



**FALL
2009**

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PRESIDENT'S MESSAGE

Facing the future

BY ROBERT ODELL

As this letter goes to press, America is in the throes of change in health insurance and care. If the change rises to the level of a true "paradigm shift," redefining the legal environment in which health care is delivered, we as clinical social workers will participate in an evolution that will easily match the impact of Medicare, Medicaid, or ERISA.

While the exact shape of change is not known at this moment, there's a broad awareness that the time for major historic development is at hand. This era might resemble the early to middle '60s, the last time that national legislative process broadly re-shaped health care.

Then, a president who knew the everyday nature of inequality brought a divided Congress to protect the health of vulnerable populations. We see nearly fifty years later that that legislation did not lead to fundamental equality. While many of us have made our livelihoods in that system, if the legislation to come should be more successful in creating equality, then social work will see a long-held goal come to fruition.

Clinical social workers have practiced within a system that does not produce equal access to healthcare, but we have long (and often) advocated for equal or universal access. That experience should guide us as we view and advocate within the important societal process unfolding before us.

Here in Washington, WSSCSW has reached a point in its history when it must affirmatively state that it will actively promote and develop a diverse and inclusive membership.

For that reason, the board has approved a revision of our bylaws mandating WSSCSW proactively and explicitly seek and welcome the most diverse membership possible.

I believe that WSSCSW has never intentionally excluded

or prevented qualified individuals from accessing the benefits of membership. However, subject to more definitive research mandated by the bylaws revision, the likelihood is that our membership does not accurately reflect the true diversity of our state, or our profession. Our membership may instead reflect larger, more structural inequalities in our society.

**The time for
major historic
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WSSCSW

President

Rob Odell
206-282-3137

Secretary

Jennifer Loewen
425-806-5021 ext-105

Treasurer

Carolyn Sharp
206-291-8377

Ethics Committee Chair

Deborah Woolley
206-523-1180

Legislative Consultant

Laura Groshong
206-524-3690

Marketing & Communications Chair

Diane Gris -Crismani
206-720-9868

Membership Committee Chair

Theresa Rogers
206-548-1223

New Professionals Committee Chair

Lyla Ross
206-283-3300 ext-9185

Newsletter Editor

Mary Ashworth
206-524-9055

Professional Development Committee Chair

Sara Slater
206-579-1729

Program Assistant

Aimee Roos
aimeeroos@yahoo.com

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

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This situation, particularly if passively accepted or left unexamined by us, would be unacceptable, given our values.

If the bylaws revision is approved, the Executive Committee will guide board committees to fulfill the new mandate for inclusiveness in all communications, policies, and programs we produce. These changes in the bylaws, organizational objectives, and mission statement will provide the foundation for further work. You may find the revised documents on our website at wsscsw.org and we have included some of them in the newsletter following this article.

This commitment to inclusiveness follows through in all of the programs we sponsor on an ongoing basis. Diversity and inclusiveness will become a permanent part of our organizational culture and open avenues for fresh, challenging clinical and professional development.

As clinical social workers, we practice in one of the most fulfilling professions, but our work is not easy and the hours can be long. So when summer arrives, many of us try to make the most of it, be it vacation, time with family, or just well earned rest at home. Unless you happen to be on WSSCSW's Professional Development Committee. Then your valuable summer is also occupied with creating the coming year's programming for WSSCSW members. Their work requires dedication, skills and talents, and a broad awareness of professional education trends. I have been constantly impressed with this committee's personal sacrifice and teamwork. As you select from our

fine programs later this year, let's all recognize (how about "shout out"?) the excellence and dedication that created them.

On September 26, we will co-sponsor our fall clinical conference with NASW-Washington Chapter and the Northwest Alliance for Psychoanalytic Study. Glen O. Gabbard, M.D., a truly distinguished scholar and educator will present "The Impossible Patient." This conference will include three ethics CE hours, part of the new board policy to offer ethics training continuously throughout the year.

Program co-sponsorship is an option we will continue, keeping WSSCSW looking outward, collaborating, and connecting. We now have an e-mail group shared by the licensed leaders and professional development committees representing social work, mental health counseling, marriage and family therapy, and psychology. True to clinical social work's historic embrace of all these disciplines, we are soliciting program proposals from these colleagues and will maintain a policy of welcoming diverse viewpoints and educators.

