vulnerability as it is safer to conform to what the parent expects. The continuum of attachment goes from secure attachment to Dissociative Identity Disorder, where parts of the self are completely split apart and expressed as different people.

Children learn about seeking proximity and distance from their early experiences with attachment figures. Five basic developmental movements, as outlined by Bonnie Bainbridge-Cohen, include:

Yield = True yielding is immobility without fear
Push = Differentiation/individuation
Reach = Going for something you want to have contact with
Grasp = Holding on to what you want
Pull = Taking it in

Dr. Ogden spoke about using experiments to see how a client reacts to each of these movements. Which ones are comfortable for a client? What happens when something is not comfortable? How is that expressed in the body? When in the therapeutic relationship there is a way of naming experience or mentalizing with the client, these acts of recognizing emotional experiences challenge early relational "knowing," inviting the possibility of a new perspective.

Dr. Ogden talked about seeing a client as an experience waiting to happen rather than a problem to be solved. One of the things I most like about the sensorimotor psychotherapy model is its absence of pathologizing a client's struggle. Additionally, I have recognized ways I have encouraged re-traumatizing clients as I have been involved in training in this modality. In my psychoanalytic training, catharsis was highly valued and I would encourage such re-experiencing of a traumatic experience. I now realize, and it has been confirmed by clients I have been seeing throughout my recent training, that I had at times been unaware that clients would be outside the window of tolerance such that they would become dissociative within the "therapeutic" hour.

When you are tracking the client's current experience in a moment to moment way rather than talking about a historical event, you are present with the client in a different, and I think, more therapeutic way. I recognize things I would have been unaware of in the past. While I still have a long way to go in terms of completely integrating this method into my practice, I am impressed with the power it has when I am able to utilize it.

Seattle is fortunate to be a city where the Sensorimotor Psychotherapy Institute is offering regular trainings. The next one will begin in May, 2015. If you have any interest in exploring these trainings, please contact me at shirleybonney@hotmail.com.

We invite you to respond to the author's ideas and continue the discussion on the listserv.

WHAT WE'RE DOING

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with the steps to sign up as an approved supervisor. If you're already on the list – thank you! And please take a look to see that your details are up-to-date.

Molly Davenport has been an invaluable member of our Board since 2012, and has contributed in significant ways to the Society. The first Membership chair to include diversity issues in the approach to membership, Molly worked with Sukanya Pani, and more recently with Denise Gallegos Leavell to shape and develop our work in this arena. Molly, a thoughtful and loyal Board member, is leaving the Board at this time. We wish her well and deeply thank her for her service to WSSCSW. The Board continues its interest in increasing the diversity of our membership. To that end, the committee is developing a survey which will go out to the entire membership, followed by a cultural responsiveness training later on in the year. Be on the lookout for this important survey and training organized by the Membership & Diversity Committee.

One more thing in progress is the redesign of our website, led by Dawn Dickson and Aimee Roos. We look forward to seeing their ideas. Thanks also go to the rest of Board Members: Karyn MacKenzie (Listserv Moderator); Lynn Wohlers (Newsletter); Melissa Wood Brewster and Mary Roy (Ethics); Lisa Larson (Treasurer); Courtney Paine (Secretary) and Karen Hansen (Past President) — all of whom continue to make the rest of the Society work possible. We continue to thrive because of all of the volunteer hours put in by our Board members and other committee members.

Ogden Conference: Cultural Perspectives

By Mary Roy, LICSW and Denise Gallegos Leavell, MA, MSW, LSWAIC

At a recent board meeting following the Pat Ogden conference on Sensorimotor Psychotherapy, we spent some time discussing our varied impressions. Overall, the conference was well attended and Dr. Ogden held participants' attention; many came away energized by the often deceptively simple, yet powerful methods of reading and interacting with the body's present moment narrative in psychotherapy. Just yesterday I signed up for more extensive training in her model, as it fits well within the context of my work as a mindfulness-based therapist. I believe my clients will benefit from an approach that by its very nature seems to speak to a person's experience in a way that is curious, employs a collaborative investigation between therapist and client, and doesn't rely on a theoretical framework based in pathology.

