WASHINGTON STATE SOCIETY FOR

CLINICAL SOCIAL WORK

NEWSLETTER

WINTER 2008

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PRESIDENT'S MESSAGE

A New Year

BY MARIANNE PETTERSEN

Happy New Year to you all! As I write, I am feeling cautiously optimistic that 2008 will bring hope the world over, hope which has seemed in short supply over the past seven years. I am also feeling extraordinarily pleased to announce that 2008 brings the Society wonderful news in many ways. We have the highest membership ever (with over 180) at this point in the year, we continue to grow new directions to meet the diverse needs of our membership, and I am very excited about the appointment of a new president-elect! Midway into our fiscal year, we have a lot for which to be grateful.

2008 brings the Society wonderful news.

Rob Odell has graciously agreed to be appointed president-elect of the Society. As you all know, Rob has been our very capable moderator for the list-serve since its founding in 1998. In addition, he served as secretary from 1999 to 2001 and served on the Executive Committee at that time. In 2000 he cochaired the Guild Committee and from 2005 to just recently he was the coordinator of the Veterans Outreach Project. He headed up our first nominations committee and has volunteered for numerous marketing and membership efforts. Beyond his roles in the Society infrastructure, he has presented on couples therapy and "Critical Incident Stress Debriefing" at two dinner meetings. I have been privileged to work with Rob on several endeavors and have the highest confidence that he will serve the Society well in this new capacity. Normally we elect a president-elect before the second presidential year begins but he will be on the ballot for president, as well as any other candidates we may identify, for this June.

You will read about much of what we are up to in this newsletter but I want to share a few of my thoughts with you about some of these endeavors.

Inquiry into racism

In November, a group of board and committee members met with Josh Miller, PhD, from the Smith College School of Social Work on the topic of racism. Dr. Miller, an expert and researcher in this area helped us to begin a process to look at both the personal and institutional nature of racism. Those who attended found the experience of great value. We are

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WSSCSW

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

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

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

PRESIDENT'S LETTER

continued from front page

inviting Dr. Miller back to meet with us again when he returns to the Northwest during the upcoming year. We hope these meetings will become a basis for our being able to offer membership an in-depth presentation or conference on issues of racism and the clinical implications.

New professionals autumn gathering

After our successful second annual autumn gathering of new professionals, some of us have been in discussions about how to bring more meaningful training for new professionals both from within the UW graduate program and from the development of a postgraduate training. We are exploring how students can develop a coherent way of learning by building on the basic elements of clinical work and then applying it to different orientations and clinical settings. More on that later.

Agency relationships

The WSSCSW Board has been in the planning and development stages of deepening our relationships with area agencies which employ many of our members. We feel this endeavor is long overdue and are excited about finding ways to collaborate. Ideas such as bringing dinner meeting presentations into community agencies and meeting with directors to understand their needs particularly around supervision are just a few of the topics being discussed at present. I would love to hear from any of you working in agencies about how we might become more knowledgeable about your agency's issues, your experiences and how the Society can be helpful in supporting your work. I welcome your input. Please contact me either by phone or e-mail if you have thoughts to share.

The Clinical Social Work Association

I want to put in a pitch for 2008 being the year you join the Clinical Social Work Association if you haven't already. I don't think we can be fully in professional mode without supporting and having the support of a national organization advocating for our interests and those of the populations we serve. I hope you will give this your serious attention and thank those who have already joined.

Electronic age

I also want to mention that we are in the final stage of upgrading our website capabilities. We are at this time building a member and non-member database online to vastly improve the ways we disseminate information about the Society, membership and our conferences to name a few things. We anticipate the database will save time and much effort for us in our communication efforts. I invite you to sign on to our website (*wsscsw.org*), and you will notice we have a new search engine there. You can more easily look up information you need such as "what is the NPI again?" "what are the licensure requirements?" "what's the next dinner meeting and where?" and other frequently asked questions.

And finally but of utmost importance, I hope you all have both a fulfilling and relaxing new year! ♦

NEW PROFESSIONALS

Celebrating new professionals

BY SARA SLATER

On Friday, November 2, WSSCSW hosted the second annual new professionals dinner, held at the University of Washington Faculty Club overlooking Lake Washington, complete with cocktails, seated dinner, and inspiring remarks by UW School of Social Work Dean of Students, Margaret Spearmon. Board member and New Professionals Committee chair, Karen Hansen, was instrumental in organizing the evening, ably assisted by Carrie Smith, Lyla Ross, Diane Grisé, Bonnie Bhatti, and Sara Slater.

We had a great turnout from both our new professional contingent and our regular Society membership. New professionals now represent about 20 percent of our members, thanks to the efforts of this committee. One new professional reports that networking thru the WSSCSW end of year party in June was key in helping her land her current job, and another, newly transplanted from out of state, decided to join our ranks this very evening,

A major highlight of the evening was a stimulating fishbowl discussion with lively participation from a vocal and articulate sampling of new professionals. Participants included Mike Krepick, Cathy Davis, Maureen McDermott, Diane Broderick, Rue Pauley, Anna Fisher, and Melanie Marion, with Lyla Ross, board secretary and new professional, serving as facilitator. The group represented considerable diversity in both practice locations and roles, from in-home therapy with children and families, to medical social services at both the Cancer Care Alliance and the Veterans Administration, and from agency-based counseling with chronically mentally ill clients to "non-therapeutic" forensic social work.

Clearly communicated were the various challenges of transitioning from student to practitioner. Some of them being: long hours, large caseloads, difficulty providing therapeutic services when presented with overwhelming pragmatic needs; inadequate supervision, limited opportunities for clinical work; and sustaining oneself professionally while maintaining work/life balance. Most participants felt they were not as well prepared clinically as colleagues from other programs, but had chosen social work for its "marketability." They cited a deficiency in training opportunities, clinically oriented classes, and practicum choices as challenges in their preparation.

Their comments generated discussion among the broader group as to how the WSSCSW might help support students and new professionals. Suggestions included starting mentorship groups with first year students, inviting clinical practitioners into classrooms and mentorship groups, creating group supervision partnerships with agencies, and building licensure study groups. Carrie Smith reiterated the Society's commitment to providing reduced fee supervision and psychotherapy to new professional members. Karen Hansen reported that she and Shirley Bonney will be conducting a short course in building a private practice in 2008. Finally, Dean Spearmon stated that the School of Social Work plans to offer micro classes in clinical skills next spring. Flowing from the collaborative efforts of this and other previous events, the school has asked the Society to identify master clinicians from our membership that can offer their expertise at the school this spring to augment the clinical training options for students. Although this is a pilot project, it bears potential for diversified training options around the teaching of clinical skills not currently being offered at the school. Partnering with the school to improve the clinical track options for students has been an important goal of the New Professionals Committee. We are excited about the potential inherent in this partnership!