The summer won't be all leisure for our Membership Committee either. This year's membership renewal process will go through a significant updating, as we change over to an online membership registration process. While we plan to continue to accommodate those members who do not use the Internet, the new system will give members direct control over their online listings, allowing a much easier, economical production of our member roster. The tireless (well, maybe they're a bit fatigued)

Professional Development committee will join the innovation by launching online program registration later in the year.

The board now enters the second year of a plan first developed at our 2008 retreat. Emphasizing the process of collaboration, the overall goal of the first year was to develop new organizational infrastructure and policies. Having successfully launched this goal, we now do a better job of retaining our operating information, making it easier for new members to join and lead the board and its committees. We can also better and more efficiently support a larger, more widespread membership.

We do not seek growth driven by marketing campaigns and expenditures. Instead, we are sensitive to our history, knowing that we have grown via word of mouth and relationships built upon personal connection. Our ability to bring professionals together, to advocate and educate, is the reason why clinical social workers join WSSCSW. Members gained in this fashion tend to be those who renew for years to come.

But what we must seek to do is to offer those services to members more widely throughout our state. This mandate is contained in the name of our organization. While the board may meet in Seattle, it must find ways—effectively, efficiently and economically—to more locally address member needs outside of Western Washington.

As our newest systems take effect this fall, members will be able to participate in both discussion and action to support the goal of growing WSSCSW in a sustainable and durable model. ♦

WSSCSW mission statement

The mission of the Washington State Society for Clinical Social Work is to advance the profession of clinical social work by upholding the highest standards of clinical practice through continuing education, advocacy, mentorship, political and/or legislative action, community service, public education and research. The Society proactively embraces a culture of diversity in its membership and in all of its activities.

WSSCSW objectives

- To establish and maintain high standards of professional education and training including advance training in clinical social work practice, teaching, administration and research.
- To provide educational opportunities, training, and information that meet the needs of members.
- To establish and maintain the highest standards of professional ethics and conduct by members.
- To promote the highest standards of clinical social work practice and adhere to a the code of ethics of the Clinical Social Work Association.
- To promote culturally competent and culturally sensitive clinical practice to address issues of race, ethnicity, culture, religion, sexual orientation, gender, disability, immigrant status, and age in order to be effectively meet clients' or patients' needs.
- To inform and educate the public about the specialized skills of clinical social workers.
- To protect the rights of clinical social workers to practice that for which they are trained.

- To protect client and patient rights.
- To recruit and retain clinical social workers from diverse groups/populations.
- To understand and recognize the impact of political, socioeconomic and environmental factors in the lives of vulnerable and oppressed populations who encounter discrimination and exclusion because of race, ethnicity, culture, religion, sexual orientation, gender, disability, immigrant status, and age.
- To collaborate with other professionals on national, state and local levels to promote our common interests and goals and to establish and maintain liaison with appropriate legislative bodies.
- To promote and recognize scholarship, achievement, and professional distinction for the advancement of clinical social work.

Implementation of the objectives is achieved through the following:

- Clinical presentations at bimonthly meetings which afford networking opportunities.
- A new professionals program which provides mentorship groups and other programs for second-year MSW students as well as newly graduated clinicians.
- Proactive self-examination and current status of WSSCSW regarding issues of diversity.
- Active outreach to diverse communities and clinical organizations by all members of WSSCSW.

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WSSCSW MISSIONS STATEMENT

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- Clinical conferences and training programs, including ethics and supervision training with continuing educational units and “Undoing Racism” training by the Peoples Institute.
- Annual clinical short courses.
- An active legislative program/agenda with a legislative consultant and lobbyist.
- A quarterly published newsletter and membership roster.
- Public relations and marketing efforts.
- Liaisons with schools of social work.
- Sponsorship of an Outstanding Student Clinical Paper Award for second-year MSW students at three social work graduate programs in the state.
- Provision of authorization of continuing education units (CEUs) for all licensed master’s level groups—marriage and family therapists, mental health counselors, and social workers for any educational program in the state. ♦



NEW PROFESSIONALS

Outstanding Student Clinical Paper Award

BY LYLA ROSS

Spring 2009 was another exciting time for graduating MSW students and the Society as we continued our annual call for outstanding student clinical papers. Traditionally, the award has been a way for the Society to promote and encourage high clinical practice standards for those who are entering the profession as well as reach out to the various Schools of Social Work in our state. Graduating MSW students from Walla Walla University, University of Washington–Seattle Campus and University of Washington–Tacoma Campus were invited to submit their clinical papers for review.

