



**SPRING
2007**

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PRESIDENT'S MESSAGE

Taking a look at clinical social work education

BY MARIANNE PETERSEN

One of the many subjects we are following as an organization is that of clinical social work education. I suspect that every one of us has strong opinions about our social work graduate educational experiences, whether we are currently in an MSW program or years beyond. As we have been actively encouraging membership and have been growing a place for students and new professionals, this subject has been put front and center for us to consider.

In the latest *Clinical Social Work Journal*, (March 2007), new editor Carol Tosone, (who we have brought to Seattle in the past), brings us a "lively debate" on master's level social work education. I highly recommend reading the original paper "Social Work Education and Clinical Learning" by Golnar Simpson, Jay C. Williams, and Anne Brantley Segall, as well as the response papers by Eda Goldstein and Bruce Thyer.

Simpson et al. outline the most comprehensive and thoughtful discourse on social work education I have ever seen; one also consistent

with the mission of the Clinical Social Work Association. The route proposed in the article challenges all participants in social work education. The authors provide well-substantiated guidance in curriculum design to meet the needs of all social workers, not just some. At the core, their curriculum is based on the concepts of "person-in-situation" and "relationship" and has a biopsychosocial emphasis:

The route proposed challenges all participants in social work education.

"Recent elaborations of psychological theories, social science, and neuroscience research provide greater clarity about the seamless interrelatedness of mind, body, and environment in the person-in-situation perspective. Likewise, contem-

porary, relational practice theory informs the use of relationship as social workers seek to connect with the client's subjective experience and provide a matrix within which change can occur."

While it is not possible to thoroughly cover the educational model they propose, I encourage

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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

our membership to familiarize themselves with it and weigh in on this conversation. The model does not limit itself to "psychotherapy" practice. It includes crisis intervention; casework; intervention models with individual, families, and groups; fieldwork; and every other facet of social work. As in the real world, clinical knowledge and social justice/social action concepts do not compete but instead compliment each other.

The history of curriculum changes in MSW education is an interesting and plausible explanation for how we have become so divided as a profession when it comes to advocating for our educational needs. The authors cite, among other reasons, the prevailing social climate of the '60s as one which began the trend to de-emphasize direct service in favor of social action. This divided the social work world into two camps with seemingly different values and goals. We have been squabbling over this split ever since. MSW programs across the country must be feeling greatly challenged when tasked with navigating these diverse needs which have been crafted into competing domains. For every one group they try to

please, another is dissatisfied. Why can't we move towards an integration of these concepts? Or as the authors so ably state, "is it not time for social work to value its own accumulated knowledge and wisdom, take a proactive stance, and contribute to the contemporary multidisciplinary conversations about relationship rather than remaining pre-occupied with either/or dichotomies?" (p. 34)

As part of our continuing support for our Society member students and postgraduates, we have been in a steady building phase of our relationship with our schools of social work, particularly here at the University of Washington in Seattle. They care a great deal about the postgraduate experiences of their alumni. Under the thoughtful guidance of Dean Edwina Uehara, the school has created a position, beginning this year, to evaluate how the educational experiences they provide do and do not prepare their graduates to be successful in their chosen fields. This step is a courageous undertaking and we are strongly motivated to participate with them in this creative challenge. ♦

*Life is a succession of lessons which must be lived
to be understood*

— Helen Keller

calendar

MAY 2007

Tuesday, May 8, 7 – 9 pm
(7:30 presentation)

- Dinner Meeting: "Racial Transference and Countertransference: The Impact of Race in the Therapeutic Environment"
- Micheal Kane, LICSW, PsyD, presenter
- UW School of Social Work

Friday, May 18, 12 – 2 pm

- WSSCSW Board meeting

JUNE 2007

Friday, June 15, 12 – 2 pm

- WSSCSW Board meeting

Annual party of the membership

- Stay tuned for details.

JULY 2007

Friday, July 20, 12 – 2 pm

- WSSCSW Board meeting



AUGUST 2007

Early August

- Membership renewal

Friday, August 17, 12 – 2 pm

- WSSCSW Board meeting

SEPTEMBER 2007

Saturday, September 15

- Membership renewal deadline

Friday, September 21

- WSSCSW Board meeting

Saturday, September 29

- Fall conference with Pat Ogden, PhD
- Topic to be announced

Note: All dinner meetings are open to members and nonmembers.

- Lecture only: \$8/members; \$10/nonmembers; free to students in a full-time graduate program.
- Dinner and lecture: \$19/members; \$21/nonmembers; \$11/students.
- Dinner is box-style — selections are listed in the announcement sent prior to each meeting.

Check us out online:
WSSCSW.org

Join the WSSCSW email group!

Now in its ninth year of operation, with 153 WSSCSW members currently on the roster, WSSCSW's email group is one of your membership's prime benefits. It is a valuable, prolific source for making and receiving referrals, consultation on practice and clinical issues, professional education programs, available office space, and other information of interest to clinical social workers.

It's easy for current members to join. You can email Eric Huffman, our Membership Committee chair at eghuffman@earthlink.net, or Rob Odell, the group's moderator, at odellicsw@clearwire.net. Once your membership status is confirmed, you'll be quickly added to the roster so that you can send and receive messages. (If you change your email address, contact Rob Odell with the new address. Otherwise, the new address will not receive or send messages successfully!)

WSSCSW Newsletter is mailed quarterly to members of WSSCSW.

Deadline for the next newsletter is **June 15, 2007**. Articles should be emailed to Mary Ashworth at mary.ashworth@att.net. For advertising rates see page 11. 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 editor and WSSCSW board. Articles reflect the views of authors and Society endorsement is not intended.

Trust everyone over thirty ...

BY ERIC G. HUFFMAN

Got your attention didn't I? Okay, trust everyone under thirty too. It's like this, I just entered the thirty-first new member of the year in to my database (all trustworthy...). We have never had so many people join in one year and the year is not over yet.

Here is an even better deal. If you know a clinical social worker who is not a member, tell them to take advantage of this offer. As always, any member (general or associate) who joins between March and the end of June can join for the remainder of the membership year at half price, only \$62.50. Or, any general or associate member joining in July at full dues, \$125 gets all of July and August added to their membership year at no cost. That is fourteen months for the price of twelve. Although our membership year always begins in mid-September, we start the new year in July for new members so they won't join in July and receive a renewal notice in August, with the rest of us. And, if you are curious, twelve of the new members are new professionals, two are associates working toward licensure, and the balance are general members. I'm having a great time with this ... don't let it stop.