Bringing new blood into the WSSCSW, and facilitating the growth of our profession are vital functions of a dynamic organization. Those of us who have been in the field for some time can all identify mentors and supervisors instrumental in our own professional growth. It is exciting to see the commitment embodied by this annual event. If you would like to get involved in supporting new professionals, please contact Carrie Smith. Let's keep our membership strong with a multi-faceted welcome of new professionals! ♦

calendar

FEBRUARY 2008

Tuesdays: February 12, 26; March 11, 28
- "Starting Your Own Private Practice"
- Shirley Bonney, LICSW; Karen Hansen, LICSW (Short Course)

Friday, February 15, 12 – 2 pm
- WSSCSW board meeting
- Hawthorne Hills Professional Center

Saturdays: February 16, 23
- "Somatic Transformation"
- Sharon A. Stanley, PhD (Short Course)

Tuesday, February 26
- Dinner meeting: "Therapy with the Borderline Client: Projective Identification and Right Brain to Right Brain Communication"
- Trip Quillman, LICSW
- Bellefield Office Center

MARCH 2008

Sunday, March 16
- Legislation session ends

Friday, March 21, 12 – 2 pm
- WSSCSW board meeting
- Hawthorne Hills Professional Center

APRIL 2008

Friday, April 18, 12 – 2 pm
- WSSCSW board meeting
- Hawthorne Hills Professional Center

Thursday, April 24
- Volunteer appreciation dinner

Wednesday, April 30
- Dinner meeting: "Perspectives on Varied Approaches to Treating Anxiety"
- Michele Pomarico, LICSW; Caron Harrang, LICSW
- UW School of Social Work

Wednesday, April 30
- Deadline for the Outstanding Student Paper Award

MAY 2008

Friday, May 16, 12 – 2 pm
- WSSCSW board meeting
- Hawthorne Hills Professional Center

JUNE 2008

Thursday, June 19
- Annual party of the membership

Friday, June 20, 12 – 2 pm
- WSSCSW board meeting
- Hawthorne Hills Professional Center

JULY 2008

Friday, July 18, 12 – 2 pm
- WSSCSW board meeting
- Hawthorne Hills Professional Center

AUGUST 2008

Early August
- Membership renewal

Friday, August 15, 12 – 2 pm
- WSSCSW board meeting
- Hawthorne Hills Professional Center

SEPTEMBER 2008

Monday, September 15
- Membership renewal deadline

Friday, September 19, 12 – 2 pm
- WSSCSW board meeting
- Hawthorne Hills Professional Center

Be sure to check our website at wsscsw.org for up-to-date details of events.

Have you moved?

Please let us know your new addess. Email your name and address to: aimeeroos@yahoo.com

Benefits available to WSSCSW's new professionals

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

To obtain information on any of these new professional member benefits, please contact Karen Hansen, LICSW, New Professional Committee chair, 206-789-3878, *karenhansenmsw@gmail.com*, or Carrie Smith, LICSW, New Professional Committee member, 206-329-4763, *csv3@mindspring.com*.

workshop

- **"The Primacy of Affect: Clinical Applications of Affective Psychobiology to Therapeutic Theory and Technique"**
- **Ann Nesbitt, Ph.D., MFT**
- **Saturday, March 29, 2008**

Ann Nesbitt, Ph.D., MFT, will be presenting a daylong workshop on March 29, 2008, entitled "The Primacy of Affect: Clinical Applications of Affective Psychobiology to Therapeutic Theory and Technique." Dr. Nesbitt will talk about how clinicians can use an understanding of neuroscience to help inform their treatment choices and direction.

In the field of psycho-neurobiology, Dr. Nesbitt's areas of special interest and research are affect regulation and dissociation. She has worked closely with Allen Schore, Ph.D. for many years, contributing to and assisting in the development of his "Hypometabolic Theory of Dissociation." She has also participated in trainings and study groups with Pat Ogden, PhD, and Christopher Bollas, PhD.

Afternoon case presentations will help to illuminate the benefits of an understanding of neuroscience in the clinical context. Additionally, Dr. Nesbitt will be offering a 2.5 hour "primer"—a mini-course in neuroscience at the University of Washington School of Social Work on March 28, the day prior to the conference. This is so that people who do not have a background in, or who may want to "brush up" on the subject, will have an opportunity to gain a greater understanding of the basics of neuroscience before attending the main conference the following day.

Look for registration information coming soon.

WSSCSW Newsletter is mailed quarterly to members of WSSCSW. Deadline for the next newsletter is **March 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 descretion of the editor and WSSCSW board. Articles reflect the views of authors and Society endorsement is not intended.

MEMBERSHIP

Celebrate the old year and ring in the new!

BY ERIC G. HUFFMAN

We had a tremendous year last year. There were 35 new members joining the Society; this is far beyond any previous year for the number of new members joining. In addition to that, we are beginning our new membership year with more members than at this same time in any previous year. We have a much more diverse membership with clinical social workers representing private practice, agency psychotherapy, medical and oncology social work, school social work, and the criminal justice system.

The generosity of lobbying contributors during the renewal drive also surpassed all past contributions both in dollars contributed and the number of members making contributions. New professionals continue to join at a steady pace and are bringing more friends and colleagues to the Society. I really don't know how things could be better … I wish I could find my thesaurus … I'm running out of superlatives.

Let me add one point. I am sometimes slower than I would like in getting information and applications to people who want to join. One way to compensate for my sloth (well … it isn't really sloth …) is to refer interested people to our website: *wsscsw.org*. They can get all the information on current Society activities, find a dues list and download an application. If they don't have Internet access, please ask them to call me at 360-794-2453 and I will mail them an application. Ah, growing pains …

Welcome to New Members

Ken Eisenberger
Ken received his MSW in 1977 at the University of Southern California. He has been in private practice since that time and currently practices in Everett. Ken is the author of the book *The Expert Consumer: A Complete Handbook*. He is a member of NASW and the EMDR International Association. Ken holds the LICSW in Washington State.

Sheila Keenan
Sheila earned her MSW from Smith College in 1997. She is currently a therapist for Family Services of King County. Before that, she worked at the Downtown Emergency Services Center. She holds the LICSW in Washington State.

Melanie Marion
Melanie earned her MSW from Smith College in 2006. She is currently a mental health therapist and case manager at Sound Mental Health. Her master's thesis "Popular Culture on Television and How It Affects People's Perceptions of Mental Health Therapists" was published by Smith College.

Maureen McDermott
Maureen earned her MSW at the University of Washington in 2006. She is currently a school social worker and academic counselor for the Bellevue School District.