This year, the Society made some changes to the award structure. Instead of the selection committee choosing one winner from each school, the competition pool was widened to include all of the schools of social work and one grand prize award was given out. Additionally, one honorable mention award was given to someone from each of the participating schools of social work. Although the change meant that there would only be one large monetary award instead of three smaller monetary awards, the competition pool was widened, and the selection committee was given an even harder task of deciding who would win the ultimate prize! This year, the selection committee included Carol Hall, Diane Gris -Crismani, and Lyla Ross. We received a wonderful variety of submissions from through-

out the state this year, which was a reminder of the richness and diversity of not only our students, but of their clinical passions as well.

The winner of the 2009 Outstanding Student Clinical Paper Award is Jessica Moch for her paper entitled “The Story of Dimitri: A Research-Based Case Study of Pediatric Anxiety.” Jessica is a recent graduate of UW Seattle School of Social Work. Julie Grant, also from the UW–Seattle campus, was selected as the honorable mention winner for her paper entitled “Hope within Illness.” Valerie Ring from Walla Walla University was selected as the honorable mention winner for her paper entitled “Experiencing Countertransference.” And from the UW–Tacoma campus, Elisabeth Pynn Himmelman was selected as the honorable mention winner for her paper entitled “The Role of Social Work in Achieving Domestic Food Security.”

All papers were thoughtfully written and the selection committee enjoyed reading each one of them. The grand prize winner received \$500 and a one-year membership to the Society and honorable mention winners received a year’s membership in the Society.

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

Budget wrap-up

BY CAROLYN SHARP

The 2008/09 fiscal year has been one of financial conservatism, as your dutiful treasurer worked to regain some of the losses of the past year. Our board then worked hard and thoughtfully around spending, developing reliable and predictable means of income. The books for the year are not yet closed, due to a conference that has yet to be completed, as well as the final end of year expenses. However, it is looking like we will end the year with a bit more income than expense, allowing us to return some of the money we took out of reserve accounts to balance the budget last year. We put on three conferences, instead of the usual two, and watched spending. With reserves beginning to increase again, we can continue to focus on building infrastructure and investment in the stability and health of this vital organization.

Income

Our total income to date is \$55,310.63. The largest percentage of income generated came from member dues and totaled 46 percent of our income. We increased dues last year and added members. Conference income brought in 38 percent of our income, a 24 percent increase from last year! Six percent of our income came from lobbying contributions made by our membership. Short Courses accounted for 3 percent of income. Evening meetings raised one percent of our income, while 3 percent came from granting CEUs to other organizations. A new category of income of enhanced website

listings brought in one percent. A little less than one percent came from ads placed in our newsletter or from the sales of our mailing list to other organizations. These totals will increase somewhat with the final conference income, any final lobbying donations made to support our lobbyists, and other miscellaneous income, such as CEUs, ads, and enhanced website listings.

As a nonprofit organization, we are not allowed to show a profit. Therefore, our books are kept on a cash basis. This means that whatever we earn in income, we must balance with an equal amount of expenses. If, as we expect to do this year, we have a surplus of income to expense, this money will be placed in our reserve account for use in emergencies or to invest in the infrastructure which will improve communications, and streamline processes such as renewals and event sign-up.

Expenses

Our total expenses to date are \$41,914.63. The largest expense appears in the category of communications and totaled 35 percent. This money pays for our program assistant Aimee Roos and webmaster Kate Witt. In addition, the production of our expanded newsletter is covered under this category. 25 percent of our expenses were for legislative costs, paying for the time and operating expenses of our lobbyists, Lonnie Johns-Brown and Laura Groshong, as well as for contributions made to support our legislative agenda. The executive expense category, comprising 10 percent, paid

for general operating expenses, our end-of-the-year party, the volunteer recognition dinner, the scholarship we award yearly to a MSW graduate at the School of Social Work, and the Veteran's Outreach Project. Twenty-four percent of our total expenses supported the Professional Development Committee totaled 24 percent of our total expenses, paying for programming expenses, and student paper award. The New Professionals Committee totaled 3 percent of budget. Two percent supported the Membership Committee.