While I'm at it, I want to thank Catherine Cobb and Nancy Code

for taking time out of their weekends to help me mail the 2007 rosters. It takes me several hours alone, but we did it in maybe two hours and had a fun time talking and trading stories. I appreciate the help and need it now that we are growing so rapidly.

Welcome to new members

Ann Demaris Davids

Ann received her MSW in 1990 from the University of Michigan at Ann Arbor. She is establishing her career after time as a stay-at-home mom, volunteer, and pastor's spouse. She is also a certified movement analyst (CMA). Ann is currently a post-graduate psychotherapy intern at the Alliance Community Psychotherapy Clinic and is a member of the Northwest Alliance for Psychoanalytic Study.

Mia Edidin

Mia received her MSW last year from the University of Washington. She has worked at the Community Psychiatric Clinic, Treehouse, and Faith Homes. Mia is currently participating in a mentorship group through the Washington State Society for Clinical Social Work.

Micheal Kane

Micheal received his MSW from the University of Washington in 1983. He received his MA and PsyD

in clinical psychology from Argosy University. Micheal maintains a private practice in Seattle and is also employed at the UW Hall Health Mental Health Clinic. He is the author of *A Review Study of Clinical Implications When Working With African-American Veterans*. Micheal's focus is on working within ethnic and sexual minority communities. He hopes to increase the ethnic diversity within the Society and educate his colleagues to the impact of racism, oppression and discrimination. He states, "there is a need for (the) clinical community to have a clear awareness of racial transference and countertransference and how this impacts the therapeutic environment." Micheal holds the LICSW in Washington State.

Walter S. Kopf

Walter received his MSW from the University of Washington in 1996. After being a stay-at-home dad for the past year and a half, Walter is returning to the field of clinical social work. He is interested in obtaining supervision and consultation as well as advice on beginning his own supervision and consultation business. Walter is beginning a private practice and previously worked at the Downtown Emergency Services Center and at the Seattle Veteran's Administration. He is a member of NASW and holds the LICSW in Washington State.

IN MEMORIAM

In honor and memory of Liz Roberts, social worker

BY BILL ETNYRE

Susan Moini

Susan received her MSW from the Catholic University of America in 1998. Until last year she maintained a private practice in Potomac, Maryland. She is the author of the 1995 article “Blaming the Perpetrator” in *Psychology of Women Quarterly*. She is interested in joining the Washington State Society for Clinical Social Work because it raises the quality and standard of clinical social work. She is interested in the Society’s educational offerings, ethical debate, legislative activity, veteran’s services, and networking possibilities. Susan holds the LICSW in Washington State.

Pamela J. Woodroffe

Pamela is a student in the University of Washington School of Social Work and will earn her MSW this year. In addition to being self-employed as a writer on education and social issues Pamela has been employed at the Harborview Medical Center and the YWCA Women’s Residence. She is currently employed at the Veteran’s Hospital in Seattle and is a member of the NASW. ♦

The social work community is deeply saddened by the death of our colleague, friend, mentor, and long time social worker, Liz Roberts, after a courageous battle with cancer over the past few years. Many of us knew Liz her for a long time as director of practicum at the School for Social Work, which is how I first got to know her at least fifteen years ago.

Liz first came to the SSW as a practicum liaison in the 1980s and then became director, a position she held for many years. Members of our Society have known her since we were social work students or as practicum instructors and remember her unflinching dedication to students, her thoroughness, and responsiveness. It is a daunting task to find, develop, and cultivate practicum sites for four or five hundred students needing placements every year.

Several times during my years as a practicum instructor for the SSW, I embarrassingly sought her

help too many times with mundane details I overlooked or questions I could have found answers to in the PI manual. She always responded promptly. It hit me how impressive this was when, as a practicum liaison last year, I learned just how many practicum students, staff, and agencies for whom and to whom she was ultimately responsible and responsive.

Placements don’t always go well, and Liz and her staff worked with agencies and students to address many difficult situations. She was instrumental in facilitating the best outcome for all. Sometimes this meant helping a new placement and other times a student, agency, or PI find ways to work through difficulties. Those of us who consulted Liz were struck by her unflappable, down to earth, highly sensitive, and collaborative approach.

Her contributions are many; her loss is great; we have been enriched by her presence. We will miss her dearly. ♦

*Everything has its wonders, even darkness and silence, and I learn,
whatever state I may be in, therein to be content.*

— Helen Keller

Dinner meeting review: “Dialectic Behavioral Therapy and Its Application in Private Practice”

BY JANET CARTER

On March 7, Cristina Mullen, LICSW, presented at the fourth in the dinner meeting series on the theme: Who are we to our clients? Twenty people gathered to hear this stimulating presentation. Cristina is a member of a small team of DBT experts at the DBT Clinic at Harborview Hospital; she also has a private practice where her approach is informed by DBT, CBT ACT, and narrative and mindfulness therapies.

Cristina began her talk by presenting an overview of DBT and its use with clients who are emotionally dysregulated notably those who have been diagnosed with borderline personality disorder. She reviewed the underpinnings of the therapy, namely reduction of client destructive behaviors, identification and minimizing of both client and therapist therapy interfering behaviors, skills building (mindfulness, interpersonal effectiveness, emotional regulation, and distress tolerance), and the importance of a therapeutic relationship based on natural limits and radical genuineness.

Cristina spoke of the DBT therapeutic house. The first level requires the therapist to assist the client to stay with the painful material while learning affect management and behavioral control. She emphasized

the importance of balancing validation of the client’s pain while advocating for change. Cristina described this balance as helping the client to accept the primary dialectic in DBT, “You are perfect as you are and/but you have to work hard to change.”

On the second level of the house the client becomes more familiar and competent in using the coping skills. In this and all phases of therapy the skills are reinforced in individual therapy. The therapist tries to make the relationship as “real” as possible by appropriate self-disclosure, and by being available outside the therapeutic hour for check ins and coaching.