Kristina Schellie
Kristina received her MSW from the University of Denver in 1989. She is currently in private practice in Bellevue. Her previous experience includes work as a clinician at the Harborview Center for Sexual Assault and Traumatic Stress. She has also worked at Harborview's Madison Clinic as a counselor and case manager for people with AIDS. In addition, Kristina has worked at the University of Washington Medical Center in the ICU and Cardiothoracic Surgery. Kristina also provides services in Norwegian. Kristina is especially interested in the Washington State Society for Clinical Social Work for its networking opportunities that decrease the isolation of private practice. She holds the LICSW in Washington State.

Lisa Wolff
Lisa earned her MSW from the University of Washington in 2000. She is currently in private practice in Fremont as well as being the program manager for Pioneer Counseling Services. Lisa learned about the Washington State Society for Clinical Social Work through a colleague, and is joining for professional support, training, and networking opportunities. She is a member of NASW and holds the LICSW in Washington State. ♦

Kudos

Thanks to our lobbying contributors!

The following members helped us raise $3785 to continue the work of protecting our profession and advancing our interests and ethics in the legislature.

Sue Elaine Anderson
Mary Ashworth
Bonnie Bhatti
David Bird
Nancy Broaders
Susan Buckles
Larry Carlson
Robert A. Carlson
Janet Carter
Stan Case
Sharon A. Chamberlain
Susan Childers
Bill Cooper
Ann Crabtree
Kemp Crawford
Kathryn Darner
Julie D. Dinsmore
Claudia Doss
Joan Tausch Duroe
William S. Etnyre
Diane Grisé-Crismani
Karen Hansen
Peggy Nast Hayes
Nancy R. Heller
Kevin Host
Gail Katz
Jo Anne Laboff
Mary Pat Lively
Sandra Mathews
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Linda McDonald
Stacey McFarland
Jacqui Metzger
Janet Moore
Cristina Mullen
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Roberta H. Myers
Maxine Nelson
David Parnes
Jenny Pearson
Marianne Pettersen
Michele Pomarico
Pamela Powell
John R. Powers
Lyla Ross
Jan Sauer
Maureen Sawyer
Jill Seipel
Carolyn Sharp
Audrey L. Shiffman
Sara Slater
Robin Stern
Lynda N. Treger
Candace Vogler
John Walenta
Robin Westby
Deborah Woolley
Eve Wright

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!)

PROFESSIONAL DEVELOPMENT

Dinner meeting review: Charles Thompson, M.D.

"Trauma Recovery: Body, Mind and Spiritual Approaches"

BY SHARON CHAMBERLAIN

Charles E. Thompson, M.D., is a psychiatrist who has specialized in treatment and research of post-traumatic stress disorder at the Seattle VA Medical Center for the past ten years. On October 10, 2007, he held the room of 33 attendees in rapt attention during his comprehensive presentation, entitled "Trauma Recovery: Body, Mind, and Spiritual Approaches," illustrated with stories of indigenous people and case examples. He said, "PTSD is not a disease, but signs of the mind's capacity to heal itself gone astray." It is the "loss of capacity to stay in the body in the present moment," and "it is a spiritual process from start to finish whether we call it that or not." Spirituality is not religiosity.

Dr. Thompson spoke of how Native American and many Buddhist cultures use a community of helpers emotionally available to the trauma victim. "The spiritual and physical body of the community within its natural environment is the origin, container, and crucible of healing of the trauma victim." The trauma victim alone or the therapy dyad may not be enough containment and power, he said, to bring the body and spirit into the work. He believes that healing takes a real community with accessible, trustworthy emotional support. He made the point that trauma therapy must be delayed until tolerance skills—staying in the present moment and in the body through mindfulness, acceptance therapy, meditation, recognizing thoughts and emotions, breathing, imagery, etc.—are in place. An example of imagery is having the client recall a safe place, thus creating a sensory experience. All this makes sense because trauma typically involves dissociation, disembodiment. Of EMDR, he said it may be that it creates "an orienting response: it's here, it's now, stay in the body, stay in the room."

Dr. Thompson spoke about medication, which he said is an adjunct to therapy, never a replacement. Adequate sleep time is necessary for the brain's memory processing. Prazosin, an old antihypertensive medication, blocks hyperarousal in the brain. It has been shown in numerous studies to improve sleep and reduce nightmares in combat-related and non-combat-related PTSD. Clonidine, an antihypertensive, and Propranolol, a beta-adrenergic blocker, work in a similar fashion. They also reduce daytime intrusive recall and hyperarousal, making therapy more tolerable and allowing for the integration of the therapy experience.

Much more information was contained in Dr. Thompson's interesting presentation. He has just recently opened a private practice of adult psychiatry on Queen Anne in Seattle. His practice has a medication management focus and he will accept some referrals for psychotherapy. He says, "the core of my psychiatric training has been expanded to include evidence-based treatment with exercise, yoga, diet, mindfulness, and meditation practices. For motivated patients these adjuncts may reduce needs for medication."

All in all it was an informative evening very much appreciated by those in attendance. ♦

Upcoming dinner meetings

Upcoming dinner meetings will be on:

- Tuesday, January 15, 2008
- Tuesday, February 26, 2008
- Wednesday, April 30, 2008

Your presence is very cordially welcome and appreciated. Dinner is optional. Feel free to bring a friend or someone who may be interested in joining the Clinical Society. If you have questions, you may call Sharon Chamberlain at 206-285-2002.

PROFESSIONAL DEVELOPMENT

Dinner meeting review: Beverly Taminini and Inda Drake

"Managing Parental Projections During the Trauma of Divorce"

BY MOLLY DAVENPORT

The November 13 dinner meeting "Managing Parental Projections During the Trauma of Divorce" featured informative presentations from Beverly Taminini and Inda Drake and lively discussion of case material.

During the first half of the evening Beverly Taminini, who has extensive experience working with the courts as well as in private practice conducting assessments and evaluations, spoke at length about the legal process of divorces involving parents of minor children. She walked us through the steps of creating parenting plans and describing all the individuals involved and their roles. Beverly discussed some of the complexities involved in collecting information from various sources and how the way in which information is presented to parents can affect treatment relationships. She concluded her presentation with a discussion of case material illustrating how therapists can get caught up in parental projections.

Inda Drake, a clinician with many years of experience in a variety of roles with parents and children involved in divorce, picked up where Beverly left off, talking at length about the pitfalls involved in implementing parenting plans. She described some of the projections that commonly occur among divorcing parents and how they can impact children. Like Beverly, Inda also cautioned against getting caught up in parents' projections and emphasized the importance of staying focused on the children involved and their needs. She presented case material highlighting the complexities of parental projections for all parties involved in a divorce.