Dr. Ogden had videos of her work illustrating the applications of theoretical material she covered for us. Her style was engaging, funny and warm. Several times she poked fun at herself for the ways she fell short in working with her clients. For instance, she showed a session with a woman who appeared extremely tense and guarded while talking about her intrusive mother. It took Dr. Ogden time in the session to realize an enactment was underway, and eventually the repair of her invitation to experiment with physical distance between them profoundly shifted the dynamic. It was funny especially because of her humility, because she simply didn't get it at first and was able to laugh at herself.

But there were other blind spots she never got, which left painful residue for some of the participants. Like many of us white European-Americans, Dr. Ogden enjoys a high degree of privilege. We all fall, like it or not, somewhere on the continuum of being blinded by our assumptions in understanding an-other's perspective.

Thankfully, respectful face-to-face dialogue is a way to learn and integrate more cultural sensitivity, and is far more effective in my experience than simply reading about it. But it often brings up discomfort, the very real possibility that every time I open my mouth or type another word, privilege-based assumptions will show themselves and I won't know it. And so I ask for help. Denise, you're on:

I, a Nuevo Mexicana with mixed Indigenous and Spanish ancestry, attended Dr. Ogden's seminar with much interest. Her theories/practice of including the body in narrative fit well with my personal and cultural beliefs. I also had high hopes given she has professionals working within her institute that specialize in cultural trauma. I believed this would yield a training/conversation that included cultural humility. It did not.

As a person of color, small things referred to as micro-aggressions, occurring daily with frequency, remind me of "my place" in the dominant culture of the United States. They might be experienced as assumptions that I somehow engage in a profession of yard maintenance rather than as a clinical social worker. Other times, there is confusion about my name and colleagues call me "Maria," which is nowhere near "Denise." This is how the day began for me. Dr. Ogden responded to a colleague of Color by exoticizing her through her name. This response informed me Dr. Ogden was not seeing my colleague as a person but part of a group, name irrelevant, identity a mash up of stereotype and assumption. I am now uncomfortable in this place. I try to breathe and move on to learn from this experienced clinician.

Marian Wright Edelman, lawyer, social activist, and founder of the Children's Defense Fund, has written about the emotional toll for students of color who must sit in a classroom and learn algebra while navigating the realities of racism at the same time learning how to balance an equation. She speaks of the effort divided in the learning process and the long-term impact on their lives. Individuals of dominant culture in this United States have the privilege of focusing on the equation, or in the case of the Ogden seminar, exploring how the body engages in narrative. Meanwhile the rest of us are navigating the minefield of racism present in the auditorium, while simultaneously trying to engage and broaden our own minds and abilities. As Edelman said, it is exhausting.

As the seminar progressed Dr. Ogden explored multiple videos to show how one might use this process of engagement. She explained that most of the videos were examples of assessments and not her full time or ongoing clients, but people she met on a few occasions then moved on. I suppose this might explain the absence of cultural considerations in working with several clients of color present in the videos. Dr. Ogden expressed disappointing results with these clients but seemed to imply it was due to issues derived from the clients. I have to wonder if cultural humility had been present if the intervention might have been successful. Additionally, I am also painfully aware of the statistics on the "failure rate" applied to persons of color who engage in therapy, however, I propose this reflects the "failure" of clinical work to take into account

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the impact of dominant based theories and practices imposed without cultural considerations rather than "non-compliance" or "low motivation" from clients of Color.

In discussing these impressions with a colleague of Color we agreed that many of the physical actions she was encouraging these clients to engage in are considered dis-respectful within our cultures. For example, to physically beckon someone is demeaning, disrespectful, something one does to a dog, not an indication of seeking a closer relationship. We talked about this as an effect of colonization, of living under oppressors where absolute control was in the hands of whatever that dominant group was, of being treated as less than human.

In discussing the video of the Latino mother and daughter, Ms. Ogden repeatedly challenged elements of their relationship that are core aspects of their culture without any apparent recognition that was what was occurring. Either she was unaware or she believes, as another well-respected therapist in the community once told me, a therapist's job is "to correct the maladaptive beliefs of other cultures." She concluded the video and discussed how they discontinued services and engaged in choices that were deemed failures by Ms. Ogden, (and the audience, based on their response). I propose it was not the client that did not do the work. Instead it was the therapist who denied their reality, and their values, in the relationship and entered the alliance with only the dominant perspective of her own world.

