



## Spring 2016

### In this issue:

- The President's Message
- WSSCSW Secretary Position
- WSSCSW: How We Have Evolved
- Latest Regence Survey
- A Place of Meeting: The Bones of Clinical Work
- Annual Associates Event
- Seattle University's New MSW Program
- Poverty Workshop
- Best of the Listserv: Mental Health Carve-Outs
- New Member Profiles
- Announcements



From the President

## Fighting for Diversity and a Vision for our Future

*By Eric G. Huffman*

Since I took the President's position all of my columns have focused on diversity and the difficult discussions we have had trying to assess our strengths and shortcomings in this area. It is an issue that affects both the Board and the WSSCSW. Discussions have focused on our failure to meet diversity goals in our membership, and we have discussed whether the goals are realistic. We have discussed what we have done wrong and what we have not done well enough. We have discussed the culture of the Board and the various cultures within the Society. We have discussed differences in training and experience between older and younger members. We have discussed discrepancies between how we view ourselves and how clinical social workers outside the WSSCSW view us. The WSSCSW has dramatically evolved from a small group of clinical social workers who were fighting for recognition of our profession as a profession and for the basic right to see clients without supervision of a licensed psychologist. In the early years membership was based on invitation and letters of recommendation. Our current Society is a professional home for all clinical social workers. A Professional organization that not only promotes the ethics, goals and standards of clinical social work and the protection of our clients but that also promotes the highest clinical standards for members. We do this through Clinical Evening



Meetings, conferences, mentoring, supervision, the list serve and this newsletter.

What has become clearer through these discussions is the need for a common language and a broader understanding of racism as it affects all of us. I find it fascinating and alarming that with all

the training notices in our mailboxes from more training companies than I can imagine, I never receive offerings on cultural competency, racism, white privilege or working with specific oppressed populations. This is a reflection of shortcomings in the clinical community at large, but also a lack of leadership on the part of clinical social workers to fill this gap in education and training opportunities.

To this end, the Board has decided to immediately train itself, past Presidents and past WSSCSW leaders in cultural competency. Kevin Host, a past President of both the WSSCSW and our national organization, the Clinical Social Work Association, has helped us enlist the help of Caprice Hollins of Cultures Connecting ([www.CulturesConnecting.com](http://www.CulturesConnecting.com)) to train our past and present leadership in early April. Additionally, we will be offering a training to the entire WSSCSW membership in current concepts of cultural competency. This training will be for WSSCSW members only and is a benefit of membership. The training will be heavily subsidized to be affordable to all members. Six hours of CEUs will be offered.

**President**Eric Huffmans  
eghuffman@frontier.com**Secretary**Aliyah Vinikoor  
aliyahjv@gmail.com**Treasurer**Jenny Heutmaker  
omshalom1102@gmail.com**Legislative Consultant**

Laura Groshong • 206.524.3690

**Ethics Committee**

Open position

**Professional Development**

Open position

**Membership and Diversity**

Open position

**Associates Program**Melissa Wood Brewster  
woodbrewster@gmail.com**Newsletter Committee**Emily Fell • renoemil@gmail.com  
Lynn Wohlers • wohlers13@gmail.com**Executive Administrator**

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 professions to mid-range, seasoned, and retired citizens.

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.

## DIVERSITY

*continued from page 1*

This training will be Saturday June 18th at the UW School of Social Work from 9:00am to 4:00pm. More information and registration will be available May 1, 2016 at [www.wsscsw.org](http://www.wsscsw.org).

Our vision is to reach out to clinical social workers in all settings. We need to be aware of how racism affects us in order to do this. Our vision is to be the best clinicians to all our clients. We need to be aware of how racism affects us in order to do this. Our vision is to be as diverse as our regional demographics. We need to be aware of how racism affects us in order to do this. Our vision is to train new social workers in our clinical skills and values. We need to be aware of how racism affects us in order to do this.

I look forward to seeing you at our trainings and to your help in building the strong, diverse, educated and forward-looking professional organization the WSSCSW has always worked to be.

## Cultural Competence in the 21st Century: Understanding Implicit Bias

### WSSCSW All-Member Cultural Training

With Caprice Collins, PsyD

Saturday June 18, 2016 9am-4pm

UW School of Social Work

\$25 registration fee,  
6 hours of CEUs

More information and registration  
will be available May 1, 2016 at  
[www.wsscsw.org](http://www.wsscsw.org).

## EDITORS' NOTE

*By Lynn Wohlers and Emily Fell*

We thank everyone who contributed content to this issue. We are particularly grateful for members who shared information on the history of our organization, and hope others will follow their lead. Our treasurer, Jenny Heutmaker, has introduced a new column, "A Place of Meeting: The Bones of Clinical Work." This is a generous gesture to encourage creative sharing about our clinical work.

We are pleased to report the progress that has been made in the organization's ongoing tasks of promoting diversity and filling leadership positions; there are cultural trainings on our calendar and the board has welcomed a new Secretary. Please notice the announcements throughout this issue about other upcoming offerings, including Associates Events, a Clinical Evening Meeting and our Annual Party.

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

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

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

---

## WSSCSW Secretary Position

### Thank You, Courtney Paine!

Our valued Secretary, Courtney Paine, has completed her two-year term as Secretary and member of the WSSCSW Board and Executive Committee. It seems insufficient to simply say we will miss her and wish her well. Courtney has done an excellent job capturing the essence of what is discussed at Board meetings, and providing us with accurate, timely notes. She has been a consistently wise, calm and quiet presence, and a very thoughtful contributor to tough discussions in a time of great transition. Courtney has also managed the tedious, time consuming, paper-generating and vital responsibility of providing CEU's to the clinical community through WSSCSW. This task is obviously important but is so much more work than people realize. With help

from Laura Groshong (another University of Chicago School of Social Service Administration alum), Courtney streamlined the process and made these tasks more manageable for the future.

Courtney always rises to the task, never complains, and is always pleasant, collaborative and reliable. Yes, we will miss her! We absolutely wish her all happiness and success as her clinical career continues to grow

### Welcome, Aliyah Vinikoor!



Aliyah Vinikoor will be our new secretary. Aliyah recently moved back to her hometown of Seattle to lead social justice education at the University of

Washington Bothell. Prior to that, Aliyah served for three years as Associate Dean at The Jewish Theological Seminary in New York City, advising undergraduate students and running social justice and environmental programming.