Cristina noted that in DBT a “real” relationship is not based on transference. If the client abuses the therapeutic relationship, then limits become more restrictive as they would in relationships outside therapy, therefore providing a sense of radical genuineness. Although there cannot be total reciprocity within the relationship the client learns that he/she can impact the relationship. For instance the therapist might disclose, “I’m so excited when you do your homework.” “Therapy as usual” occurs on the third level of the DBT house, meaning that the client is no longer exhibiting blatant self defeating and self-harming behaviors. Therapy is focused more frequently on day-to-day challenges than on crises.

Whether working in a clinic or in private practice, Cristina emphasized the importance of ongoing support and consultation for the therapist. Therapists are at high risk for burn out. She noted that it is possible, although complicated, to provide both the skills building and the individual components of DBT. There are private agencies in the Seattle area where the skills building component of DBT is taught in client groups. Therapists in private practice can choose to refer clients to these groups and then coordinate individual DBT work with the agency program.

In this information-packed talk, Cristina stimulated much interest but unfortunately we only had a brief time for questions. This therapeutic frame was unfamiliar to some of our audience and it was fascinating to hear details of the burgeoning method of treatment that is proving effective for some of our most challenging clients. ♦

Spring conference: A resounding success!

BY SHIRLEY BONNEY,

Our spring conference, “Crying: A Clinical Model Based on Attachment Theory and Research,” was well attended and enjoyed by all. Judith Kay Nelson, MSW, PhD, spoke about theories of attachment as they relate to the types of crying experienced by our clients. She described types of crying and demonstrated how they connected to secure, insecure and disorganized attachment in childhood.

Dr. Nelson shared that nearly 25 percent of children raised in American middle class families experience an insecure attachment. She contrasted this finding with research showing that cultures in which infants are often carried close to their mothers’ bodies through infancy experience a more secure attachment than is typical in the United States.

Society members Carolyn Sharp, LICSW, and Tom Saunders, LICSW, each presented case material discussing a client’s ability or inability to cry as it related to the type of attachment they developed as a result of earlier trauma. The clinical examples were rich as were Dr. Nelson’s informative and thought provoking responses.

As part of our lunch, we were treated to the beautiful voice of Tamara Lewis, MA, a therapist who is also a singer/song-writer. Her lyrics were touching and funny bringing us to tears and laughter.

We are looking forward to our next conference to be cosponsored with the Alliance for Psychoanalytic Study on September 29, 2007. Pat Ogden, PhD, will be our presenter. Pat has been a pioneer in somatic psychology and the treatment of trauma and developmental issues since the late 1970s. Pat is the founder and director of the Sensorimotor Psychotherapy Institute, which is an educational organization dedicated to the study and teaching of a body-oriented approach to clinical psychotherapy practice. Sensorimotor psychotherapy integrates both cognitive and somatic methods in the treatment of trauma, attachment, and developmental issues. It is taught internationally to psychotherapists and allied professionals who want to include somatic interventions in their clinical work. Pat is a frequent speaker at conferences internationally and will be facilitating a training for the Treatment of Trauma in Los Angeles beginning in May 2007. ♦

Scholarship awarded to UW graduate student!

BY LISA BENNER

Every year the Society offers a scholarship to a graduate student at the University of Washington School of Social Work. The scholarship of \$1000 is to be applied to the student’s tuition. This year’s selection committee included Robin Westby, Rob Odell, and Lisa Benner. Applicants were asked to respond to the question: “Why I want to be a clinical social worker.”

The committee received eight papers addressing the question from diverse and distinctive angles. Reading the students’ goals, hopes, and desires for their future careers was stimulating and exhilarating. We found their varied backgrounds remarkable. The selection committee narrowed the group of eight down to three and then made the final selection based on several different factors including paper content and layout.

We chose Pamela Woodroffe as our scholarship recipient. Pamela impressed us with her commitment to the field of clinical social work and with the way in which she conveyed how her own life experiences have shaped her professional goals.

Pamela will be receiving her award at the awards ceremony held in April at the School of Social Work. She is already a member of the Society but will be encouraged to participate in Society activities during the coming year to support her developing career. Congratulations, Pamela! ♦



Only humans weep

BY ERIC G. HUFFMAN

Thinking about our spring conference with Judith Kay Nelson I began to wonder about crying. I learned all animals with mobile eyes have tears yet only human beings weep with emotions. Some reported cases exist of elephants weeping, but we are the only animals who do it frequently and throughout our lifespan.

Crying goes far back in our evolutionary development, and babies, with birth defects, who are born without the structures above the midbrain still cry. This observation would indicate that our crying behavior is a function of more ancient parts of the brain existing before speech and conscious thought evolved. At the same time, no other primates weep with emotion. Crying seems to have been a genetic fluke remaining on for our many generations because it imparted some benefit. Scientists are not certain of the mechanisms of crying and debate its function.

Debate centers over whether we cry because we are upset or whether we seek relief from being upset. Conflicting views exist because of the contradictory role of the sympathetic nervous system in crying. Some research indicates that when nerves central to the sympathetic nervous system are paralyzed, individuals cry more. When important parasympathetic nerves are damaged, individuals cry less. The suggestion is that we do not cry because we are upset but because we are trying to get past the upset; crying resets our emotional circuitry.

Infants cry to engage the caregiver and to signal preverbal distress. But why does crying persist beyond infancy? Crying is in many respects a social phenomenon. Our tears are on our faces, the most exposed part of our bodies and most visible to our social companions. No other primates are so deeply bonded to one another as humans. Some hypothesize crying signals the group that something is wrong with an individual member and in order to elicit help. Others speculate evolution favored traits that improve our communication. In one

experiment some subjects were shown photos of people crying and others were shown the same faces with the tears edited out. Subjects could not clearly identify the facial emotion on the tearless faces and provided a variety of interpretations, including grief, awe, and boredom. Tears take us to a world beyond words.

Interestingly, crying is also strongly influenced by culture. We might expect something so human and so primal to be difficult to set aside but this is not the case. Where, when, and how people cry is a function of sex, ethnicity, culture, socioeconomic status, religion, education, and occupation (to name a few variables). People from Mediterranean and Near Eastern cultures are less restrained in their emotional expressions than peoples from Anglo-Saxon and Scandinavian cultures. Some cultures such as the Minangkabu people of Indonesia are forbidden to cry and never cry. In some African cultures boys undergoing circumcision are forbidden to cry but are encouraged to cry loudly for other kinds of pain. Bereavement is the most universal cause for crying, but while 20 percent of crying in the U.S. is related to this type of grief, it accounts for only 5 percent in Japan. Culture also dictates crying styles and some scholars suggest crying is a learned language and an “extension of the culture’s native tongue.”