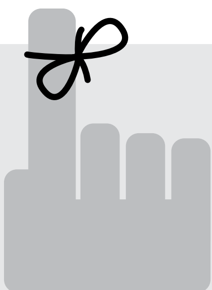
Unfortunately, turnout for this informative and relevant presentation was small. We hope for a larger audience at the next dinner meeting, which will be a panel discussion on "Working with Adult Survivors of Childhood Sexual Abuse," on January 15 at the University of Washington. We hope to see many of you there. ♦

"Our aspirations are our possibilities.

—Robert Browning

As we let our own light shine, we unconsciously give others permission to do the same. As we are liberated from our own fear, our presence automatically liberates others.

—Nelson Mandela



Save the date!

Saturday, March 29, 2008 —

Workshop with Ann Nesbitt, Ph.D., MFT. See page 5 for more details.

ASSOCIATION NEWS

Report blasts social work education

BY LAURA GROSHONG, CSWA DIRECTOR, GOVERNMENT RELATIONS

This article originally appeared in the most recent issue of access, the newsletter of the Clinical Social Work Association, the national organization with which WSSCSW is affiliated. If you are not a member of CSWA, which is a separate organization from WSSCSW, please consider joining at www.clinicalsocialworkassociation.org.

The National Association of Scholars, a group affiliated with the American Enterprise Institute, a conservative policy organization, issued a report in September condemning the way that social work education is conducted. The primary criticisms of the report, "The Scandal of Social Work Education" (which can be found online at *www.nas.org/nas-initiatives/CSWE-initiative/soswe_scandal/scandal_soc-work-ed_11sep07.pdf*) were that the missions of schools of social work, endorsed by the Council on Social Work Education, have become doctrinaire.

The report cited three situations where professors of social work had required a liberal political position and/or advocacy supporting these positions be taken to pass courses. The widely held requirement that students at schools of social work adhere to the NASW Code of Ethics was condemned as being based on a liberal agenda, i.e., "engage in social and political action" and "advocate for changes in policy and legislation to improve social conditions to meet basic human needs and promote social justice." Similar criticisms were leveled at the CSWE mission statement, "to integrate social and economic justice content grounded in an understanding of distributive justice, human and civil rights, and the global interconnections of oppression."

This report was featured in a column by George Will in the *Washington Post* on October 22, "Code of Coercion" (which can be found online at *www.washingtonpost.com/wp-dyn/content/article/2007/10/12/AR2007101202151.html*) who echoed the conservative sentiments of the NAS report.

While clinical social workers have found much to criticize themselves about the direction of social work education, this unprecedented and ideological attack on the broader social work profession cannot go unnoted. The criticisms of the NAS report are based more on the conservative views of its parent organization than any concern about the lack of open discourse in social work education. The tone of the report is as closed-minded about open discourse as the criticisms of schools of social work.

There are many reasons to be concerned about social work education, but the liberal values which inform social work, and clinical social work, are as sound as any value system that exists. It is hard to imagine most conservatives would say openly that they think diversity is wrong and oppression should not be fought. Yet that is the tone of the NAS report and the Will column. CSWA President Kevin Host wrote a rebuttal (below) to these views and submitted it to the *Washington Post* as a letter to the editor. CSWA believes it is important for clinical social workers to work on all fronts to improve the quality of clinical social work education.

November 1, 2007
Washington Post

To the Editor:

The Clinical Social Work Association takes issue with George Will's characterizations of social work education and the social work profession (Code of Coercion, October 14.) Mr. Will berates the professional values of social work because they appear ideologically at odds with his own. Social work accreditation standards and ethical codes clearly endorse the values that are essential in a democratic society and in academia, i.e., free and reasoned exercise of critical inquiry, questioning, and debate. Exceptions to these standards do occur. Mr. Will selectively distorts some exceptions and generalizes them for the wholesale degradation of a worthy and necessary profession. His argument attempts to deny the reasoned discourse social

work strives for in academia and in practice.

Promoting social justice, a core value of social work, transcends the political agendas of those on the right and the left. The differences in how to define and achieve social justice vary according to political leanings, undoubtedly more social workers share liberal political interests than conservative ones. Condemning the profession because of the natural political leanings of social workers would be like condemning MBA graduates for having natural conservative leanings.

Sincerely,
Kevin Host, LICSW, President,
Clinical Social Work Association

Everyone has inside him a piece of good news. The good news is that you don't yet realize how great you can be! How much you can love! What you can accomplish! And what your potential is!

—Anne Frank

interfaces

Social work title retained by State of Washington

BY ERIC G. HUFFMAN

In spring of last year an article in our newsletter explained that the title of "social worker" was going to be eliminated in state employment. The state has abandoned this idea and social worker, in all its forms remains part of state employment categories. The plan has apparently withered away and no formal comment by the state has been made; but is clear that social work remains as a job classification.

The Personnel System Reform Act of 2002 had mandated fewer personnel classifications in Washington State. The Department of Personnel had drafted new job classifications for state employees that both eliminated social work as a classification and that created new job categories that do not require a professional social work degree or licensure. This elimination applied not only to those classified as social workers but to all those who may have been classified as medical social workers or psychiatric social workers.

NASW took the lead in organizing opposition to this plan and was supported by WSSCSW. Protecting our title is part of protecting our profession and protecting all our clients. We can further protect our profession and clients by encouraging, supporting, and facilitating the licensure for all practicing social workers. Having our title respected in state employment puts us in a stronger position to recruit qualified social workers to many state positions and to request funding and assistance to those social workers in their attempts to become licensed and to keep up the necessary continuing education to maintain their licensure. ♦

SPECIAL FEATURE

Ububele: The African Psychotherapy Resource Centre

BY GAIL KATZ

Just before leaving for South Africa this fall, I was delighted to receive a request from Mary Ashworth (editor of the WSSCSW newsletter) to write an article about Ububele, the South African Psychotherapy Resource Centre. During this trip, I met with the staff working for Ububele and I thought I would share some of what I learned from founders Hillary and Tony Hamburger, both clinical psychologists each with over thirty years of experience. I was curious to find out what motivated them to create the NGO Ububele.

Hillary explained the origins of the name of the center. Ububele is a Xhosa word encompassing more than its literal meaning, which is "kindness." It extends to include the idea of compassion and concern for others. The root of the word is "am abele"—a breast that represents the nurturing mother and the early attachment relationship.