Farhad Dalal, in Culturalism in Multicultural Psychotherapy (2006), states that the ideal of therapy as occurring in a "culture free" position is not only invalid, it is "completely culture bound." He continues that what is actually occurring is that "a particular model of the psyche… taken to be normative, universal" is applied to everyone in all contexts. Dalal declares this action as a "form of colonialism in which one cultural viewpoint is used to subjugate and de-legitimate the other." By enacting this position as an expression of ideology, it obscures the "invisible workings of power."

Sara Ahmed also addresses this in On Being Included: Racism and Diversity in Institutional Life (2012). She states that certain individuals are "at home" in institutions that "assume certain bodies as their norm" while other are made to be strangers.

I agree there was nothing overtly racist in Ms. Ogden's demeanor, or even that she had any conscious awareness of the impact of her actions. However, racism was present in the auditorium that Saturday. Eduardo Bonilla Silva (2014) speaks of the new racism that is "subtle, institutional, and apparently non-racial," which fits with America's position of "color blindness." In applying this attitude the collective interests of the dominant culture are perpetuated. He states the challenge is to move beyond the expressed post-civil rights attitude of "race does not matter" and expose the racial inequality inherent in beliefs by the dominant culture that problems faced by people of color are "fundamentally rooted in their pathological cultures."

In writing this with my colleague we entered a dialogue about the differences in our experiences that Saturday in early November. She left with a positive feeling, with the desire to learn more about this form of therapy. In contrast, for me it was a repetition of past experiences, complete with the pathologizing response to my own culture. I left frustrated, disappointed, with no greater knowledge or understanding of sensorimotor psychotherapy, which had been totally overshadowed. We also discussed our shared goal of furthering awareness within the clinical community on the necessity for therapists to go beyond their own culture to see the client before them. For me this is not an abstract concept, a distant ideal that has theoretical appeal. For me this would be a step away from institutional oppression, from color-blind racism, ever-present elements in the lives of People of Color, myself included.

Ahmed, S., (2012). *On being included; Racism and diversity in institutional life.* Durham and London: Duke University Press.

Bonilla-Silva, E., (2014). *Racism without racists; Color blind racism and the persistence of racial inequality in America*, Fourth Ed. Plymouth, UK: Rowman and Littlefield.

Dalal, F. (2006). "Culturalism in multicultural psychotherapy." In Moodley, R. & Palmer, S. (Eds.). *Race, culture and Psychotherapy; Cultural perspectives in multicultural practice.* New York, NY: Routledge

We invite you to respond to the author's ideas and continue the discussion on the listserv.

The Cost of NOT Doing Psychotherapy

By Brook Damour, LICSW

Growing up in a low income family, I am no stranger to doing without in various areas of my life, ever since childhood. Like everyone, I developed defenses and strategies for getting by with less than I needed, particularly when what I needed was support for my developing internal world and psychology. As a therapist, I trained and learned about this issue and began to address it. However, I have found repeating the childhood pattern of getting by without enough is a persistent, multilayered problem. Even when I began working as a therapist, I restricted my treatment, citing insurance restrictions, time restrictions and often, the monetary cost of therapy.

Looking back at those years, I've come to realize that my money saving measures were not a bargain when it came to therapy. Defenses persisted and new ones cropped up. My resistant fear of my unconscious, the past, and my attachment style impacted my life quite directly. And it all adds up. Think of some common problems in our society and the hidden costs associated with not entering into therapy to address them:

- impulsive or status purchases made to soothe yourself and compensate for a lack of inner world and internally felt value
- the medical cost of attempting to treat psychological problems with the wrong providers
- the cost of physical illnesses, such as heart disease, that are exacerbated and possibly caused by stress and lack of insight into how to care for and value yourself
- limiting your choices and stifling your potential due to less than stellar self-esteem and other constellations of feeling inadequate; e.g., not going into a field where you could thrive, not seeking a raise or promotion, changing jobs prematurely, etc.
- spending time in destructive relationships, or simply not valuing and enjoying relationships
- hurting your body through attempts to perfect it physically, e.g., dieting, binge eating, seeking risky plastic surgery, overspending on clothing, cosmetics, etc.