All of this leaves “tears of joy” in its own category, and more research is being conducted on this area of crying. I write this prior to our spring conference and look forward to insights gained from Judith Kay Nelson’s presentation.

Further reading

- Walter, Chip (2006), “Why do we cry?” *Scientific American Mind*, December 2006/January 2007, pp. 44–51.
- Lutz, Tom (2001), *Crying: A Natural and Cultural History of Tears*, W. W. Norton.
- Cardosa, Silvia H., and Sabbatini, Renato (2002), “The Animal That Weeps,” *Cerebrum* 4 (2) pp. 7–22. ♦

Get involved!

Support your Society

As many of you know, we are ending the two-year cycle of board membership (the committee chairs and officers). With so many programs and offerings from WSSCSW, the Society needs the people power to continue. As the board, we urge all of you to consider what you could bring to the organization and make a commitment to serve as a committee chair or board officer. In order to continue, we must draw from our only resource—our membership. We are a cooperative of members. The benefits of membership are member created.

Ethics Committee chair and Marketing Committee chair. If you are interested in either of these positions, please contact Marianne Pettersen at mpettmsw@aol.com. These are positions appointed by the president. Talk directly to the folks who currently occupy these positions to get a firsthand account of what the advantages are. You can find contact information for our board at wsscsw.org or in your membership roster. We have a wonderful history of working together and hope you will consider being a part of that.

If you have a literary bent, a talent for design, or an interest in a particular topic, the newsletter needs you. Possibilities for involvement abound! Proofreading, design innovation, photography, and overseeing a particular section are all areas in need of attention. Choose one or propose an idea of your own. All inquiries and offers to help are welcome. Contact Mary Ashworth, our newsletter editor, at mary.ashworth@att.net.

The Outstanding Student Paper Award needs a coordinator and one other volunteer to help facilitate this longstanding and wonderful WSSCSW program. This program helps the three MSW programs in our state stay connected with us and vice versa. It is a gratifying way to participate in the Society. More information about it is on our website at wsscsw.org/student_award.php. Contact Marianne Pettersen at mpettmsw@aol.com if you are interested.

VETERANS OUTREACH PROGRAM

VOP gains wider recognition

BY ROB ODELL

WSSCSW's Veterans Outreach Program has just joined "Military Kids and Families," a Pacific NW network of professionals who work with military connected families, providing medical and educational services. (Thanks to Laura Groshong, also a VOP member, who found out about this group through a state legislator.) The group seeks to coordinate, increase, and improve services to children and families and comprises professionals in both military and civilian settings. The group meets monthly, and members of the VOP Committee are in attendance, spreading the word about VOP and its WSSCSW clinicians.

The VOP Committee is aware of many reports and research projects detailing the nature and extent of mental health problems for Iraqi (OIF — Operation Iraqi Freedom) and Afghanistan (OEF — Operation Eternal Freedom) veterans and military-connected families. These reports are distributed to VOP clinicians and stored on VOP's email group website (on Yahoo Groups). If you are interested in becoming involved with VOP, please contact Rob Odell. ♦

Agency spotlight: The Downtown Emergency Service Center

BY MARIANNE PETERSEN

The WSSCSW Board has begun inviting directors of local agencies to visit our board meetings in an effort to expand our knowledge, develop relationships, and discuss issues related to client services and social work practice. We recently hosted Graydon Andrus, clinical director of DESC, to discuss the needs of his agency. DESC serves disabled and vulnerable homeless adults and is one of the largest multiservice centers for homeless adults in the Pacific Northwest. They prioritize mentally ill, chemically dependent, female, elderly, physically or developmentally disabled, and medically compromised individuals. Their emergency services, overnight shelter, clinical services, and supportive housing provide a continuum of care which helps people survive and often break the cycle of homelessness.

Graydon described a new program at DESC called PACT in which a team of social service and mental health workers consistently monitor folks with severe problems who may also be homeless. The goals are to keep them out of the hospital and stabilized enough to get housing and perhaps jobs. The model has been successful in other states and is an idea that has been around for a long time but only recently funded.

Graydon explained DESC's clinical services have not seen budget increases for some time and are in a position of having to "do more with the same dollars." Caseworkers carry a typical caseload of thirty-five clients. He cites staff recruitment and retention as the number one problem. Currently he is the only supervisor who meets the criteria for an approved supervisor. We discussed ways to collaborate with the agency particularly around their needs for approved supervision. We began to explore whether DESC could use volunteer supervisors in the next year to assist their licensure track MSWs in obtaining the hours needed for licensure. We will continue our dialogue with Graydon and look forward to ways we can collaborate. ♦

Soliciting ideas for future ethics conference

Just over one year ago Ellen Luepker presented at our conference: "Ethics and the Professional Relationship: Protecting the Client and Yourself." She shared her substantial knowledge about record keeping and many other aspects of the therapist/client relationship.

WSSCSW is again hoping to organize an ethics conference for the 2007–08 year and would very much like your ideas and participation. We would appreciate any thoughts or suggestions for future topics. Your involvement in the actual Ethics Committee process is also welcomed.

Please call or email your thoughts to me at your convenience. We are eager to prepare something of interest and value to the membership.

— *David Bird, Ethics Committee chair*

MARKETPLACE

The Certificate Program in Clinical Theory and Practice. This is a 100-hour course in adult psychodynamic theory and practice sponsored by Family Services. The program has run annually since 1991. It follows the natural sequence that characterizes treatment- addressing common issues in the opening, middle, and termination phases of treatment. The course defines and clarifies the choices often needed at each of these stages. Course instruction includes the use of teaching cases. One hundred CE credits are available for this course. We are registering for next year's program. For more information, contact Roberta Myers, LICSW, BCD, program chair, 425-452-9605.

Less time billing means more time for you to expand your practice or spend time doing other things you love. ARC Billing Solutions provides a full range of remote support services to meet your billing needs. Electronic billing = quicker payments. Please call Katherine Ropp to learn more: 206-686-4431, www.arcbilling.com.