From early adulthood Hillary was involved in anti-apartheid activities and she reflected that if her own mother "was still alive, she would have shaken her head in disbelief, viewing the establishment of Ububele as another of her daughter's crackpot ideas." Hillary spoke about her mother being a Jewish immigrant from Vilna the capital of Lithuania, then a part of Poland. Her mother's mother died when her mother was an infant and after spending the first 14 years with various relatives, Hillary's mother arrived in South Africa to live with an aunt and her family. Hillary explained that her father, his siblings and mother, immigrated to South Africa from Lithuania in 1922 to join her grandfather, who had been teaching Hebrew in a suburb of Johannesburg where a community of Lithuanian Jews had taken root. She recalls her father repeatedly telling her when they arrived at their little house in Fordsburg that he felt he had landed in paradise. As Hillary grew older a sense of being African took hold of her. She began to feel a common bond with the hardships of the black South African. By the time she went to University, "I knew with great certainty that my country was tainted with a Nazi brush I found my white position uncomfortable and even painful."

Tony's parents had not fled from pogroms and poverty of Eastern Europe but from Hitler and the Third Reich. His mother left Berlin for England before she traveled to South Africa and her mother and siblings all died in Auschwitz. Tony's grandfather arrived a few years later, three days before war was declared in Europe. Hillary explains, "We were both sensitized to the pain of our pasts which we saw echoed in the lives of people all around us."

"In 1992 it was with great joy that we celebrated the passing of the old apartheid era and celebrated the birth of our country's democracy. As the nineties moved forward, the joy of our newly won freedom was diluted by our anxiety over the signs of severe social dislocation and misery all around us. While we had indeed emerged from an oppressive history it was clear that we remained a traumatized nation. Political liberation was only the first stage of the struggle; the idea for Ububele grew out of a profound wish to contribute to the new South Africa." The couple, were aware of the shortage of mental health professionals and the desperate need for services in the under privileged communities. Tony had inherited a warehouse on the outskirts of Alexandra Township and they decided to convert the warehouse into Ububele. The goal of Ububele was to provide training for the many groups working with children. These groups included professionals, volunteers, and lay counselors working with children.

Alexandra Township was originally founded in 1917 to service the rapidly growing demand for black labor as Johannesburg began to develop. When Nelson Mandela arrived from the Transkei in 1940 he rented a room in Alex. He describes Alex in his autobiography *A Long Walk To Freedom*. He wrote "The township was desperately overcrowded: every square foot was occupied, either by a ramshackled house or a tin roofed shack … Gangsters, known as *tsoties*, carrying flick knives which were plentiful. Police raids were prominent at night."

Fifty six years later, Alex remains an impoverished black ghetto with a grossly inadequate infrastructure and services, poor housing and

overcrowding, extreme poverty and unemployment, serious crime and a high proportion of people living with AIDS. The signs of social and emotional stress are everywhere to be seen. At the same time, there is an extreme shortage of mental health workers to deal with these issues. Many township children are burdened by spirals of emotional suffering that arise from poverty, unemployment or absent parents, physical and emotional abuse and an HIV/AIDS pandemic that robs children of their childhood.

Hilary continues to explain, "Anna Freud had opened a nursery school to help children who had been traumatized during World War II; so we decided to begin by directly working with children." Five years later the nursery has fifty children, trained staff and volunteer staff to work with the children as well as run the school. Hillary continues, "A number of children in our nursery school who show signs of distress are taken into play therapy. The play therapy room is equipped with a one-way mirror so the therapist can be observed, supported and supervised after the session." One psychology intern worked with a child who had been repeatedly raped by an older cousin. In a number of sessions the child acted out the assault by violently rocking on a wooden horse. Then she alternated between hurting and comforting the dolls. Other times the enactment took place by the child throwing toys around reflecting the internal inner chaos. Her teacher reported that over time her behavior has become calmer and more focused.

During my stay I was able to observe some of the training provided by Ububele to those hoping to help others in their community and spent a morning observing a training session conducted by one of the psychology interns at the center. The session was one of six given for teachers working at a local primary school. The course trained teachers to work with an Ububele doll which is a large rag doll currently being made by women living with HIV and AIDS in Alex. The teacher provides a profile for the doll, with a name and a birthday so the students can relate to the doll. The teacher uses the doll to help the school children to express their emotions in a non-threatening environment, develop empathy and emotional literacy. The training session, lasting three hours, included a didactic piece, practice exercises and role-plays. During the tea break the teachers welcomed and shared with me how much help it is for the children to learn how to express themselves and their feelings. Clearly I could see that working in this way is not only helpful for the children but for the teachers as well.

The idea for Ububele grew out of a profound wish to contribute to the new South Africa.

While there, I heard a particularly touching story demonstrating the kind of work being accomplished. A five-year-old boy Zanzile had recently lost his mother to HIV/AIDS. Aware of her student's loss, his teacher brought in her persona doll, Lerato, and described the doll as living in Alex with her uncle and aunt. One child asked why she did not live with her mother. The teacher's non-committal response allowed room for the children to consider the question then suddenly Zanzile cried out, " I know, I know what's wrong … her mother has got AIDS and she is going to die." and burst into tears. Each child then told a story or asked question. Fears and ideas that the children had carried with them were brought into the open to help with the expression and containment of their fears.

South Africa has many lay counselors and volunteer mental health workers, practicing in churches, civic organization, clinics and non-governmental organizations. The HIV/AIDS pandemic has ushered in a large number of lay counselors assisting with testing or working in the homes of persons living with AIDS. However the training the counselors receive does not adequately prepare them for the daunting tasks they face in this country. Volunteers with no more than a fortnight of training have to treat cases of serious depression, anxiety and work with people experiencing a high degree of distress. Ububele aims to provide workshops that encompass training and techniques. Ongoing discussion groups are also provided to support the volunteers.

At Ububele, therapists train both professional psychotherapists and township lay counselors. The training occurs in groups and trainees also learn to become trainers. Tony explains that Ububele bases it's training on psychoanalytic theories of groups, such as Bion's but "as a treatment and a training method, we have had to adapt the implementation considerably."

Some WSSCSW members wondered whether Ububele incorporates aspects of original traditions. I raised this point with Hillary and Tony and they both affirmed the

need to attend to original traditions. They elaborated by explaining, " Traditional and Western concepts are interwoven and integrated". Tony elaborated, "During a three day counseling workshop for lay HIV/AIDS counselors working at a large general hospital, a trainee approached me tentatively and with some embarrassment "look" she said, "I have a few clients who come and see me and they bring their dreams. Now I know that you might think this is African superstition. I know it is not proper counseling to consider these. Our clients attach great importance to the dreams and I feel they might add something to the counseling. I, in turn, discussed how a counselor could learn about feelings and thoughts by listening carefully to dreams. That afternoon the idea of listening to dreams was raised and a few counselors reported dreams. A perceived cultural gap between Western and African knowledge was shown to be false as the participants began to use a capacity they already possessed." Tony continued to speak about the importance of incorporating traditional beliefs and practices. "The aspirant lay counselors are likely to be aware and have knowledge of traditional medicine such examples include shamans, witch doctors and sangomas (practitioners of herbal medicine and divination). These ideas are incorporated into training sessions. Moreover some of the professional staff members are African and are aware of African traditional stories and customs."