These are all areas that psychotherapy can address and improve, and these are all areas that can consume your time and money. I'm sure you can think of many other examples. Here is a simple chart of some of the monthly costs of possible indulgences and the average monthly cost of psychotherapy, with scenarios for more or less treatment, both with and without utilizing insurance.

Activity	**Average Monthly Cost**
Psychotherapy, 1x per week, $100 per session out of pocket	$400
Psychotherapy, 3x per week, $25 copay/session, utilizing insurance	$300
5 year lease for a Mercedes*	$550
$8000 average cost annual vacation*	$667
Eating out plus drinks, 2x per week at $50 each	$400

The point is that it is often less expensive to eliminate just one indulgence and replace it with weekly psychotherapy, even while paying out of pocket. Considering the relief and quality of life often accessed through psychotherapy, it is hard to argue that it isn't a bargain over the long term compared to external purchases and rewards.

My motivation for writing this article was a totally unexpected perk of going into analysis. I found that without thinking about it or trying, I saved money each month. I didn't indulge as often or as much, and I still felt better. I have also found that my memory and ability to plan ahead and feel prepared have improved; instead of buying something because I worry I'll need it in the future, I have allowed myself time to think more carefully about purchases. I've allowed myself time to consider that the needs go deeper than what I might materially buy, and to look at the underlying motivations. Instead of buying things, I have invested in giving myself the amount of psychotherapy I need. And the results of therapy have been so much richer and more productive than buying things. In my experience, intensive therapy definitely isn't easy, but the rewards are commensurate. Therapy is the real bargain. I thought I was being thrifty avoiding intensive treatment, but in the ironic way that our unconscious often functions, I was doing the exact opposite.

Money can be a thorny topic. Insurance companies, the general public, and potential and current clients don't always value therapy or want to pay for it. I've noticed people often consider therapy self-indulgent or a luxury, as opposed to necessary for health and optimal functioning. Insurance companies question the medical necessity of psychotherapy while

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Curioser And Curioser

By Laura Groshong, LICSW

Welcome to the New Year and an increasingly conflicted debate that continues about how LICSWs can become Chemical Dependency Professionals (CDPs).

What started as a relatively simple agreement that more CDPs are needed to treat the 33% increase in Medicaid enrollees who have substance use problems, not to mention the 30-40% of all other insured citizens (SAMHSA, 2012) who have not been treated, has become a litmus test for how fragmented our mental health and substance use communities have become. Here is a summary of where things stand today regarding how LICSWs can become CDPs in an expedited way.

In 2013 the Legislature approved the right of LICSWs who were also CDPs to treat substance use disorders in private practice. Prior to this law, all substance use treatment had to be conducted in licensed or certified facilities staffed by CDPs. The Legislature directed the Department of Health to come up with rules that would allow LICSWs (and other licensed mental health clinicians) to become CDPs in an expedited way. The current requirements for CDPs include two years of full-time supervised practice in one of the licensed/certified agencies and 60 hours of education, often acquired through an Associate degree. Much of the coursework required for the CDP has already been covered by the requirements for achieving the MSW.

The Department of Health began the rule making process in early 2014 in the Chemical Dependency Advisory Committee. Not surprisingly, the Committee was opposed to LICSWs becoming CDPs without going through the training and supervision which CDPs so far have had to complete. After several contentious meetings, where WSSCSW was ably represented by Lara Okoloko, who specializes in working with substance use, the Committee agreed to 15 quarter hours of education in substance use for LICSWs. The Committee stalled over supervision requirements, insisting that only the two-year immersion in a licensed facility would train an LICSW adequately. Needless to say, this is unacceptable to the Society since it would require members to close their practices for two years. We are suggesting a 24-30 hour direct supervision similar to that required for the LICSW. This process is currently being looked at by Betty Moe, former Manager of licensed counselors, including LICSWs, and now manager of CDPs.