There are significant costs associated with the spring conference, the annual meeting, and various other expenses that have yet to be tallied into this, so these numbers are not final. However, in all likelihood, expenses should be less than income. We will invest any surplus we have into our reserve account and into our infrastructure.

I hope this produces a helpful financial picture of our budget this year. Our 2009/10 budget was ratified at the board meeting at the end of June and includes changes to all committees to continue the growth and development of WSSCSW, while putting in place all the fiscal and organizational structure necessary. Feel free to contact me or Rob Odell with any questions. Jennifer Loewen will be taking over as treasurer next year and the society can look forward to much growth and stability under her fine leadership. Thank you for your help and confidence in me as I worked to maintain the level of quality that Carrie Smith, the past treasurer, insisted on. ♦

KUDOS

A job well done!

BY LAURA GROSHONG

Governor Gregoire signed SB-5931, the bill that gives LICSWs, LMHCs, and LMFTs the legal standard of “privilege” for disclosure of records. Lonnie Johns-Brown and I were pleased to be at the signing on behalf of all of you.

The basic difference from our previous regulations is that if an attorney wants our records now, the attorney must prove that disclosing the records is necessary to prevent harm, i.e., not for divorce proceedings, custody hearings or any other litigious situation without the patient’s approval. This is the same standard that applies to psychologists, attorneys, physicians, and ministers. The previous standard for LICSWs was that of confidentiality, in which we had to prove there was a good reason not to disclose our records.

I hope you are as pleased as I am about this important protection of our patients’ privacy.



Gov. Gregoire with Rep. Ed Murray; Lonnie Johns-Brown, Society lobbyist; Adrian Magnuson-Whyte, WMHCA executive director; Laura Groshong, WSSCSW legislative consultant; and Bob Cooper, NASW lobbyist.

Calendar

Look for our 2009/10 calendar in Program Highlights coming soon!

Save the date!

Saturday, September 26,
“The Impossible Patient,”
with Glen O. Gabbard, M.D.
More info at: wsscsw.org

WSSCSW newsletter is mailed quarterly to members of WSSCSW. Deadline for the next newsletter is **September 30, 2009.**

Classified ads are \$10 for 25 words, \$20 for 50 words, etc. Articles and ads should be emailed to Mary Ashworth at mary.ashworth@att.net. 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.

Transitions

BY LYLA ROSS

As some of you may already know, I am expecting a little girl at the end of August. This welcomed news also brought about some changes in how the new professionals group and committee would need to be run this coming year. Luckily, without too much arm-twisting, Diane Gris -Crismani has agreed to cochair the New Professionals Committee with me for this next year! (As can be expected, I will be less visible during the first part of the school year.) Diane brings a great energy and spirit to the New Professionals Committee and has already been an advocate of this subgroup of the Society for the last few years. A couple years ago, Diane took on the role of MC at the New Professionals Annual Fall Dinner Reception and has also been on the selection committee for the Outstanding Student Paper Award for the past two years. She is also an approved supervisor and individual mentor. It is clear that Diane believes in supporting our student and new professional members in their journey, and we look forward to having her lead this group in the coming year!

Currently, the New Professionals Committee is comprised of Bonnie Bhatti, Jordan Royal, Melanie Marian, Diane Gris -Crismani, and Lyla Ross. If you are interested in volunteering your time for either committee work or occasional specific activities, please feel free to contact Diane or Lyla. Your support of student and new professional endeavors are always appreciated!

Also, there has been some interest in getting another mentorship group started this fall, so if anyone is interested in leading a new group, please contact Bonnie.

Lastly, a friendly reminder to all students, new professionals, approved supervisors, mentors and mentees—the annual fall dinner reception will be held around the third week of October. Details of the event will be sent out in the coming months. Hope to see you there! ♦

Annual membership party hit the room limit!