While the nursery school was implemented further programs and projects are being developed and implemented, a process that is continuously being evaluated and expanded. Such programs include:

Early Child and Parent Division

Programs:

- Peri-natal nurses workshops series
- Parent-infant counseling workshops
- Personna doll training workshops
- Emotional literacy course
- Preschool lay counselor training

Projects:

- A full-day therapeutic nursery school
- Umdlezane program focusing on HIV/AIDS intervention and research
- The Ububele Umdlezane parent/infant clinic compliments the preschool project
- The persona doll program for preschool teachers
- The preschool lay counselor project— a special community program for lay counselors.

Group Counseling Division

- Education and training programs
- Umdlezane group facilitation workshop
- HIV/AIDS home care workers group workshop dialectical BT with children and adolescents.
- HIV/ADS counselors training workshops
- HIV/AIDS orphans granny workshops

Training faculty

The Ububele faculty also provide training for the following organizations:

- The University of the Witwatersrand MA psychology students in the practical aspects of counseling in disadvantaged communities
- Community Counseling NGOs eg CARE

The projects are all research-based and carefully documented. With the goal of establishing a database of institutions involved in the training of lay counselors in southern Africa, including Swaziland, Lesotho, Botswana, Namibia, Angola, Mozambique, Zimbabwe, Malawi, Mauritius, and Madagascar, Ububele aims to set up a learning network which will facilitate trainings, conferences and workshops in counseling and psychotherapy for training NGO's personnel as well as for psychology and social work departments in Universities. They also hold regional conferences to exchange information and experience, to evaluate the sector across the region, and to strengthen the learning network.

I left the center wonderfully impressed with the thoughtfulness and integrity of the programs and with huge respect for the dedication and commitment of staff and volunteers. In the words of Nelson Mandela, "The reward of the ending of apartheid will, and must, be measured by the happiness and welfare of our children." The work of Ububele will help to ensure the children of southern Africa can reap these rewards.

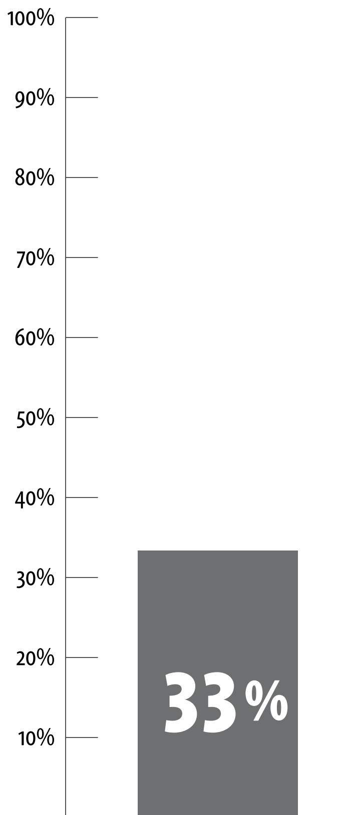
I thank the society for their interest in the center and the extreme difficulties many children experience. If you would like to know more about the work of Ububele in Africa, please do not hesitate to contact me at *gailfrances@comcast.com*. ♦

Are you a WSSCSW member?

Are you a member of the Clinical Social Work Association?

Are you a member of both?

BY MARIANNE PETTERSEN, WSSCSW PRESIDENT



Percentage of WSSCSW members who are also CSWA members.

Licensed independent clinical social workers are well-respected mental health professionals in Washington and nationally. However, the interests of LICSWs, as well as those of our patients, need different representation at both levels. Neither WSSCSW nor CSWA alone can protect fully your practice. The Society strongly encourages all its members to also join the Clinical Social Work Association. You should know that there are several members of the Washington State Society for Clinical Social Work who are working on behalf of CSWA as well: Kevin Host, CSWA president; Laura Groshong, CSWA director of Government Relations; Susan Childers, CSWA newsletter editor; and Keith Myers, CSWA chair, Ethics Committee.

Here's a summary of what each group provides that directly helps you as a clinician:

WSSCSW

- Develops and protects Washington state clinical social work licensure laws and rules.
- Promotes public funding for access to clinical social work services, e.g., GA-U mental health coverage.
- Promotes private funding for access to clinical social work services, e.g., state mental health parity.
- Promotes adequate standards of training for mental health clinicians in Washington, e.g., as member of Registered Counselor Task Force.
- Has lobbyists develop a legislative agenda and discuss clinical social work concerns with state legislators.
- Promotes inclusion of clinical social work training in state schools of social work, working with schools.
- Provides new MSW graduates with access to mentoring, supervision, practical knowledge, etc.

CSWA

- Develops and protects clinical social work licensure laws and rules in all states and develop national licensure standards.
- Promotes public funding of mental health benefits, e.g., Medicaid, Medicare.
- Promotes private funding of mental health services, e.g., national mental health parity.
- Gives clinical social work a voice in the development of national mental health policy, e.g., as member of the Mental Health Liaison Group.
- Has lobbyist develop a legislative agenda and discuss clinical social work concerns with Congress.
- Promotes inclusion of clinical social work training in all schools of social work, working with CSWE.
- Provides legal consultation on handling complaints, subpoenas, forensic social work, etc.

The Society can't provide the support and representation for all of our professional needs alone. Please join the Clinical Social Work Association and have the protection and representation we need as responsible clinicians! Applications are available online at *www.clinicalsocialworkassociation.org*. Let's see Society members support the work Kevin, Laura, Susan, and Keith are doing on our behalf.

This thermometer will give us a quick look at how many Society members are also CSWA members. I'd like to see this 33 percent go up as high as possible! Thanks for supporting clinical social work in all ways.

conversations

The invisibility of racism

BY BRIDGET ALDARACA AND SHARON CHAMBERLAIN

What is racism? How do we define it, and how do we recognize it, in ourselves and in the organizations and social institutions of which we are a part? When we think of the history of racism in the United States, we remember, we memorialize some names, some events. Memory depends on so many factors. But in order to remember, we must first know.

- December 1, 1955, the courage of Rosa Parks and her refusal to give up her seat on a city bus to a white man.
- 1963, Birmingham, Alabama, the bombing of the Sixteenth Street Baptist Church, four young girls in their Sunday clothes were killed. Their names were Addie Mae Collins, Denise McNair, Carole Robertson, and Cynthia Wesley, but it is doubtful that their names are widely known or remembered today.
- We cannot forget the leadership of Dr. Martin Luther King, Jr. and his powerful "I Have a Dream" speech, Washington, D.C., only a few weeks before the church bombing.
- April 4, 1968, the Reverend Martin Luther King, Jr., was assassinated. We remember Dr. King, and other names.
- Emmett Till, 14 years old, August 28, 1955, murdered.
- Medgar Evers, June 12, 1963, murdered.
- Names remembered, names forgotten, and the names we never knew.
- History records 4,743 Black lynchings between 1882 and 1968.
- We read the newspapers in the fall of 2006, a scant year ago, about a noose hanging in a "Whites only" shade tree in a schoolyard in Jena, Louisiana.