After completing her Master of Social Work at Hunter College, Aliyah directed a variety of youth empowerment and anti-violence programs throughout New York City. She has trained at the Institute for Contemporary Psychotherapy and practiced part-time at two mental health clinics. Aliyah is thrilled to bring her passion for social justice and holistic healing to the Washington State Society for Clinical Social Work. We offer her a warm welcome, and we look forward to working with her.

---

## WSSCSW: How We Have Evolved

*Eric Huffman has asked the Editors of this newsletter to seek out members who have stories about how the society has evolved over the decades, since its beginning in 1973.*

*We reached out to a few long-time members recently and received these offerings. We enjoyed reading them, and we hope the stories and thoughts expressed by Keith and Shirley will become part of a growing informal library of WSSCSW history, as told by its members.*

*If you would like to share historical information about the society through a personal story or an article, essay, or poem, we would be happy to add your offering to the growing collection.*

## My First National Clinical Social Work Association Board Meeting

*By Keith Myers, LICSW*

In 1995, the Clinical Social Work Association (CSWA), our national voice for clinical social work, was called the National Federation of Societies for Clinical Social Work (NFSCSW), perhaps the clunkiest name ever invented, and a marketing nightmare. The structure was a true federation, where any state could refuse to

go along with a decision if they felt it wasn't in their best interest. Basically every decision had to be a consensus. I'll let that sink in. My experience is that if you have 10 social workers in a room, you'll have at least 20 opinions about any one topic. Nevertheless, at the time there were approximately 12,000 members nationwide, and the profession was in the

midst of a battle with managed care over who was going to control clinical decisions. Furthermore, most states were fighting for social work licensure and recognition as a profession in the eyes of state legislators.

This story is about the CSWA's first national board meeting held here in Seattle in 1995.

*continued on page 4*

## HOW WE HAVE EVOLVED

*continued from page 3*

It's not the only story about this board meeting, but it's mine. This wasn't by far the first Federation board meeting, but it was the first one held here in the Pacific Northwest. As with most 20 year old memories, the story may not be entirely true, and certainly some of the "facts" have been altered by time and by the valence of affect. Some of it may simply be made-up, it's hard to tell anymore. Nevertheless, the general narrative is coherent, if not entirely complete. I would love to have others who were there chime in with their versions of this story, especially Larry Carlson, Shirley Bonney and Pam Powell. All played roles in both bringing the board meeting here, and in hosting the local society-sponsored event, which is the centerpiece of this story.

Board meetings were held twice each year. The spring meeting was always in Washington D.C. and the fall meeting moved around from state to state. Shirley and Larry were the two most recent Washington State presidents and they worked hard to get the board meeting held here. It was considered an honor to be asked to host the national board meeting. In July that year I took over as state president; the board meeting was held in October. Larry tried to describe to me what national board meetings were like, but that didn't prepare me for the spectacle of a Federation Board meeting. Nothing could.

There were approximately 70 -75 people who attended Federation Board meetings. They included all state presidents and occasionally president's elect (30-35 states were members at the time), committee chairs, Federation officers, and one long-suffering staff member, Linda O'Leary.

The board meetings followed a set structure, with the presidents-elect giving new state presidents an orientation to the Federation on Friday morning. The formal board meeting

started after lunch Friday and went until noon Sunday morning. The meeting here in Seattle was held at the Mayflower Park Hotel, right in the middle of downtown Seattle. The new president's orientation was like drinking from a fire hose, and my head was swimming from all of the new information (it was later my job to deliver this orientation). Just before the actual board meeting began, then Federation President Chad Breckenridge came up to me and told me it was tradition for the state president to welcome folks to their city. This was news to me. I had five minutes to think of something to say. I landed on a short lecture



about survival skills needed in Seattle. I'm pretty sure I had three in mind, but only two of them come back: 1) How to order a latte in Seattle (if you take too much time, the barista will simply move on to the next person), and 2) knowing that many participants came from large East Coast cities, don't cross the street in downtown Seattle against a red light (drivers in Seattle aren't particularly aggressive, but unlike Eastern cities, they just won't expect you to be in the intersection when they have the right-of-way, you could get hit). People actually took notes on how to order a latte.

After one day at a Federation Board meeting, I was hooked. Chad Breckenridge was the best meeting facilitator I'd ever seen, and the people in attendance were the leaders in their

states. Committee chairs were former state presidents for the most part, and were incredibly well versed in their duties. These were impressive people.

All this is background - the story I really want to tell is the story of the society-sponsored function, something the local society is expected to sponsor, and generally is eager to do. However, it was something I had given no thought to. Fortunately, Larry and Shirley, with assistance from other local society members, had. The event was billed as a picnic, and my only job was to get 75 social workers from the Mayflower Park Hotel to Shirley's house on Vashon Island. All I had to do was get them all on the same bus through the underground tunnel, get them all on the same ferry, and then load them onto the school buses Shirley had arranged to meet us at the Vashon ferry terminal at a specific time. Simple stuff.

Saturday morning, the day of the picnic, broke with the typical Seattle drizzle common in October, the kind that doesn't register as rain to anyone who has spent a few fall seasons in Seattle. I had driven over from my home in Redmond (I wasn't staying at the hotel, but later found out that the really good stuff happens at the end of the day and into the night). It hadn't occurred to me that it was raining. The minute I walked into the meeting room, I was accosted by a half-dozen nearly panicked board members, asking me if the picnic was going to be cancelled. I must have looked like a deer in the headlights, because I had no earthly idea what they were talking about. I said something like, "Why would it be cancelled?" "BECAUSE IT'S RAINING!" they all said in unison. After I explained to them that in Seattle what was coming out the sky wasn't really considered rain, and if it was, we'd never do anything in the fall, winter or spring, they seemed to calm down, but they

*continued on page 5*

## HOW WE HAVE EVOLVED

*continued from page 4*

were still giving me sideways glances throughout the morning.

By the time the board meeting adjourned in the late afternoon, the weather had cleared up and it was unseasonably warm. The next task was to get everyone to the Island. I carefully explained the game plan, we were to meet at a specific time in the hotel lobby (if you're late, we'll leave without you), we would go to the underground tunnel at Westlake, we would all get on the SAME bus (no, the bus is free, you don't need to pay anything), we would get off at the Pioneer Square station and walk to the passenger ferry, buy tickets and ride over to Vashon. Once on the Island, we'd transfer to the school buses (hard to miss a school bus, they all have a distinctive look), for the ride across the island to Shirley's house at the far end of the Island.