At the same time, another group, the Bree Collaborative, was reviewing ways to educate health care providers across the board on how to do assessment of substance use problems, with the tool called the Screening, Brief Intervention, and Referral to Treatment (SBIRT) developed for this purpose. The Collaborative is a 'think tank' whose members are appointed by the Governor to evaluate a variety of issues. The subcommittee looking at these issues is focused on how to train physicians and hospitals to use SBIRT with all patients. At a recent conference call I was on with this subcommittee, they had no objection to LICSWs becoming CDPs and even questioned why this was necessary given our scope of practice, i.e., the right to diagnose and provide treatment for all conditions in the DSM-5.

The Legislature began the 2015 session on January 12. The Society is working with Rep. Eileen Cody to try to find a solution to the diverse attempts to solve this chaotic situation. Please know that the Society is aware of the many members who would like to become CDPs through a reasonable program. We will keep you aware of the progress that will hopefully be made in the next few months.

How to be a Therapist
(to remind myself)

By Teresa Williams, LICSW

Clear a space.
Sit down. Find blue sky,
in your mind.
Listen with your whole being.
Feel your heart
changing colors.
Be a friend to silence,
let it speak to you
like a sparkling star.
Pay attention.
Notice clouds and sun.
Feel your breath often.
Trust in beginnings
and endings, in the middle
parts too, where "nothing"
seems to happen.
Tend to your garden
of compassion:
walk in the dirt
weed fear, plant faith.
Offer refuge when you can.
Be like the maple, rooted
and reaching, stretching
toward the Other.
Listen for what you know
and don't know,
be skeptical of both.
Remember humility.
Take your own story lightly
so others can do the same.
Let knowledge, wisdom,
and mystery guide you.
Practice gratitude.
Accept yourself then
forget yourself.
Love.

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they simultaneously pay the cost of treating catastrophic illnesses that could be prevented, if people knew how to care for and value themselves. As a therapist, I have balked at the cost of therapy and I'm in the field! I've undervalued how much I deserved to grow and flourish, even as I watched clients benefit in just these ways as I treated them. But another way to look at it is to consider the cost of not doing enough therapy and not going deeply enough for a real benefit. For many, including me, this is a reflexive reaction to past deprivations. The number of defenses for not giving yourself enough is endless and individual. But the gains of pushing past this and really valuing yourself internally are pretty extraordinary. I'm not saying analysis is for everyone or that all issues will magically resolve through the course of therapy. We all know it's much more nuanced than that. I'm not even saying going to therapy more is the realistic or right choice for everyone.

But I do make a case for valuing therapy above some of the other things we prioritize in our lives. Why live a life filling in the gaps in your psyche and identity with things that aren't really satisfying in the long term, when therapy can directly address these issues? I make a case for challenging yourself and your clients to experience treatment that is enough, that is frequent and deep enough that it truly feels containing, and that allows enough time to examine all the feelings and reactions that pushing yourself can evoke. We often re-enact deprivations. Therapy is a natural place for this. It's also the place to examine those re-enactments and learn healthier ways. In the long run, I think it's far more expensive and risky to deprive yourself in therapy. It's a much better bargain to pay for the amount of treatment that can truly help you flourish.

References

http://www.autos.com/car-buying/average-luxury-car-lease-prices-by-make

http://traveltips.usatoday.com/much-cost-vacation-14241.html

We invite you to respond to the author's ideas and continue the discussion on the listserv.

CLINICAL SOCIAL WORK ASSOCIATION MEMBERSHIP

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

Please consider complimenting your WSSCSW membership with a CSWA membership.

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

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

Save the Date!

Annual Volunteer Recognition Celebration & Member's Party

Friday, June 5th • 6:30-9

Lake Washington Rowing Club

NEW MEMBER PROFILES

Julie Ambrose
Tara Barnard
Laura Betts
Karen Buckley
Christine Caldwell
Robin DeBates
Lisa deFaria
Sarah Frey
Jennifer Given-Helms
Matthew Gockel
Emily Gurley
Sabina Neem
Jennifer Palau
Laura Phillip
Jodi Rubinstein
Frances Schopick
Cynthia Shaw
Joan Ward
Megan White
Alan Wong

The Membership and Diversity Committee welcomes an extraordinary number of new and returning members over the past several months. We're excited to have you!