Powerful fact, powerful symbol. The tree was cut down after the noose was found hanging from it. No tree, no noose, no racism? Take away the symbols, the N word, and other aggressive acts of speech no longer considered acceptable, do we eliminate the racism?

The discourse of racism and anti-racism in the United States has been structured upon a series of opposites: black-white, segregation-integration, privilege-oppression. The narrative of racism as one that is primarily black oppression and white privilege has changed, since the '60s and '70s, to include terms which reflect the multi-cultured society that we have become, terms such as cultural diversity, "people of color," ethnicity. In response to the political action of progressive groups, white conservative politicians and their supporters talk about "the browning of America," "English only" bills are sponsored in Congress, a wall is being built on our Southern border. The practice of redlining, the refusal of home mortgages to people of color, builds an invisible wall around our neighborhoods. The walls of the prison system are much too visible to an overwhelmingly disproportionate number of Blacks and Latinos.

Throughout the past year, the Professional Development Committee and the WSSCSW board have begun to discuss the absence of racial diversity in our own Clinical Society. In the fall 2007 newsletter, a letter to our membership from President Marianne Pettersen entitled "At the Beginning of a Curve" highlighted the problem of organizational racism and the need for a heightened awareness of diverse perspectives on mental health and treatment. As a first step towards increasing our understanding of both personal and organizational racism, Molly Davenport of the Professional Development Committee invited her former professor, Joshua Miller, Ph.D., of Smith College to help us get started.

On November 7, 2007, Dr. Miller spoke to committee and board members on "The Spectrum of Racism: Implications for Clinicians."

Dr. Miller, who is white, specializes in the history of institutional racism, and has co-taught, together with an African-American colleague, the Smith College School of Social Work's foundation anti-racism course for 12 years, in addition to other courses on institutional racism and disaster mental health. He is the coauthor of a book published this year entitled, *Racism in the United States: Implications for the Helping Professions* and has also published a long list of articles on racism and its impact in the community and on mental health. His extensive experience includes conference and community presentations as well as work in Sri Lanka and Uganda.

Through his use of the concept of white privilege in contrast to the term "people of color," Dr. Miller emphasized the fact that racism in the United States is defined not by religion, class or culture but by the color of one's skin. One of his themes was that white people are unaware of the privileges that they are afforded because of their whiteness. For example, they are less likely to be stopped by a law officer while driving a car, less likely to be followed by a store detective while shopping, it is less likely that their children will be harassed, that their medical problems will be ignored, that they will receive a prison term rather than probation or community service in a court of law. White privilege permits us to expect to be asked back for a job interview, to be given a bank loan if our credit is good, to live where we can afford to live, without fear, in a safe community. That is normal.

In effect, the assumption of colorblindness (that we are all the same, all equal) protects those of us who enjoy white privilege from the fact of racism. As Dr. Miller explained, many assume that the white experience is normative, regardless of skin-color. He emphasized that most white people see themselves as good, decent people. The word "racism" makes us feel defensive, personally attacked. But to a person of color, "racism" is a broader phenomenon that means: "you benefit from racism and you don't know it."

Another theme developed by Dr. Miller is the difference in social identity between whites and nonwhites. Whereas there are many factors that make up a white person's social identity — age, gender, sexual identity, chosen interests, nationality, political viewpoints, personal history, race, social class, economic status, religion, etc. — race is the first and primary factor that defines a person of color. Dr. Miller noted, "people of color are very aware of the parts of the self they have to fight for."

Dr. Miller spoke about the legacies of racism seen in clinical work: anger, rage, guilt, shame, stress and trauma, grief and mourning. He commented, "Grandiosity is partly functional. It gets someone through some harrowing times." And furthermore he described people of color as having to suppress anger and rage, which leads to high blood pressure, strokes, heart attacks, etc. Clinicians must be able to tolerate anger and rage and see its social and historical roots. Psychological theories have inherent cultural biases and assumptions that need to be questioned and may not apply to people of different cultures. For instance in some cultures talking about or expressing feelings might be culturally dystonic, as might be the idea of an individuated self. Dr. Miller favors empathic mirroring with clients, and a strengths-based approach identifying coping skills and validating the client's resilience.

On a hopeful closing note, Dr. Miller reminded us that although we are all products of our history, we can still take action. Change comes first with awareness and the identification of problems, and ultimately, from mutual support and tolerance for our *own* diversity, as we search for solutions. The committee and board plan to consult with Dr. Miller again to focus on our organization as a whole. We are considering a conference on racism in the 2008/2009 year. We are very interested in thoughts and suggestions from the membership. What should be our next steps toward making the Clinical Society more inclusive and more aware of issues of racial diversity and privilege? It is important to all of us on the Professional Development Committee that we hear from you, the membership. We hope you will share your thoughts and suggestions to the writers, so that we can include them in our planning for future events: *baldaraca@aol.com* or *sharonchamber@yahoo.com*. ♦

Change comes first with awareness and the identification of problems, and ultimately, from mutual support and tolerance for our *own* diversity, as we search for solutions.

LEGISLATIVE NEWS

Summary of 2007 legislative work

BY LAURA GROSHONG

Here is a summary of what I have been working on for the Society during the past year:

Children's mental health coverage (HB 1088)

Rep. Mary Lou Dickerson (D-36) sponsored an excellent bill on expanding mental health funding for children's mental health by $11 million through Medicaid and the Basic Health Plan. This was a tremendous effort on her part and I hope anyone in her district (36th) will let her know how much you appreciate it (*dickerson.marylou@leg.wa.gov*). This bill would give children at least twenty sessions a year, with extended treatment available. A big victory! This bill will provide twenty sessions to all Medicaid covered children. I will be sending information shortly on how to access this coverage.

GA-U mental health funding (budget)

The General Assistance–Unemployable (GA-U) fund has long needed a mental health benefit. These are folks who usually have multiple problems, including medical, food and shelter, income, and emotional. The lack of access to mental health services has been a long-standing concern of mental health agencies and professionals. The benefit, passed in the capital budget, will start with twenty sessions a year as a pilot project in King and Pierce Counties and expand after the (hopefully positive) results come in.