By this time in my career, I'd had about 20 years' experience total, and 10 years in an agency herding therapists. I figured I was up to the task. I even assigned the lone staff member and only person who wasn't a social worker, Linda O'Leary, to be the trailing guide, to make sure no one got behind her on the way to the bus and ferry. We managed to get everyone to the tunnel, all clustered in one long line, waiting to get on a single bus. We only had to let about four busses go by and about 20 minutes to get to this point once we entered the tunnel. Finally we're all ready, a bus comes by, and lo and behold, it's empty. We all got on. I was standing up front next to the bus driver, explaining that we were a bunch of social workers all trying to get to the ferry. The driver, a friendly sort, got on his microphone and welcomed us all to Seattle and his bus, and made some joke about social workers. About then, someone from the back shouts, "How much do we pay for the bus ride?" Apparently not everyone was paying attention. The bus driver explained over the mic

that it was all free and not to worry. He even made the announcement for all social workers to get off the bus at Pioneer Square.

The rest of the trip to the ferry went pretty well. Linda did her job as trailing sheep dog and kept slow strollers and looky-lou's from holding up the ferry. Once off the ferry on Vashon, we quickly discovered that there were about 10 fewer bus seats than passengers, and no, you can't stand up on the school bus, but you can sit on someone's lap. New friends were made and appropriate intimacy achieved, although as one without a seat, it was an extremely long ride to the other end of the island.

By the time we got to Shirley's people were in a good mood. Shirley, Larry, and Pam (I'm sure there were others, but memory fades) had assembled a classic Northwest feast of crab, clams, and barbequed salmon (I later had a discussion with a Mid-West flatlander about the fact that you can't barbeque fish because you'd overcook it). In addition, there was a nice selection of Northwest wines, which contributes to the fact that I really can't remember much about the return trip. My recollection is that it went well, but that may be because I figured once I got them back to Seattle, they could find their own way back to the hotel. These were people with advanced degrees and big-city skills who knew the name of their hotel. It was Saturday night and they were adults. At least that was the story I told myself.

In ending this extremely long story, I will say that people were still talking about the "picnic" well into the spring board meeting the next May. Larry, Shirley and Pam had pulled off what many said was the best local event ever. The great food and spectacular views of Puget Sound from Shirley's house were imprinted on everyone's mind for years afterwards.

## SAVE THE DATE! WSSCSW Annual Party

**When:**  
Thursday June 16, 2016 at  
6:30pm

**Where:**  
Agua Verde,  
1303 NE Boat St Seattle, WA  
98105

*More details to come*

This was the beginning of my being hooked on the Federation. I attended board meetings for the next decade, and visited many states and state societies. Mostly I met amazing people. I still have relationships with many throughout the country, and I cherish those friendships. We accomplished amazing things during this decade; most states who didn't already have it, achieved licensure (another story), and at least for the time, we managed to help beat back the worst practices of managed care. It does make me think though, we need to continually recruit new people who will pick up the baton and help keep the practice protections we've accomplished in place. We're not a group of social workers, we're a parade. People pass by as they come and go. New people need to be added to our ranks as older members leave. I joined the clinical society relatively late in my career (a mistake). It was Judy Foley who invited me out to lunch and in the nicest way possible told me that it was time for me to give something back to the profession by being involved in the clinical society. I will be forever grateful to Judy for that lunch. So take somebody out to lunch and show them how to give back to the profession.

## Our Society — The “Adolescent Stage”

By Shirley Bonney, LICSW

I am currently one of the very “old-timers” in the WSSCSW. I became a member in 1982, just a few months after I moved to Seattle from the Midwest. Even though I knew no one in Seattle, I chose Seattle as the city where I wanted to establish a private practice, because it had all the other things I was looking for - an urban environment with smaller neighborhoods, public schools that were “good enough,” liberal politics, downhill skiing within an hour from home without having to shovel snow at home, water all around...

Since I knew no one and had no history in Seattle, I knew I needed to get connected to something professional if I wanted to have any hope of being successful launching a private practice.

After poking around on the phone (of course there was no webpage to go to then), I found out about an organization for clinical social workers. I was excited, because I really missed my friends and colleagues back in Kansas. I was anxious to establish a way to connect with other social workers, and this organization was even my kind of social workers: CLINICAL social workers!

I arranged to have coffee with the then president, Lynda Treger, who made me feel so welcomed, and encouraged me to come to the next dinner meeting of the society. I attended the next meeting and was very impressed with the level of clinical sophistication, the warm regard and respect shown to the presenter of the clinical paper that evening, and the sense of community that was apparent. I felt like I had landed in a place that could be my professional home base, and in many ways, that has remained the case for me, even though I am no longer involved in the hard work of the organization.

Back in 1982 we were a small organization. I think we had 45 members when I joined. It was, as a result, a more intimate group. The main way we got together was holding monthly or bi-monthly dinner meetings in a private dining room in a restaurant. One person would do a case presentation and there would be discussion about the particular clinical dilemma that was being presented. There was an openness and a sense of safety amongst the group that was unique and very supportive. We even had a weekend retreat at Alderbrook Resort once, with members who played an instrument bringing their instru-



ment to the retreat for a sing-a-long. It was homey and comforting in many ways.

But then, as the pressure for licensure became more acute, our organization decided to be involved in the creation of social work licensure in Washington state. In Kansas I had been licensed in 1979, so I was surprised that Washington was behind Kansas (who would think?). In the early 1990’s, as we frantically worked toward licensure, I was

president of WSSCSW. This upgrade from the certification status we had attained was a necessity. Another necessity was increasing our membership.

While increasing membership was important in a number of ways beyond our lobbying voice having more clout, such progress changed the nature of the WSSCSW forever. We became more business-like. We were no longer a small “mom and pop” organization, but instead, we were an organization involved in Olympia, meeting with legislators, and engaging with NASW to work together for the changes we as clinicians needed. It was an important step towards the growth and maturation of our organization, but I still miss what it once was.

At the same time, WSSCSW continues to be the place I feel “has my back” in many different ways today. I know that important issues will be brought to my attention by WSSCSW, so I can write to the legislators who are involved with making meaningful changes to our profession. I know that if there are changes that we need to make educationally, like the state requiring social workers who offer supervision to complete a training that was never required before, WSSCSW will make sure we have access to what we need.

So I appreciate all of that, but I will always look back with nostalgia on my early years with WSSCSW, and the fun and closeness that were a part of the organization’s adolescence. Maybe that says something about how I refuse to let go of a part of my own adolescence, in spite of the fact that I am now a “senior citizen!”