BY ROB ODELL

Our WSSCSW annual party on Thursday, June 12, was very well attended (we hit the room limit of forty) and fun and informative for all. New members mixed with longstanding ones, and we had a bubbly overall mood!

I want to thank Diane Gris -Crismani and her wonderful team of volunteers, our fellow members David Bird, Cathy Cobb, Bruce Gimplin, Claudia Doss, and Kristine Lima. The room was beautifully adorned, and great weather made the deck overlooking the downtown library irresistible. The food was fresh and tasty, beverages were first rate.

We had the pleasure of having Laura Groshong work the room for laughs. Her special honoree presentation of Eric Huffman, our past membership chair, made great use of his past writing to membership. Kevin Host, our “past past” board president, touched everyone’s heart with a warm and knowing presentation of our “good soul,” Past President Marianne Pettersen, our other special honoree.

We announced the results of our officer balloting with Carolyn Sharp, our new president-elect, and Jennifer Loewen, our new treasurer. Carolyn’s treasurer report was read out, and it had good financial news (go find that these days, right?). Carolyn and Jennifer are, in the estimation of everyone on the board, completely ready to succeed in their new roles.

We also feted Laura’s new book, “Clinical Social Work Practice and Regulation,” available this winter from University Press.

Lyla Ross introduced the winner of our student paper award, who got her first experience with WSSCSW’s warmth and hospitality. Please welcome Jessica Moch as our new member!

I enjoyed being the evening’s MC and responding to questions in our first ever “Town Hall.” Members had many good questions, and this opportunity to dialogue about the present and future state of the Society is important for our organizational health.

Sound like fun? Be there next year! ♦

Records subpoenaed: One therapist's experience

BY SHEILA KEENAN

What and how we keep our case records and psychotherapy notes may vary widely among clinicians. Speaking with a colleague about her experience of having a client's record subpoenaed, however, reminded me of the importance of reflecting on my own record keeping. I remembered that the case record, while mine, is not only mine and can be (in some circumstances) released to others who might interpret what I have written in a way not intended.

This article will discuss one therapist's experience of having records subpoenaed and being subpoenaed to testify in court. Because the therapist was going to be out of town at the time of the hearing, she was deposed in an office with attorney's present instead of testifying in court. The therapist works at a community mental health agency and spoke with me about her experience, including the process of being deposed and how the experience of having the client record subpoenaed impacted her work.

The therapist explained that the record subpoenaed was of a former client who had brought a lawsuit against a third party. The client had been out of treatment for over a year. The client had signed a release of information to allow all records to be released and both sides in the legal dispute requested

the records. The therapist said at first she was hopeful she would not have to release the psychotherapy notes, but the release did specify the release of these notes so the entire record had to be sent.

Because the court date was set for a day the therapist was to be out of town, instead of testifying in court, she was deposed by the prosecuting attorney. She explained to me her employer helped her prepare for the deposition by having her meet with an attorney before the deposition to learn what to expect and how to present herself. The attorney told her to give simple answers such as "yes" or "no" to questions, and if she didn't know something, to state, "I don't recall." She was also told not to offer more information than was asked for—to keep it simple and to the facts. The therapist reported also getting support and guidance from her supervisor who offered her own perspective on what might happen at the deposition so as to help the therapist prepare.

The deposition lasted five hours. Attorneys for both parties, the therapist, and a court reporter were in attendance. The therapist said she was told she could take a ten-minute break between hours. She took some of those breaks but not all and stated she would advise others to take all the breaks as the process "wore me down." She believes being "worn down" resulted in her expanding on her answers as the day progressed more than she had done earlier in the deposition.

The therapist's overall impression was that the process was "adversarial" and "stressful." She said that the prosecutor changed the order of things in the file as she questioned the therapist, and the notes taken out of context confused her initially. The attorneys later went through the psychotherapy notes line by line and asked the therapist what

she meant. If she had written an impression of the client or the client's mood, she was asked how she knew her impression to be true. At the end of the deposition, with fifteen minutes left, the client's attorney had a chance to ask questions. The therapist was told that the client's attorney would request another different type of deposition, but the judge didn't allow it. The therapist explained to me she did not understand why the second deposition did not occur yet was relieved to not be deposed again.