Mental health parity (HB 1460)

These bills will expand the mental health parity bill which passed in 2005 for big business (companies of more than fifty employees) to small business and individual insurance plans. This is a big step in the individual insurance market, which currently does not offer *any* plans with mental health benefits. There is widespread support for these bills which should pass and create comprehensive mental health parity which will make Washington's parity law as strong as any in the country. You may recall that the mental health parity bill which passed in 2005 was a "phase-in" bill, which will not be completed until 2010. These new parity bills would be put on the same track so that phase-in for all insurance plans would be completed by 2010. HB 1460 passed the House (75–22) on March 19, the Senate (41–3) on March 23, and was signed by the Governor on March 30, a great victory for mental health advocates, clinicians, and patients. I am enclosing a frequently asked questions list about the new additions to the mental health parity law, describing how this makes our parity law the strongest in the country.

Registered counselor changes (SHB 1993)

SHB 1993 would have required all registered counselors to be directly supervised (onsite) by a licensed professional or to become licensed to continue to work as an independent therapist by 2008. This bill became the source of high conflict between the registered counselors and licensed mental health clinicians, Democrats and Republicans, House and Senate, and Governor and Senate. There was also much confusion in the Senate about all the elements which it would change in the registered counselor category (there were six major changes.) The bill did not pass in the Senate. A registered counselor work group was formed to continue working on requirements to divide the 18,000 into three new categories. The executive report from the Department of Health is enclosed. There was agreement in the work group (which I was a member of at six eight-hour meetings in Olympia over the summer) on most items, except the title for the independent registered counselors which will be determined by the legislature. The three groups will be: 1) associates titles for clinical social work, mental health counselors, and marriage and family therapists, i.e., new master's graduates working toward licensure; 2) agency-affiliated counselors titles for registered counselors working in state licensed public or private agencies; and 3) (title to be determined) for registered counselors practicing independently will have several requirements as follows: 1) must have bachelor's degree in a mental health field or the equivalent as determined by the Department of Health; 2) the following item must appear in their disclosure statement: "As a [new title for current registered counselor practicing independently], I am not credentialed to diagnose or treat mental disorders, or to conduct psychotherapy"; 3) may only provide counseling and guiding clients in adjusting to life situations, developing new skills, and making desired changes, in accordance with the theories and techniques of a specific

counseling method and established practice standards; 4) must have a written agreement with a licensed mental health professional who will consult on whether a mental disorder is present in all new and ongoing clients; 5) must be supervised by a licensed mental health professional at least once every other month pr every 200 clinical hours; 6) must develop a knowledge base in risk assessment, ethics, relevant Washington law, and the elements which make up an appropriate screening and referral process; and 7) must obtain 36 hours of continuing education, including six hours in ethics and law, every two years. These requirements and changes will go to the legislature for approval in the 2008 session.

National issues

There have been several bills in Congress which I have tracked for CTA including: 1) S-CHIP bills—there were three bills which would provide mental health treatment to all uninsured children through Medicare, two of which have been vetoed by the president. There must be a bill passed by November 16 to continue the current S-CHIP program which covers about half of the children living in poverty. 2) Mental health parity bills—S 558 has passed the Senate. HR 1424 is being heard in the House. Both are weaker than our mental health parity law and will not affect it. 3) Wired for Health Care Quality Act, S 1693, is being pushed hard by Sen. Edward Kennedy to create an electronic health care system without adequate privacy protections. I hope we will be able to prevent the bill going through in its current form.

It has been an extraordinarily busy year for me legislatively. I hope you will let me know if you have any questions about the issues I have been tracking for WSSCSW. Thank you for supporting my work.

Here is a summary of the Registered Counselor Work Group recommendations affecting new professionals:

There has been a great deal of agency and legislative work over the part three years about how to reorganize the registered counselor category which currently has no educational, supervisory, or experience requirements, and covers 18,000. Of that number, about 40 percent, or 7200 are working toward a license or certification. Approximately 940 of this group are MSWs working toward an LICSW. This report summarizes the recommendations being made by the Registered Counselor Work Group, under the auspices of the Department of Health, to the governor and the legislature about regulatory changes for MSWs working toward licensure, the Society's new professionals group. Legislation will likely be passed in the 2008 session to implement these changes. The changes will go into effect from four months to one year after the legislation passes and is signed by the governor.

Recommendation 1

Create new licensure candidate credentials. New recommended credentials as follows would replace the registered counselor credential for individuals in pre-licensure and training status: clinical social work associate, advanced social work associate, marriage and family therapy associate, mental health counselor associate, and chemical dependency professional trainee. The clinical social work associate is the title which would apply to new professionals working toward licensure until they complete the requirements for licensed independent clinical social worker. LICSW candidates, and all other licensure candidates named above, will have 5 years to complete the requirements for licensure, with an appeal process for a longer period of time.

Recommendation 2

Create new agency credential. A new credential called agency affiliated counselor would replace the registered counselor credential for counselors working in state regulated facilities. New professionals working in state regulated agencies may find themselves with two titles in this reorganization. It is likely that the associate title will override the agency affiliated title and this will be determined in rule.

Recommendation 3

Establish continuing education requirements. The work group believes that credential holders and the clients they serve will benefit from a mandatory continuing education requirement. The work group recommends that continuing education of at least 36 continuing education credits, with at least six credits in professional law and ethics, be completed every two years. It is likely that the bulk of these hours can be completed through in-service training programs, with the final decision to be determined in rule.

The final form of these changes is still to be decided, but this summary gives new professionals a "heads-up" about the general form the changes will take. I will keep all Society members posted about these changes as they develop. Please feel free to contact me with any questions about these recommendations at *lwgroshong@comcast.net*. ♦

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Seattle, WA 98115-1222

ADDRESS SERVICE REQUESTED

MARKETPLACE

Shoreline office w/large private window. Share wireless internet, bathroom, kitchen, waiting room, fax. $725 per month, lease. Contact Dr. Becker at 206-542-6670 ext-1.

Office space for rent in three-office suite includes shared waiting room, private kitchen/bathroom area. Located in MountlakeTerrace, bordering North King/South Snohomish Counties. Easy access to I-5 and 405 allows convenient commute from Seattle, Lynnwood, Edmonds, Bothell, Everett. Contact Paula Lehman, MSW, or Don Schimmel, PhD, at 425-775-2205.

Needed: Caring and compassionate volunteers are needed for the Journey Program at Children's Hospital and Regional Medical Center. The Journey Program provides grief/loss and bereavement services to families when they have experienced the death of a child. Journey has an ongoing need for and is currently recruiting new facilitators for their parent and sibling loss support groups. A two-day training will be held Friday and Saturday, March 28–29, 2008. All inquiries regarding this unique opportunity are welcome. A few spaces may be available for those only interested in the training. Please direct questions to Jackie Kite or Leslie Wright at 206-987-2062.

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