*We invite you to respond to the author’s ideas and continue the discussion with letters to the editors, and on the listserv.*

# A Place of Meeting: The Bones of Clinical Work

By Jenny Heutmaker, LICSW

I would like to get a conversation going in our newsletter about what it means to be a therapist, what it means to do clinical work. In particular, I'm interested in finding ways to express the truly amazing feat of sitting in the presence of another person's humanity (as well as our own).

Beyond concepts, methodology or orientation, beyond years of experience, or practice setting, is **a place of meeting**. How do you experience these moments? When do they happen? How do you get there? We get very little training in this aspect of our work, yet this is where most meaning lies for both client and therapist.

My hope is that this new column can be a place where members share their thoughts and offer their reflections, an open forum with no set rules. To start things off, I offer one of my poems:

Resting in the stillness,  
our attention became more generous...  
Like the orca breaking the surface between worlds,  
we opened to  
Sky Mind  
and took another breath

I wrote this while on vacation on Orcas Island. Orcas is a place of refuge for me. I go at least once every year. Last summer two orca whales showed up in the bay in front of the cabin where I stay. I thought I was writing about the way I feel more connected and free being on vacation in such an elemental place, but reading the poem some months later, I realized it was also about entering a state of consciousness that serves the therapeutic process.

When I still my mind enough, I have greater awareness. Then, something far greater is available to me... the limitlessness of space, of energies beyond my egoic knowing. In such a place, I can be present and available to information from sources beyond my thinking mind. A breath of fresh air, so to speak. Orca whales cannot live in their watery world without breath, and to breathe they must move, even briefly, into another world for the sustenance that allows them to live in the world they call home. So, too, are we inhibited if we do not open to what is possible, if we do not take a breath, literally or metaphorically.

## Latest Regence Survey: How Clinicians Have Responded

Laura Groshong, LICSW, WSSCSW Legislative Chair

Since last July, WSSCSW has been collecting information about what LICSWs are doing about the changes in Regence reimbursement rates.

Here is a summary of the latest Survey, the fourth one, conducted from February 10-19, 2016. The numbers have remained fairly steady, with 25-30% of the Regence behavioral health panel having left the panel or planning to by July, 2016. This information has been sent to the Insurance Commissioner to determine whether there will be an adequate network. There were 205 participants in this Survey. Many thanks to all WSSCSW members who participated.

### 1. What is your mental health license?

LICSW	53%	(110)
LMHC	17%	(35)
Psychologist	24%	(49)
LMFT	5%	(11)
ARNP	.5%	(1)
Psychiatrist	1%	(2)

### 2. Are you currently on the Regence behavioral health panel?

Yes	80%	(163)
No	20%	(41)

### 3. If you have left the Regence panel in the past five months, please identify the month in which you gave notice of your intent to leave the panel.

October, 2015	31%	(9)
November, 2015	14%	(4)
December, 2015	28%	(8)
January, 2016	21%	(6)
February, 2016	7%	(2)

### 4. If you plan to leave the Regence panel in the next five months, please identify when you plan to give notice of your intent to leave the panel.

March, 2016	8%	(10)
April, 2016	8%	(9)
May, 2016	5%	(6)
June, 2016	14%	(17)
July, 2016	22%	(26)
Other	42%	(50)
Plan to leave in the next 5 months	22%	(20)
Plan to leave in the next year	15%	(18)
Taking no new Regence patients	6%	(12)

### 5. Please add any thoughts about the decision by Regence to lower reimbursement rates for 90837 on December 1, 2015.

Taking fewer Regence patients	(54)
Insulted/angry about 90837 change	(75)
Angry about recent 90834 change	(20)
Demoralizing	(17)
Can't afford to stay on panel	(45)
Abuse of power	(5)
Lost \$400-700 a month with reduction	(8)
Less than half my usual private rate	(5)
Must be parity violation/physicians can't be getting a 30% rate decrease	(10)

I encourage all Society members to think through how the changes to Regence reimbursement affect your practice and whether staying on the panel is right for you. Keep in mind that reimbursement as an out of network provider is likely to become more limited, if not eliminated, in the next few years, as part of the ACA requirements.

***We invite you to respond to the author's ideas and continue the discussion with letters to the editors, and on the listserv.***

---

# Annual Associates Event

By Melissa Wood Brewster, LICSW, Lara Okoloko, LICSW, Zane Behnke, LICSW, CDP

**O**n January 28th, the Associates Committee hosted the Annual Associates Event for associate and student members of WSSCSW. The evening, which took place at the University of Washington Graduate School of Social Work, proved to be a stimulating gathering around the topic of addiction and recovery. Thanks to our two speakers, Zane Behnke and Lara Okoloko, attendees were able to learn more about what it takes for a social worker to become a Chemical Dependency Professional (CDP), and more about current approaches to working with addicted people and their loved ones. Both Zane and Lara are highly knowledgeable when it comes to understanding the needs of this population and ways to help individuals beyond the well-known 12-step approach.

Here's a taste from Lara and Zane of what they shared with us.

## Zane Behnke:

### Co-occurring disorders

In clinical practice we often encounter patients who say they are using drugs or alcohol to cope with their mental illness. It can be tough to sort out the significance of disclosures like this. It's common for people to turn to drugs and alcohol when they're upset. Does the client have an issue with substance abuse, or not? Many studies have shown that "compared with the general population, people addicted to drugs are roughly twice as likely to suffer from mood and anxiety disorders, with the reverse also true." Many of the clients we see have co-occurring disorders. It is imperative that all clinicians brush up on chemical dependency

issues, as we see these co-occurring disorders in our practice all the time.

### On Becoming a CDP

If you are a LICSW or a LICSWA with a passion for working with clients who struggle with CD problems, I encourage you to pursue your CDP license. Information about the process can be found on the DOH website. If you work at a large RSN agency that does CD work, ask your supervisor about becoming a CDP and receiving clinical contact and supervision hours at your agency.

Even if you aren't interested in pursuing your CDP license, there are resources to help you better serve clients with co-occurring disorders. Consider going to a training on SBIRT (Screening, Brief Intervention, and Referral to Treatment), Harm Reduction or Motivational Interviewing to feel better equipped to help your patients who are using drugs or alcohol. All of the research indicates that patients are best served when they receive support for chemical dependency and mental health issues simultaneously. If we gain more knowledge about co-occurring disorders, our clients will be better off.