Seeking participants. Study group starting first week of May, focusing on child development. Facilitated by SPSI faculty member. Meeting two Monday evenings a month on Queen Anne. Looking for psychoanalytic minded participants. For more information including dates, fees, etc., contact Lori Hiltz, lorihiltz@hotmail.com, 206-484-4003.

Your ad here. \$10 for 25 words, \$20 for 50 words, etc. Contact Mary Ashworth at mary.ashworth@att.net.

NEW PROFESSIONALS

Mentorship groups are thriving!

BY KAREN HANSEN

Mentorship groups are continuing to flourish and bring new members into the Society. The groups allow the Society to serve and also recruit new professionals. Currently three mentorship groups are meeting regularly and are led by Mary Kay Brennan/Jacqui Metzger, Bonnie Bhatti/Jill Seipel, and Marv Thomas. The following is a description from Marv's group which meets monthly at his home in North Seattle.

Marv writes, "Our group has been meeting since September and seems open-ended at this point. I suspect we will go for another year at least. We now have seven members. A couple of them are graduates from schools in other parts of the country. Mostly we do a check in and the participants take it from there. Sometimes I add something I know, but mostly they want to get support from each other at this particular point in their career quest."

Major themes arise about how hard it is to find a position that will lead eventually into clinical social work. They have discovered they cannot get a good job without the LICSW, but also cannot get the kind of position that will give them experience they can use for supervision. It seems like a catch-22.

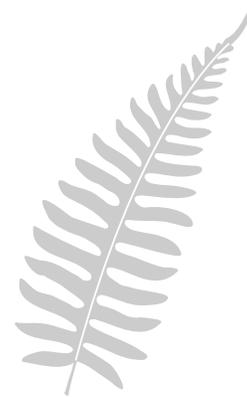
Group members are also struggling with the low pay of entrance jobs. Several are working in "sweatshop type" of jobs to provide services to very difficult populations. They know the burn-out is great and are

frustrated to be earning so little without adequate supervision in social service line jobs with many stressors. They feel this is the price they have to pay at this point in their career but find it quite stressful. They also report feeling stimulated and excited by the opportunities to learn and grow.

The other concern they have is that the SW program at the UW was biased toward management rather than clinical. So some of the local graduates feel they were short changed in their education.

In spite of all this they are excited to be members of the Society and to take advantage of all the educational opportunities existing in Seattle. They are also appreciative of the generosity they receive from the senior social work members in the community.

The group provides a very valued, and at times quite stimulating, forum at this time in their career. ♦



Hope and health for social workers: Clinical society members speak at UW

BY KAREN HANSEN

Are you sustainable? And aren't you glad you renewed? The following words were delivered by Society members Karen Hansen and Bonnie Bhatti to a group of forty students, staff, and clinicians at a breakfast meeting marking the closing of Social Work Month at the UW School of Social Work on March 30, 2007. Karen and Bonnie were asked to speak about hope and health for social workers. It was an early morning but enthusiasm for the topic carried the event to a fine conclusion.

After Karen delivered the topic presentation (see below), Bonnie lead the group in a guided visualization of "emptying your bucket," a hypnotic experience for relaxation and renewal. Participants were encouraged to use the experience to return to a state of deep relaxation whenever they needed to refresh themselves in their work. Questions and discussion centered on a desire of the students for the school to incorporate self care ideas and material in the general course curriculum.

Margaret Spearmon, assistant dean, assured the group that the SSW was working closely with WSSCSW and would be finding ways to include this type of material in the curriculum to come. A follow-up lunch meeting will take place in near future for this and similar ideas for clinical curriculum. Each successful contact with the school is building a reputation for the Society as a viable

and valued resource for shaping the future of social work training at the UW.

The renewable and sustainable social worker

Social work is a profession that can be a true challenge in its undertaking. What we hope is that it does not literally "take us under" at least until we are really ready to die or retire! I know that the undertaker that will care for my body at the end of my life will be handling someone who has seen and understood many human difficulties, both personal and professional. I am a clinical social worker, and this has been my life's calling.

When one is called to social work one commits to a career addressing the social problems of the least and the lost, those who have the most fragile sense of personal power: children, victims of poverty or abuse or trauma, immigrants and minorities, and the mentally ill. Issues of loss are often a major part of client issues as well, loss of loved ones, status, resources, or one's personal or cultural identity. Social work is about caring for those for whom society may have turned its back, families may have shunned or given up on, and for whom other social supports may have failed. People do not turn to social workers when things are going well, we are the ones who

must hold together people and situations where things have fallen apart, and hopelessness is in the mix.

Social work is a profession where external resources are often scarce, and sometimes even nonexistent. When a homeless person is our client, there may be very little to draw on to develop a viable casework plan. The nature of the mental illness of depression is another example of this, for the person's inner reserves are depleted or not functioning: a hallmark of the cognitive/emotional process of a depressed person is often one of hopelessness. When advocating for a new social policy or program, the request is often competing with resources earmarked for other purposes, and persistence and creativity are required to see things through to a positive resolution. Social workers must be able to counter hopelessness to be with a can do attitude and not be taken under by it.

As I have illustrated, the experience of hopelessness, even helplessness, may be palpable in the nature of the work we do. Resources may be scarce, support may be limited, and the work may be hard. The financial remuneration for the work may not be adequate to our needs at times. I have heard from many new professionals that their first several jobs have paid them at rates that are difficult to live on, or that

their job security is not solid. Even supervision resources may be scarce and require creativity to secure. This reminds me of an unfortunate joke about social workers, which goes like this:

The mugger and the social worker

A social worker is facing a mugger with a gun.

“Your money or your life!” says the mugger.

“I’m sorry,” the social worker, answers, “I am a social worker, so I have no money and no life.”

Seriously, these realities taken together, how do we build a case for social work as a viable profession to have chosen? How do we sustain and renew our energies for the work? How do we maintain our hope in the face of hopelessness, or struggle, or difficulty, or even failure at times? There are days when I sit with a traumatized client when my body feels so shut down that I cannot think clearly, and sleep is the only thing my mind seems to want to do. How do I go home from this experience and return the next day bright-eyed and enthusiastic for the work?