SABINA NEEM, MSW, LICSW

Sabina Neem is a Licensed Independent Clinical Social Worker. She received her B.A. in Anthropology from Barnard College, Columbia University and a dual master degree in Social Service/ Law and Social Policy from Bryn Mawr College Graduate School of Social Work and Social Research. She has been involved in harm reduction, transgender liberation, and racial justice work for nearly 20 years. She is the Associate Director at the Office of Multicultural Affairs at Seattle University. Additionally, during her five years in Seattle, she has co-chaired the City of Seattle LGBT Commission 2013-2015 and served on numerous Boards, including Zenyu Healing, Trikone Northwest and the National LGBT Access Project. She is currently working towards building her own therapy practice and looks forward to making connections through WSSCSW.

JENNIFER PALAU, MSW, LICSW

Jennifer received her MSW from Arizona State University in 1994 with a concentration in Child Welfare. She became licensed in 2001 (in CA) and in 2005 (in WA). She opened her current practice in Redmond in 2013, after 20 years of working with adolescents and families in abusive and traumatic situations. She spent 10 years at Child Protective Services in San Diego, working primarily with adolescents in residential care. After moving to Seattle in 2005, she spent 9 years as a social worker at Seattle Children's Hospital, where she worked in child protection, mental health evaluations, and the death and dying process.

She has been trained in DBT and CBT and is currently participating in Marsha Linehan's 2-year Intensive DBT Training for Independent Practitioners. Her passion is in working with adolescents and young adults with depression, anxiety, and self-harming behaviors. Her hobbies include hot yoga, cycling, and meditation classes. She can be reached at: www.jenniferpalau.com.

Certificate Program in Clinical Theory and Practice

October 2015 – May 2016

Wellspring 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). For more information: www.wellspringfs.org or Roberta Myers (LICSW, BCD), Program Chair, 425 452-9605

Part-time Therapist Position

Shepherd's Counseling Services (shepherds therapy.org), located on Capitol Hill in Seattle provides individual and group therapy to adult survivors of childhood sexual abuse. Applicants for this part-time contract position must be licensed (LICSW or LMHC), have experience treating abuse and developmental trauma, and have significant individual therapy experience. Group experience preferred. Shepherd's provides excellent consultation and ongoing education within a supportive and collegial culture. Please send cover letter and current resume to: brook@shepherdstherapy.org.

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CALENDAR

First Quarterly Associates Orientation

Join us for networking, rich discussion and answers to your questions about entering the field of clinical social work, choosing and navigating the licensing process, finding supervisory resources and support, and more!

Thursday, March 19th
7:00-8:30 pm
Hawthorne Hills Professional Center Conference Room
For members who are currently LSWAIC or LSWAA
Facilitated by Melissa Wood Brewster, LICSW, Laura Groshong, LICSW & Josh Cutler, LSWAIC

Upcoming Board Meetings & Retreat

March Board meeting	March 28th
April Board Meeting:	April 11th
May Board Retreat:	May 9th

CLINICAL EVENING MEETINGS

The Washington State Society for Clinical Social Work holds Clinical Evening Meetings three times per year —Fall, Winter and Spring - at the UW School of Social Work. They are scheduled for 7-9 PM, with networking from 7-7:30.

These are quality presentations given by members and allied professionals. It is a great opportunity for you to get 1.5 CEU's per evening while networking and meeting other clinical social workers. Our well attended and stimulating October meeting featured Dawn Dickson, LICSW, and Daniel Masler, PsyD, presenting The Use of Story in Clinical Practice: Reframing Personal Narratives About Health and Wellbeing.

Our next Clinical Evening Meeting will be held on April 23rd. Jamie Katz, MSW, will present "An Introduction to Working with Trans* and Gender Nonconforming Clients." Please join us for what is sure to be an interesting evening.

Questions? Topics of interest? Want to present?

Contact Dawn Dickson at dawndickson1@comcast.net or Tanya Ranchigoda at tranch27@yahoo.com.