### Lara Okoloko:

It was a pleasure to speak to the group with Zane about our work as social workers with a focus on addiction. My professional identity as a social worker shapes how I work with people with substance use disorders and their families. It is because of my training as a social worker that I see the importance of centralizing concepts such as a person's right to self-determination, a person-in-environment perspective and the intersection of clinical

work and social justice advocacy. In addiction work this means that I use person-first language to talk about my clients ("a person with an addiction" rather than "addict") because I know the power of language to shape implicit bias, and even policy. It also means that I see the value of harm reduction approaches, because I have been taught to collaborate with my clients and respect their right to self-determination.

The Department of Health has been in the process of establishing an alternate path for licensed clinical social workers and other licensed mental health clinicians to acquire a CDP certificate without having to follow the same arduous path as people without any prior clinical training. My hope is that they will offer a path that is encouraging to mental health clinicians so that there will be more dual-certified CDP's working in CD agencies, which is so important, considering that half of all people seeking addiction treatment have a co-occurring mental health disorder.

I encourage all social workers to learn about addiction. Even if it isn't your specialty, it's so common that you won't be able to avoid working with people who have addictions, or their family members. Although you may think that you can't work with people with addictions because you are not a chemical dependency professional, you should know that people with addictions are more likely to get help from a mental health clinician than a CDP, and that you don't have to be a CDP to become competent in the treatment of substance use disorders.

*We invite you to respond to the author's ideas and continue the discussion with letters to the editors, and on the listserv.*

---

# Seattle University Introduces a Master of Social Work Program

An Interview with Program Director Hye-Kyung Kang, MA, MSW, Ph.D.

By Emily Fell, LICSW

**D**r. Kang began her role as director of Seattle University's (SU) new MSW program in September 2015. She received her MSW and PhD in Social Welfare at the University of Washington. Dr. Kang's research focuses on postcolonial Social Work practice, community organizing and mobilization in immigrant communities and communities of color, cultural citizenship, and critical pedagogy.

## What can you share about Seattle University's process of identifying the need for, and developing, an MSW program?

It was the need voiced by the Social Work community that sparked the idea of starting an MSW program at SU. There has been an urgent need for a focus on Clinical Social Work in this area for a long time, specifically for clinical social workers who are committed to working in community-based agencies.

Madeline Lovell, PhD (SU, Professor Emerita) who recently passed away, spoke with me in 2004 about potentially teaching at SU, and acknowledged the idea of, and need for, starting an MSW program. Beginning in about 2009, Madeline, Mary Kay Brennan, LICSW (SU, BSW Program Director) and others engaged in various focus groups, community assessments, feasibility studies and formed an advisory group to explore potential benefits of the program. I think we have a very good rationale.

## What influence does Seattle University's Jesuit Catholic tradition have on the MSW program?

The new program is very consistent with the University's overall mission of social justice and service. I worked at Fordham University in the past, another Jesuit institution, so I am familiar with the Jesuit mission and tradition, and really respect it. It's almost a crime not to have a Master of Social Work program at Jesuit schools because it's such a good fit; social justice, care for the whole person, service and so on. And SU really recognizes that. I feel fortunate to help start an MSW program at a Jesuit University, and the University has been very supportive of this program in many ways.

## Seattle University's MSW program is working toward accreditation with the Council on Social Work Education (CSWE). Can you tell us about the process and how long it is expected to take?

All institutions of higher education in Social Work are governed by the CSWE. They have a very stringent accreditation process, which they should. It's a complex process, but it's important that the regulations are strenuous. You want social workers to be well trained.

There's a three-year accreditation process, which starts with a program candidacy for accreditation. You have to show that curriculum, faculty, policy, procedures and monetary support all consistently meet the CSWE's Educational Policy and Accreditation Standards (EPAS). This process includes site visits from CSWE commissioners each year, for three years.

Another thing about the process that people may not understand, is that in order to become accredited, you have to have students.

Students who enter programs that attain Candidacy in or before the academic year in which they begin their program of study will be retroactively recognized as having graduated from a CSWE-accredited program once the program attains Initial Accreditation. We are on schedule for the initial accreditation in 2019. Our first cohort of students coming in this year, will graduate in 2018, and we should achieve accreditation before the time they sit for their clinical licensing exams.

What I've been told by the CSWE Commission on Accreditation is that you're not seeking accreditation by yourself. You have a specialist that works with you every step of the way. As long as you're in good communication with the specialists and revise what they (and the commissioners) ask you to, there shouldn't be a problem. SU's BSW program has been accredited for years and is going through the reaffirmation process. At the CSWE training, a specialist said our Bachelor's program has been a model program in terms of re-affirmation. We have a good reputation in the field.

## What is tuition like?

One of the things we've really thought about is how to give students an excellent education without having the price so staggering that they can't afford it. The projected tuition for our full two-year program, based on this year's per-credit cost, is about \$45,342, which falls in between UW's in and out of state tuition, and is cheaper than their evening program.

We also have scholarships available, and we'll give as many as possible. Most are needs-based. We also have graduate worker

*continued on page 10*

programs. We are developing a list of all scholarship options which will be available to students who are accepted into the program. If people are interested in more information, they can contact me and I'm willing to talk to them more about that.

**What makes Seattle University's MSW program stand out from similar programs in the area? What areas of specialization does the program offer?**

The UW curriculum includes generalist studies in the first year and specialization in the second year. Seattle University's program will have only one specialization, Clinical Social Work, which will be centered even in the generalist curriculum (i.e., what used to be called the Foundation Year, or the first year in a two-year program). I view the two programs as complementary, not competitors. UW's Dean, Eddie Uehara, PhD, is one of my mentors. We've been talking about how we can work together to educate future social workers.

SU's MSW program will have cohorts of twenty to twenty five students, max. We have six, full time faculty members who will be teaching almost all of the courses. (We will have one adjunct professor this year.) We have zero teaching assistants. When you visit our website and see faculty faces you're going to get them, not their students. We are intentionally keeping it small; we want students who are really interested in clinical work and social justice.

**Is there a particular theoretical orientation for clinical coursework?**

Our faculty have backgrounds in juvenile justice, human development, immigrant and refugee and persons of color, policy, commu-

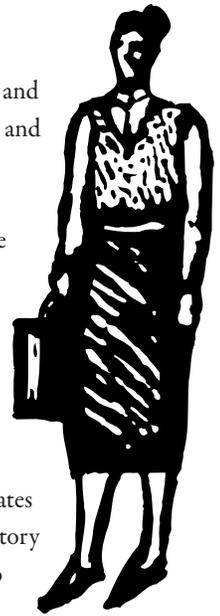
nity organization and child welfare. We're not just teaching about what we've read. We are all active in research and scholarship however our teaching is also informed by our clinical practices. When I teach I find it really important to talk about the specific decisions I've had to make as a practitioner, which can only be based on my experiences.