I am painting a deliberate picture of some of the true challenges of our work. But is that all there is to it? Is there another side to the picture? Of course there is, or we wouldn’t all be here today! There are the rewards of knowing we are making a difference, even when that difference seems small. There are the rewards of seeing the results of our efforts in the lives of others, and of knowing the

differences will continue to expand and grow like the ripples on a pond when a pebble is tossed onto its calm surface. One of the most profound rewards is the personal growth that comes with confronting and struggling through difficult problems, and the relationships we develop along the way doing so. How do we maximize the rewards, overcome the challenges, and continue to work in this field over time? I would like to speak to this issue today in a direct fashion. I’d like build a case for the resilient social worker. I think about social work as a career that is similar to that of a professional athlete, except that in addition to having a strong body that performs well we must also have strong minds, emotional self regulation, healthy relationships, and a well developed life philosophy in order to “compete” in the world of our profession.

First of all we must commit ourselves to both personal and professional growth. This will not stop the day we finish our graduate school programs, or land our first job, or get our first academic appointment. It must never stop, and any impediment to it must be addressed and removed. In order to both survive and thrive as a social worker, our energy must invest in this growth if we do not want to be overcome by the elements I have already mentioned.

Professional growth means taking advantage of your own passion to learn, and to seek out and take in new ideas, new directions, new competencies. It means not becoming complacent with the status quo, nor allowing routines to become fixed. It means using supervision and

mentoring to enlarge our sense of who we are, who we are becoming, and what the meaning of our work is. It means enhancing our vision of the true nature of our work, and its importance, through dialogue and sharing with others in the field. Through reading professional literature, attending conferences, writing about our work, and developing new research paradigms. It may mean job changes and position changes that continue to give us a new experience to learn from. Social work is a broad field with many professional roles and directions. Most thriving social workers I know have had numerous career experiences and learning opportunities that feed and excite them, and give them ever-expanding ideas about what they can and want to be doing. They feed their passions in the professional world, and are rewarded for doing so by experiencing renewed energy!

Personally, ongoing growth may encompass a number of arenas. Taking care of emotional baggage from the past is an essential process for social workers, as much of our effectiveness is going to flow from a freedom with the self to be and to do. Emotional exhaustion and ineffectiveness may be stimulated by the clients we work with. This makes our own personal resilience a requirement for countering the hazards of the work. Personal psychotherapy is the most direct way to take care of our baggage from the past, and as an organization the Society takes a strong stance in favor of doing this. Almost every one of our members

have used this resource to enhance their resilience. By doing our personal work we free our energy up and become more effective persons. Much of social work depends on the use of the self of the social worker, and thus an effective self is essential to our work.

In particular, individuals new to the field are most at risk and thus higher in their need for attention to personal work. This is due to the extra difficulty of entry-level jobs in social work, along with the insecurity of forging a new professional identity and set of competencies. Integrating new learning takes considerable energy. It is much harder if old baggage is getting in the way. Additionally, there are many other forms of self care and soul care that can enhance our personal growth. Having committed time for recreation and relaxation, for meditation, prayer, or other spiritual disciplines are essential elements to our lives as sustainable and renewable social workers. We must tend to our own soul if we want to really be able to be there for others. Care for the body in the form of exercise is indispensable; it keeps the mind rooted in the physicality of the body, it stimulates the senses and the blood flow to our organs, it helps maintain the health we need to sustain us in our work. Attention to diet and nutrition further the healthy resilience we need to cultivate, and further mediates stress levels.

I would like to give a moment of special attention to the question of relationships for the sustainability and renewability of ourselves as social workers. There is no single element that is more important than having the holding and supportive functions of relationships, whether these be with parents, spouses, friends, supervisors, mentors and teachers, or colleagues. We cannot handle the stresses of our work alone, we must do this in the context of community and relational support. The times in my professional career that were the toughest were the times when I was trying to go it alone with not enough support in my life to balance our what I was “giving.” Social isolation is a toxic and unforgivable roadblock to surviving and thriving in our profession.

The last feature of sustainable and renewable elements for the social worker is the ability to say no. Perhaps this sounds simple or even selfish. Yet the nature of our jobs and our calling to social work puts us at risk for burnout and overload. The better we are at what we do the more likely we are going to be asked to do more and more, until we reach our breaking point. Feeling proud that we can handle an unbearable load of work is a dangerous thing. Recognizing our vulnerability and limits, being able to say no without guilt, and valuing ourselves enough to do so is an essential skill for social workers to master to be able to thrive in this field.

In closing, we are lucky to have been called to this profession. There is honor in the work we do, and it does make a difference. We make a

difference when a single mom feels empowered by our work with her and is able to pass this confidence on to her infant child. We make a difference when we create and sustain programming for immigrants who are lost in the fearful place of having no social support in a strange land. We make a difference when we intervene with an abused adolescent and offer a trustworthy relationship to weather their premature emancipation from a difficult family. We make a difference everytime we facilitate a group of addicted women and help them find hope for their lives. These are but a few examples of the enduring value of social work, which adds the compassionate element to a society that may not otherwise provide for its vulnerable members. Each of you has your own stories to tell about having made a difference in the lives of your clients. However, sustaining our selves for the course of this important career is our own responsibility. No one will do this for us. Although not always easy, we deeply benefit from the outcome of this process, as do our clients. Being committed to doing so is what can allow us to make this career choice rewarding. ♦

Remarkable successes accompany some disappointment

BY LAURA GROSHONG, WSSCSW LEGISLATIVE CHAIR

As of the time this newsletter went to press, some legislative items of interest to WSSCSW members were unresolved.

It appears that the registered counselor bill, E2SHB 1993, will not be passed by the Senate and more study will be required to change the current status of the 18,000 registered counselors who only need to pay \$40 and pass a four-hour AIDS/HIV course to be independent mental health clinicians. Many thanks to Marianne Pettersen, WSSCSW President Rob Odell, John Walenta, Alma Rolfs, Carolyn Sharp, Peggy Nast Hayes, and Joan Duroe who came to Olympia to lobby on behalf of this bill. Thanks also to Kevin Host, who testified on behalf of this bill and Gail Katz who was willing to come lobby (and from whom I have a rain check!). Your efforts have laid the ground for our future efforts and improved the name recognition of the Society exponentially. The budget has not yet been passed but the House budget has a twenty-session mental health benefit for all GA-U enrollees in King and Pierce Counties as a pilot project. The budget will be voted on by April 22.