The therapist says this experience has made her much more cautious and aware about what she chooses to write in her notes. She also reports that initially following the experience she felt more distance (in general) from her clients, but this feeling has subsided. She reports she now does take notes differently and keeps them "very factual." She says she now thinks about how she would explain in court what she has written.

The therapist says she learned a lot in the process, however, would not look forward to repeating the process. She felt well supported by her agency and appreciated the agency covering the attorney fees and guiding her through the experience. She wonders what the out-of-pocket costs would have been to prepare if she hadn't been covered by the agency. She wishes the client had talked to her about what he was going to do so they could have discussed how his therapy file might impact his case and him in the

proceeding. She felt like he didn't consider if the therapy file might negatively impact his case before he signed off on all of the releases.

Talking to this therapist made me reflect on what I write in my psychotherapy notes and how they might be questioned in court. It's a reminder that the notes are not ours and can be released to people who might misinterpret them if they are not clear and factual. It can be a challenge at times—one needs to write enough to represent the session without getting into details that could be taken out of context, give a misleading impression of the client, etc. And our clients come to us expecting confidentiality so how do we protect that to the best of our ability? Clearly, if a client has given consent to have their record released, they have given up their right to confidentiality but it can still put the therapist in an uneasy position. Especially in a case like this, where the therapist felt that the client didn't consider how the therapy file might negatively impact his case.

I think it would be interesting to hear from someone in private practice who has had to go to court and how they managed this experience and what they took away from it. So if anyone has a story they want to share, please email me at skeerat@aol.com. Or if you have any other business of practice story that you would like to share, please contact me. ♦

PROFESSIONAL DEVELOPMENT

Supervisory conference well attended

BY LAURA GROSHONG

The WSSCSW sponsored training, "Common Goals, Different Roads: Approved Supervision Across Disciplines," on June 19–20 offered forty clinicians the opportunity to receive their fifteen hours of training needed to become an approved supervisor. The faculty included Laura Groshong, LICSW; Kevin Host, LICSW; Bonnie Bhatti, LICSW; Lisa Erickson, LMHC; Scott Edwards, LMFT; and Carlton Munson, LCSW, a nationally known author on supervision. The training offered the clinical social work, marriage and family therapy, and licensed mental health counselor views of how to supervise licensure candidates. There was a fascinating dialogue between the faculty to end the training.

The training received excellent evaluations and may be held again next year. If you were unable to attend and would like to in the future, please contact Sara Slater, WSSCSW Professional Development chair, at sarajacksonslater@hotmail.com. ♦

Healthcare reform and LCSWs: A good fit?

BY LAURA GROSHONG

In spite of the barrage of information about health care reform over the past few months, there has been little that directly focuses on the way that LCSWs could be impacted by the many changes being considered. This article is an attempt to address the way these potential changes could affect LCSWs. Cost is the driver of most of the proposed changes, but not all the changes would have a negative impact on the income, or health care premiums, of clinical social workers. The Clinical Social Work Association believes that LCSWs should be informed about the potential changes which may affect the ways we are paid, the ways we bill, even where we have our offices.

As responsible professionals, LCSWs need to educate themselves on the ways that health care reform could benefit or harm our patients and ourselves. Many LCSWs are small business owners and have had difficulty finding affordable insurance; health care reform affects us on a personal level as well as the way we get reimbursed for providing mental health treatment. The health care reform issues that I will address here are health homes, Medicare/Medicaid expansion, electronic health records, mental health parity, and the individual insurance market.

“Health homes,” also called “medical homes,” could significantly change the professional lives of sole

practitioners. This model of health care delivery would require all providers for a given patient to demonstrate ongoing communication with each other for third-party reimbursement. One way of organizing health homes would be to have all staff on salary. The models most often cited are the Mayo Clinic in Minnesota and the Cleveland Clinic in Ohio. These clinics have the capacity to provide in-house consultation for any medical or mental health condition. The primary reason that LCSWs should care about this concept is that most clinics currently do not use LCSWs as mental health providers; social workers have the role of discharge planners. The health home model could also offer a new role for social workers, as there will be a “care coordinator” who would determine what services are included for each patient, but this is not the work that most LCSWs choose to do. A “virtual” clinic, where communication with other health care providers is done by electronic or phone communication, would be another way for LCSWs to continue to provide mental health treatment. This kind of “clinic” would generally require closer communication with other medical/mental professionals than most LCSWs have today. In short, widespread implementation of health homes could limit the ways LCSWs currently provide treatment.