In terms of theory, we're not a single theory school. Our focus is to help students gain theoretical knowledge of contemporary theory for Clinical Social Work; to help students appraise, learn and apply theory with a very critical lens. We want students to learn theory in context. Some of the theories we will draw from are Systems, Behavioral and Social Learning, Contemporary Psychodynamic, Social Constructionism (which includes Narrative) and Neurobiology. We want graduates to be theoretically strong, and able to think critically about theory and how to apply it. Theories don't determine human behavior but rather inform us how to think about and understand them.

**How are students educated around diversity?**

Our faculty made an agreement that we will strive for making fifty percent of our learning materials centered on the knowledge base of people of color and other marginalized populations. Diversity is going to be a focus, instead of a side note. In the 70s and 80s, the approach was to educate students on various groups, which has its merit. But it does not make sense for us to only have a "cultural consideration" box at the bottom of the textbook. The more recent trend was to offer identity-based courses, which also has its merit. However what I have seen when we start with exploring individual identity, is a difficulty translating that into a knowledge of

how, structurally, privilege and oppression are interrelated and maintained. It can become the oppression olympics; "my identity has been more oppressed than your identity." We're going to have students start out with a social justice course, not race and ethnicity. We'll ask about the ways structural oppression operates on the societal level, its history and underlying theories, to help students gain an understanding. Then go into how these things impact people and their relationships, and then, lastly, explore individual identity within those constructs. Every course is designed to address social justice, privilege and race, not just a stand-alone course.



Social justice and race aren't just "out there;" they are tied up in our relationship with our clients, each other and communities. My hope is that we create an educational environment where students are thinking deeply. We don't want to stop with "you're oppressed and I'm privileged." That's not that helpful. We need to add much more complexity to that. We have to sit with discomfort and ambiguity. And act.

**There has been tension between micro and macro work throughout Social Work history. How does the program manage this tension?**

Our program has a commitment to social justice and community-based education. Social justice isn't just an ideal or concept. Every school of Social Work will say they're social justice oriented, and I have heard over and over from students, it's hard to know what

*continued on page 11*

social justice looks like in practice. Some think that social justice is about policy, and practice is separate. I think this is a huge problem. The whole micro, macro divide is really unfortunate. Practitioners know that in human life, there's no *just* micro and macro. We need to integrate the two; in looking at a particular case, what are the consequences of social injustice? Looking at the function of social justice and injustice in people's daily lives. In policy courses we will look at a given policy and how it affects people's lives, there's a constant back and forth. What are some policy aspects that are bearing on this particular case? As teachers, we need to do this explicitly. It might

make sense in our own minds, but we're not explicit enough with students about how this looks; what are the consequences of structural issues in this particular case?

### **What is the best way for prospective students and community members to learn more about the program?**

Although we are accepting applications until the full cohort is filled, we have wrapped up our 2015-2016 informational sessions. We will offer informational sessions again in late August or early September. However, if people are interested in our program, they are welcome to contact me or our program coordina-

tor, Stephanie Edlund-Cho, MSW, to speak over the phone or in person.

*Hye-Kyung Kang, PhD*  
206.926.5558

*Stephanie Edlund-Cho, MSW*  
206.926.5539

*Karen Hansen (with Eric Huffman and Laura Grosbong), recipient of the WSSCSW Presidents Award, at the NASW Annual Social Work Awards Dinner. March 18, 2016.*



## **Poverty Workshop**

*By Melissa Wood Brewster, LICSW*

I recently attended a "poverty workshop" facilitated by Seattle University's School of Theology and Ministry and hosted by Seattle's Plymouth Congregational Church in downtown Seattle. At first, I wasn't sure about giving up my Sunday afternoon, but afterwards, I realized I would not have wanted to spend it any other way.

At the beginning of the three-hour workshop, I was assigned a fake identity and family, which was made up of other workshop participants. We were given an envelope with information about our demographic and economic situation and explicit instructions about how to simulate living in poverty for a month. Our "homes" were represented by clusters of chairs in the room. Public services (school, bank, grocery store, employer, Dept. of Social Services, pawn shop, transportation services and mortgage officer) were represented by desks lining the perimeter of the room which were manned by volunteers, many of whom had been homeless themselves

in real life. Following the simulation, we had small and large group discussions about our experience and the current state of emergency in Seattle with regards to homelessness and people living in poverty.

Being given the exact role that I play in my own real-life family (working mother of three kids), I didn't expect the exercise to be quite so challenging. However, my family situation in the workshop was a bit more complicated. My husband was unemployed and my 16-year-old daughter was pregnant. I was insured at my work but it was too expensive to provide health insurance for the rest of my family. I was only paid \$9/hour for full time work as a receptionist.

My first wake-up call was trying to get to work on time in order to get my full week's pay to support my family. Without enough transportation passes to get me to work, I had to go buy more, making me late for work. As a result, my pay was cut and I only took home

about a third of my week's pay to my family that first week. Meanwhile, my husband had no time to find a job, as he spent all his time going to the various public services to apply for assistance to meet our family's needs. Unexpected expenses and notices of life challenges were put in our mailbox by the facilitators, which we had to resolve within a certain amount of time. The one time I actually made it home from work before my kids returned from school, I noticed I felt panicked, waiting for them all to come home, not knowing if they were alright or if my husband had been able to accomplish anything on his journeys. I was also hyper alert to potential burglars, who had visited our neighbors earlier. With all these preoccupations, I realized how hard it is to think about exercise, recreation or self-care in my free time, as I have the luxury of doing in my real life.