On a brighter note, the expanded mental health parity bill was signed into law by the governor on March 30. This means all insurance plans, i.e., individual, small business, and large business, must have a mental health parity benefit which is "at parity" with medical surgical benefits. Equal co-pays, lifetime and annual limits, and co-insurance rates must be implemented by January

1, 2008. All diagnostic categories except for V codes must be covered by January 1, 2010, with limitations on treatment frequency which are equal to limits on medical/surgical treatment. The formula for limitations is in development by the insurance commissioner, though some major plans are considering whether they will insist on limitations, or let clinicians decide. I will keep you posted as this important component of parity evolves.

Also SHB 1088, the children's mental health bill, will probably be signed into law this week by the governor. This bill will not only provide twenty sessions of mental health treatment for all children who are Medicaid enrollees; it will allow LICSWs and other licensed clinicians to see Medicaid enrollees independently without working in

an RSN. Previously only psychiatrists could see Medicaid enrollees independently. I recommend everyone drop an email to Rep. Mary Lou Dickerson (D-36) at dickerson.marylou@leg.wa.gov, thanking her for her heroic efforts in getting this wonderful legislation passed. Don't forget to mention you are a member of WSSCSW and a constituent if you are in her district and to cc me.

Thanks to all who responded when I asked for your help with emails and calls this legislative session. I can't remember a session that was as busy as this one, and your support of issues and bills the Society supported was outstanding. To those of you who worried about how hard Lonnie Johns-Brown, our Olympia lobbyist, and I worked this session: we both will be taking vacations when the session ends! ♦



WSSCSW members Shirley Bonney, Professional Development chair; Laura Groshong, legislative consultant; and Lonnie Johns-Brown, lobbyist, with Rep. Don Barlow in Olympia.

In-depth interview with Kevin Host, CSWA president, and Richard Yanes, CSWA executive director: Part two

BY FRED LEVY LCSW, EDITOR OF CLINICAL SOCIETY NEWS FOR THE VIRGINIA SOCIETY FOR CLINICAL SOCIAL WORK INC. (USED BY PERMISSION)



Kevin Host



Richard Yanes

This past November 6, VSCSW newsletter editor Fred Levy interviewed Kevin Host, LCSW, president of the Clinical Social Work Association (CSWA), and Richard Yanes, executive director, to discuss our new national organization. We featured the first part of this conversation in the winter issue; we are presenting part two here. Richard Yanes served as the CSWF's last executive director, and devoted many years of service to that organization; Kevin was its last president. Both have been instrumental in guiding clinical social work through this critical transition.

Fred: What is the function of the president, the executive director, how will you both work together, and how are you working together?

Kevin: The fact that Richard is in DC and I am in Washington State, we don't go out for beers too terribly often.

Fred: It's amazing the way you two communicate.

Kevin: Actually, we are developing a more corporate structure, if you will. I am the president of the board: it's an elected position. There are officers of the board with a cadre of representatives. Richard is our executive director, and the board sets a more global policy for outcomes. I work with Richard, who as executive director executes

policy, reports back to me, and works strategically with me on how we can best accomplish the over-arching goals of the organization. In terms of how Richard and I work together, we have known each other since Richard joined the Federation, and I the Executive Committee. He and I have a scheduled discussion every week; we probably talk two or three times a week on the fly and email back excessively, so whether he is in Washington, DC, or Seattle, it is a very functional, well-working relationship. Richard you might say the exact opposite. That's my take on it.

Richard: Kevin is a pleasure to work with. We have worked together a very long time. Coming from an organization that he comes from, he is sort of that rare clinical social worker who has an organizational perspective as well, which I have found to be very helpful. I think is critical to any organization to look at the horizon, to look at the future and the issues that are coming, so that you begin the discussion and preliminary work before they arrive and not after. I think that this board is working very much on that.

Fred: What has personally and professionally motivated you to devote the enormous time and energy for the significant ongoing commitment to our profession?

Kevin: One point here, Richard is actually paid. He is a full-time, salaried executive director. That is highly motivating! From my end of it, I can't say that I have thought long and hard on it. I guess even going back to my roots in graduate school, the curriculum was actually less clinical and more social justice oriented, focusing more on macro issues. The University of Iowa in the mid-'70s and was actually a very exciting place to be.

One of the values I took out of graduate school was to get involved, and look at the big picture—that your work is more than just an 8–5 experience. I think every clinical social worker should find a way to give back to their profession—I think that is what makes us professional. I direct about a 3.5 to 4 million dollar business within a social work organization, so I like tinkering with managerial challenges. That is actually fun on many days, some days not at all, but is on many days. For me it is kind of a nice when it all comes together.

Richard: I have rarely found that the pay that I receive in my professional life is the motivating factor. I have been very fortunate that it has always been the work itself, and that the money can be moved in a good direction. I love Kevin's phrase "social justice," which represents the best of all the aspects of the work that I have taken on over the years. Of course social work is about social justice both at a macro and a very individual level. Those are the kind of factors that have helped me in my work and the work that I do here.

Fred: I am hearing from the both of you that very much of what you

do, especially that which pertains to social justice, emanates from your value base, and I think that is something to which many, if not most, clinical social workers from around the country, could relate.

Kevin: I agree. I don't think that uses of social justice are highlighted as much as they could be from a clinical perspective.

Fred: What is CSWA's vision for clinical social work, and in what specific ways will that vision manifest for clinical social workers? And in the same spirit, what are the organizations priorities for the coming year, in five years, and how does the organization plan to lead those priorities?

Kevin: As an overarching goal our vision is to nurture, develop, and promote clinical social work as the eminent therapeutic profession: I am getting pretty lofty here!

Fred: That is pretty interesting; I'd like to hear more.

Kevin: Again, if you look at the cadre of providers from the various disciplines from psychiatrist, counselors, RNs, MFTs, etc., each discipline has its own value and its own strength. I think clinical social work blends in all of those plus the value of social justice within the context of the person and environment. You really cannot understand the person outside of their social context, and you also need to understand the person from a clinical point of view, and place them in the interface between their inner dynamics and social context. So I really think we are poised to be the preeminent treator of behavioral health, mental health concerns, and family concerns. So again,

getting pretty grandiose and lofty here, that would be the vision for clinical social work.

Richard: I think clinical social work had held that position maybe twenty-five years ago, and I think it eroded somewhat over time; and I would like to see us reclaim that mantel.

Fred: When do you think it eroded it?

Kevin: Got another hour?