Medicare and/or Medicaid expansion could significantly increase the pool of potential clients for LCSWs.

Expansion of Medicare coverage has gone as low as 45 years of age in some proposals; Medicaid coverage expansion has many supporters, and plans range from increasing coverage, currently 100 percent of the poverty level, to those earning from 133–400 percent above the poverty level. Another form of expanded access to health care would be the “connector” model, like the one in Massachusetts which allows the people who do not have access to health care through their employers to obtain it through a new “public option,” which could also provide increased access to LCSW services, if we are included as providers. In general, expanded coverage would probably be beneficial for patients and LCSWs.

The most likely change which will impact LCSW practice is the implementation of electronic health records, commonly called health information technology (HIT). This is an important component of the “health homes” where HIT records would be available to all providers for a given patient electronically. The option of keeping paper records will very likely no longer be in effect for third party reimbursement within the next five years. Record keeping will be much more important and the dual record keeping in HIPAA rules, i.e., the medical record and psychotherapy notes, will probably become more common to protect sensitive information. If the privacy requirements which were enacted

in the ARRA/HITECH bill are implemented, i.e., encryption, audit trails, minimum necessary transmission of information, notification of breaches, etc., this may not be a serious problem for LCSWs. Those of us who still use paper records will either have to stay “off the grid,” i.e., keep all services private pay or switch to electronic record keeping.

Mental health parity as an offering was enacted at the federal level in the past year, in addition to a phased in equal copay for Medicare patients which would reach parity with medical copays in 2014. Most proposed bills on health care reform would strengthen these first steps to implement mandated parity and equal copays sooner, possibly by 2011, which would benefit the patients seen by LCSWs, as well as by other mental health providers.

Access to individual insurance plans may not be an issue if sole practitioners are required to administratively join health homes, which would likely provide some form of health insurance. The options for access to the individual market, if that is where LCSWs get their insurance, are very likely to expand, as most bills require equal access for small businesses and individuals to insurance markets. The current high premiums for individual health insurance are very likely to fall to the range of small business insurance premiums.

There are other proposed changes which could affect LCSW practice including revising self-insured (ERISA) plans, some of which currently exclude LCSWs as providers, and preventive services, which currently are not covered for most providers, including LCSWs.

In short, it seems likely that LCSWs will find there are changes in the way we get reimbursed for our services and access insurance for ourselves over the next few years, if health care reform takes place. The most helpful changes could be the expansion of Medicare/Medicaid and the implementation of true mental health parity and copays, as well as more reasonable health care premiums for sole practitioners. The greatest cause for concern at this time is the implementation of medical homes, which could exclude LCSWs as mental health clinicians. The Clinical Social Work Association, an independent membership organization, is working hard at the national level to make sure that LCSWs are included in all health delivery systems and have access to their own good health insurance. To join CSWA, please download the application which can be found at www.clinicalsocialworkassociation.org.



LEGISLATIVE NEWS

Changes to social work titles

BY LAURA GROSHONG

Here is a summary of what is happening legislatively:

Associates. The new title is going into effect on July 1. It will create the licensed social work associate-independent clinical category. There are no new requirements for licensure candidates, just a new title. New professionals do not have to register again; when their renewal comes up, they should renew as an LSWA-IC, not a registered counselor. They can change their title if they want after July 1; the cost is \$150. All fees have gone up quite a bit due to the financial problems of the state. New professionals should check with their agencies on their acceptance of LSWA-IC as their title, not the agency affiliated counselor which has much lower requirements. I think there will be some confusion as this gets implemented and new professionals should be prepared to explain the meaning of the LSWA-IC to their agencies.

Certified counselors. RCs who have a bachelor's degree can become an certified counselor if they pass a test DOH is developing testing their knowledge of ethics, risk assessment, GAF scores, how to make referrals, and Washington mental health law and rules. They must also have a six-hour course on these areas. They also have to have section of their disclosure statement which states that they are not credentialed to diagnose mental health disorders or conduct psychotherapy. ◆



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