My family did not have it as bad as others. Some were evicted from their homes or sent to jail. Nevertheless, I certainly gained greater

*continued on page 13*

# BEST OF THE LISTSERV

*“BEST OF THE LISTSERV” is a recurring series in our newsletter, highlighting relevant and thought provoking conversation threads from our listserv. The listserv is an important benefit of membership. As a go-to tool in our clinical toolbox, it keeps us connected and enables us to support one another as we request resources and referrals, discuss challenging subjects, and share what matters to us as engaged social workers.*

## UPDATE! Mental Health Carve-Outs

**T**he following Listserv conversation was started by a member in February 2016. The 2008 Mental Health and Addiction Equity Act (MHPAEA) –rules implemented in December of 2015- was intended to ensure that mental health and medical services received comparable coverage by insurers. However, many clinicians are encountering situations where clients believe they have coverage for all healthcare services through one insurer and later find that mental health services are covered through a different insurer (also known as a mental health carve-out). The following listserv conversation exemplifies this struggle and shows how one member is steadfastly advocating to get coverage after being denied by a carve-out. It is meant to introduce members to the complexity of this issue, help them identify possible violations and report problems. Mental health carve-outs are very much a situation in flux.

I received some good news regarding an issue I brought up here last month (see my email, below), and I thought I'd update anyone interested...To review, a client got new insurance through Health Net, and her card stated that she could use the First Choice network (I'm in that network). When I called Health Net to verify, in early January, I was informed that behavioral health was provided through a separate network, MHN, and that I would be out of network.

This seemed like a parity violation. Laura Groshong suggested I file a complaint with the OIC, which I did. A week later someone from Health Net called me to collect information. She asked for the Patient ID, name, and DOB. I didn't feel comfortable providing my patient's ID (I wasn't sure she would agree to becoming involved in a

complaint/investigation). I did provide the plan group number. I received a response letter from Health Net stating that "In compliance with the Washington Office of the Insurance Commissioner (OIC), effective January 1, 2016, Health Net allows full access to

the First Choice network in addition to the MHN network." They apologized for my trouble, but didn't actually address whether they changed their policy due to my complaint; or whether the information I was given was incorrect. This is a much better outcome than I expected!

Thanks, Laura, for the advice, and I hope this story encourages others to report questionable issues to the OIC!

Andrew Bryant, MPH, LICSW

**Great work, Andrew. But please still educate me, why would not honoring First Choice**

**behavioral providers, like yourself, be a violation of parity if Health Net offers another outfit, MHN? Is it that the 'full empaneling' (med/MH/CD, I presume) within First Choice trumps Health Net's proprietary rights to contract with the same range of pertinent providers on its own?**

Larry Venditto, LICSW, ACSW, CDP

I am inspired by Andrew's advocacy, but want to clarify so I know if the problems that my clients have run into are similar.

I have a client that signed up for the Premera option offered through her employment at Swedish specifically because I am a provider on that network, but found that her mental health insurance is farmed out to another network which I am not a part of.

When I was on Regence, a client who I had been seeing began employment at \*\*\* and signed up for their health insurance which was Regence... but mental health was farmed out to a different insurance plan, I think it was Value Options which I am not on. Are these situations I should report to the OIC? Andrew, who exactly did you talk to?

Cristina Mullen, LICSW

**Thanks to Christina and everyone who has contributed to this thread. This appears to be a violation of parity laws. If a plan has a mental health carve-out that is not covered by the main plan, but does not have the same system for medical care, this would be a restriction on care.**

Laura W. Groshong, LICSW, WSSCSW  
Legislative Chair

I have dealt with these carve out issues many many times over the last 17 years. I support Laura's view at this time, which that it is a parity violation. It's based on my understanding of parity but without having studied the law or regulations which permit the carve-out to begin with. My criterion is simple; carriers are making subscribers jump through a hoop they do not have jump through on the medical side. And the membership card very rarely makes the carve-out carrier clear. If either clinician or subscriber goes online for benefit information they are usually met with a disclaimer about mental health and given an 800 number to call. The subscriber has to make a call, learn new benefit plans with different deductibles and pre-auths - you get the picture.

Robert Odell, MSW, LICSW

*continued on page 13*

---

## BEST OF THE LISTSERV

*continued from page 12*

*In response to a member discussing details of reimbursement rates of primary versus carve-out plans, Laura Groshong writes:*

**I would urge people not to discuss exact amounts of reimbursement by insurers on the listserv for two reasons. The first is that any one rate may be misleading since each insurer has 5-20 plans and reimbursement rates vary. The second is that Taft-Hartley laws specifically prohibit us from discussing fees we set privately, there could be some overlap with discussing fees we receive from insurers that is seen as violating this law.**

**Laura W. Groshong, LICSW, WSSCSW  
Legislative Chair**

I have just come across another insurance problem and am wondering if this would also be a violation. An ongoing client of mine just changed insurance companies and chose Regence partly because I am paneled with them. However, after billing for a number of sessions, we have discovered that I am considered an out of network provider because his plan is an "accountable care organization" and only takes providers who are in the "UW Medicine Network". I spoke to Cassidy about this and she said there is no way to join this network -providers were pre-determined by UW Medicine. The client's card looks like a typical Regence insurance card with "UW Medicine" in small letters in the corner. Does anyone know anything about this situation? Thanks in advance for your wisdom!

Erika Falit-Baiamonte, MSW, LICSW

**Erika**

**Please call the contacts at the AG and OIC (details below). The more instances we can provide of what look like attempts to deceive enrollees about who is covered, the better.**

**Providers are encouraged to file complaints with the OIC online, <http://www.insurance.wa.gov/complaints-and-fraud/> or by calling 800-562-6900.**

**Laura W. Groshong, LICSW, WSSCSW  
Legislative Chair**

**Erika**

I just came upon the same exact situation. I think it is a good reason to always take a good look at cards and check benefits before seeing someone. This is not a case of an insurance company farming out their mental health plans to other companies, as it is still

Regence, but rather a kind of core plan. It does state on the card "UW Medicine Network" so I don't think there is anything to really do about it. For my client, her deductible was really high, so I will need to bill her anyway. But this UW plan is new to me. Perhaps others have some thoughts..