Fred: No, but we could touch on it anyway.

Kevin: I think for one, the problems of different master's degree clinical training programs. I think that it has muddied the water a little bit and it has added some competition, and I don't know if we as a profession have responded to the competition.

Fred: That also speaks to the age-old issue of social work identity. If we know who we are and where we have come from, then being able to grow as a profession comes a lot easier.

Kevin: I agree. Again I think Fred hit on the mark about professional identity. There are still some areas of the country, including major cities, where social workers are the folks who take children away from their parents. There is a perception of social workers, of who they are and what they do, and I think as an organization and a profession we need to embrace more our strengths and our commitments, more than we have in the past.

Fred: Richard, is there anything you want to add to that?

Richard: Back in the '80s and '90s, we had a change in culture with respect to how we approach healthcare in this country, and certainly mental healthcare, which in the last decade and a half has been driven by dollar amounts. I think that problem has had a really debilitating effect on social workers, who have been generally placed at the bottom of rates schedules. We are just beginning to address that discrimination, because there is no difference between the services provided under, for example, psychiatric codes. The differences in the disciplines concern education and training, but since each are qualified to provide those kind of services, the reimbursement ought to be the same.

Fred: Thank you. Is clinical social work endangered, and how can CSWA help protect our profession from possible extinction? What will we need to do as a national organization, state society, and as individual clinicians to promote our professional viability?

Kevin: Is clinical social work endangered? It depends where in the continuum you stand. For me, right now, at this point in my career, I am prospering. I am using all my clinical social work skills. I am motoring along. About a week ago, I had the opportunity to attend a dinner with the University of Washington School of Social Work faculty, which was put on by the Washington State Clinical Society. The focus of this lovely dinner was a fish bowl exercise, with about eight or nine of the society's new professionals. Many, but not all of them graduated from UW, and it was

a chance to reminisce on graduate school and their start in the profession, of what it was like. The discussion was frank, and it said a lot. The struggle for new professionals was to land a job that would pay their bills, to find a site where there was a social worker and a licensed supervisor who could help them learn about the profession, and to be in a place where the profession holds some esteem and prestige.

Much of the education that they received in graduate schools didn't prepare them for the actual work of the clinical social worker. These young professionals were doing intensive family therapy in home, others were working with mentally ill offenders, some were working with families of premature infants. The preparation that they received in their graduate schools didn't quite prepare them for even entry-level work.

I think the generation or so of new professionals behind us is most endangered. What are we doing to make the profession a better place for newer social workers? We must not lose site of what it was like ten, fifteen, twenty, and in some cases thirty years ago. I think that we are somewhat endangered in terms of no having clear pathways for new social workers coming up, and funding is getting very, very difficult for private practitioners. Panels are closing, and Medicare is proposing cuts. Health Centers are minimizing therapy, and there is more case management and medication management. There seems to be less economic support and time for engaging clients where they are.

There are serious doubters out there, but I don't think there is any question: we do have some problems.

Finally, we have licensing regulations throughout the entire country. That's a real plus for the profession: the standards; competency—all those kinds of things. And we do organization, the Association being one and certainly our state societies as well, where people, even just by joining their voice to those organizations, will make those organizations stronger and help move things in the right direction.

Fred: As I listen to the both of you, one thing gets increasingly clear, which is that CSWA has birthed at a turning point in our profession. How we advocate for ourselves at all these levels, is really going to, to a large degree, dictate what profession we hand over to the next generation of clinicians. Clearly, the CSWA really has the potential to take a key role as a advocacy point to ensure viability for future generations, but it has got to be now. It can't be in five years or ten years or next week. Clinical social workers will have to step up now for this to work.

Richard: I agree 110 percent. I think we as clinical social workers need to do it. We can't prevail upon external organizations to lead the way for us, to come in and bail us out. I think we need to embrace that part of the macro side of social work education of getting involved, organizing, promoting, and working diligently as an organization. I think that we need to do that as social workers and not to put it off on someone else. ♦

KUDOS

The power of putting things into words

COMPILED BY MARY ASHWORTH, EDITOR

Renee Katz

We have yet another author in our midst! Member Renee Katz, PhD, MSW, along with Therese Johnson, MA, has published *When Professionals Weep: Emotional and Countertransference Responses in End-of-Life Care* (Routledge-Taylor & Francis). In this volume they share their personal and professional struggles with some of the most difficult issues presented in end of life care.

When Professionals Weep challenges clinicians to confront and examine their own denial, grief, and anger, fears of suffering, deterioration and loss, and their needs for control, love and admiration. Contributors address such issues as how practitioners can “overhelp” and “underhelp”; how personal, societal and family biases can contribute to inappropriate diagnosis, referral, and treatment; why service is prolonged with some and terminated too soon with others. Nancy Hooyman, PhD, MSW, dean emeritus, University of Washington writes: “*When Professionals Weep* is a gift to students and practitioners.” Congratulations Renee!



Laura Groshong

Robin Brownstein writes, I know I am not alone in honoring Laura Groshong for her unending and tireless work as our lobbyist as well as a tremendous source of information for us in our day to day social work practice. I can not thank Laura enough for her stamina, her dedication, the wealth, depth and breadth of her knowledge and her presence in guiding our professional community. I honestly don't know what we would do without her lobbying activities and guidance in connecting us with our representatives at critical legislative moments.

Already this year, in addition to her lobbying efforts Laura has also shared her voice with a wider audience. At a glance you can find Laura quoted in two publications in February and March of this year. The March 4 article in the *Olympian* by Adam Wilson, entitled “Legislature Considers Social Work License,” quotes Laura regarding her testimony on the social work title bill. In February her words also appeared when quoted in the article “HIPAA: Another Look at the Basics as MCOs Speed Toward E-Claims” in *Psychotherapy Finances*, No. 2, Issue 394. On March 29 both she and Kevin Host had their letters to the editor published in the *Seattle Post-Intelligencer*, and she had an article published in *Social Work Today*, Vol. 1, No. 2, “How Can Generalist and Clinical Social Workers Get Along?”

Thank you Laura, you are an inspiration and a crucial voice in the esteem of and professionalism for the social workers in our community.



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stay tuned!



Our annual fête is fast approaching.

We hope you will join us in celebrating the accomplishments of the Society over the last year and in honoring one of our own.

Watch for details coming soon!