Dawn Dickson, MSW, LICSW

**Dawn and Erika**

**Accountable Care Organizations (ACOs) are a new delivery system which includes providers in the profit and loss of an ACO based on targets that are set for the ACO on a yearly basis. They have not been particularly successful; about half of the 400 that have been started have failed. But the model is part of the Affordable Care Act and will probably be around for a while. The issue here is that the enrollee was led to believe that someone was on the Regence panel and they were not. I am sure that OIC will see this as a deceptive practice at this point. When they start to break out who is on the panel for Regence in general and who is on the ACO panel that could change.**

**Laura W. Groshong, LICSW, WSSCSW  
Legislative Chair**

*Update from Andrew Bryant, the member who initiated this conversation, as of April 2016:*

I eventually received payment at the in-network rate. From start to finish, this took about 3 months. Here's what happened:

Despite the resolution of my complaint to the OIC, MHN processed my claim as out-of-network. I emailed HealthNet, referencing the OIC resolution, and they replied saying that it should have been processed as in-network, and to resubmit. I resubmitted and the claims

were again processed as out-of-network. I finally called MHN last week and was told that I was out-of-network. I read them the email from HealthNet, including an internal reference number I was given. I was put on hold, then MHN came back and said I was correct, and they were re-submitting the claims as in-network. A few weeks later I received the full payment. Andrew Bryant, MPH, LICSW

*We invite you to continue the discussion with letters to the editors, and on the listserv.*

---

## POVERTY WORKSHOP

*continued from page 11*

insight into what it could be like to live in poverty. Further research into these issues has made me feel quite overwhelmed. The politics and complexities of homelessness and poverty are enough to make anyone feel helpless and want to move away. However, only by committing to work together as communities will we be able to improve our situation and come out of Seattle's state of emergency. Therefore, I am going to try to volunteer at future poverty workshops, try to get more involved in the tent city closest to my home and help my kids' school connect more with our school district's Homelessness Liaison. I strongly recommend attending a poverty workshop as a way to familiarize yourself with these issues and inspire you to find out how you can help as well.

For more information on poverty workshops, follow the Faith and Family Homelessness Project at:  
<http://faithandfamilyhomelessness.com/poverty-workshops/>

or email the facilitators at:  
[gustavel@seattleu.edu](mailto:gustavel@seattleu.edu).

*We invite you to respond to the author's ideas and continue the discussion with letters to the editors, and on the listserv.*

**ATTENTION**  
**All Associate Members!**

Mark your calendar for our  
Associate Quarterly Meetings in 2016:

**April 24th, June 23rd, September 22nd**

**Networking**  
**Mentoring**  
**Licensure Resources**

Join us for any or all

For more information, contact the  
Associate Committee members:

Melissa Wood Brewster, LICSW:  
woodbrewster@gmail.com

Josh Cutler, LICSW:  
jphcutler@gmail.com

Vicki Nino Osby, LICSW:  
vickino12@gmail.com

**CLINICAL SOCIAL WORK**  
**ASSOCIATION**  
**MEMBERSHIP**

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

Please consider complimenting your WSSCSW membership with a CSWA membership.

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

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



**ATTEND OUR NEXT CLINICAL EVENING MEETING**  
**(CEM)!**

"Everything You Always Wanted To Know About Sex\* (\*And Don't Have to Be Afraid to Ask!)"

With Selin Caka, LMFTA

Wednesday May 11, 2016 7-9pm

UW School of Social Work

**Registration coming soon on our website,**  
**[www.wsscsw.org](http://www.wsscsw.org)**

# NEW MEMBER PROFILES

The Membership Committee wants to welcome these new and returning members. We look forward to meeting and getting to know each one of you.

Cher Anderton	Suzanna McCarthy
Danielle Baird	Wendy Pacifici
Tina Berg	Alison Prevost
Julie Franks	Jack Ringel
Marla Herbig	Liz Strober
Lisa Kennedy	Ryan Taylor
James Kinskey	Melanie Walker
Jenni Linder	Jamie Weber
Kenneth Marshall	Deborah Weiner
Maggie Mathew	Virginia Whalen

## CHER ANDERTON, MSW CANDIDATE (MAY 2016)



Cher is graduating from Boston University's (remote) MSW program in May of this year. She is currently interning at Providence Intervention Center for Assault and Abuse in Everett as a Victim Advocate for children and adults and Therapist for adult survivors of sexual assault. Post graduation, Cher will be working for Shoreline Public Schools as an Elementary School Counselor as well as opening a therapy practice in the Shoreline area supporting adolescents, young adults and their families. Cher will also be working towards becoming a LICSW.

Outside of work and school Cher enjoys the company of her four children, husband and friends. She also loves to travel, dance, read and exercise and so she has energy for all of the things she wants to do both personally and professionally!

Outside of work and school Cher enjoys the company of her four children, husband and friends. She also loves to travel, dance, read and exercise and so she has energy for all of the things she wants to do both personally and professionally!

## SUZANNA MCCARTHY, LICSW



Suzanna McCarthy received her MSW from the University of Washington in 1981. Suzanna was the professional development

program manager for WA State NASW during the years when NASW offered over 15 continuing education workshops a year. In addition to her work experience as a therapist, consultant and national trainer of therapists working with children and families, she has been a spiritual director for over 20 years and presented numerous workshops and retreats on women's empowerment.

Blending the psychological and the spiritual, Suzanna's focus is on women and especially senior women, naming and claiming their gifts, emphasizing personal contributions over their shortcomings and stepping into the next phase of their life with greater freedom, confidence and purpose.

Suzanna integrates CBT, energy psychologies, spiritual direction and body-centered practices in her work. Drawing on images of the archetypal feminine from around the world, she supports women as they heal, overcome obstacles and more fully embody their one wild and precious life.

Suzanna also assists both men and women in developing healthy lifestyle changes to prevent and/or stabilize chronic conditions.

## JACK M RINGEL, AM, LSWAIC



Jack M Ringel earned his master's degree in social work at the University Of Chicago in 2013. Both during his formal studies and in an ongoing way since then, he has focused on helping people recover from various traumas (for example: issues related to combat deployments, incarceration, childhood neglect), to work through various manifestations of anxiety and depression, to explore issues of identity, to confront damaging habits (including addiction), and as a general theme throughout—to help people enhance their ability to healthily connect with others. He was a clinical fellow and then permanent employee at the VA Puget Sound, and now

sees adults for individual psychotherapy in his office on South Lake Union (<http://www.jackringel.com>). Jack is an avid reader, enjoys backpacking and hiking with his wife and friends, and is currently working on a collection of poetry.

## RYAN TAYLOR, LSWAIC

Ryan earned his MSW from Saint Louis University in 2015 and works as a child and family therapist with a local community health center. He is passionate about his work as a therapist, providing counseling and therapy services in both school and office settings.

His background includes working in education, training, and curriculum development in the military, being a religious brother in a Catholic religious order, and working/volunteering in a variety of social services settings throughout the U.S., Central America, and East Africa. He has interned with a non-profit that helps veterans coming out of prison, at a long term care facility for veterans in need, and with a private mental health counseling/therapy practice.

Ryan is very interested in child and adolescent mental health, facilitating healthy relationships between adolescents and their parents, and providing family therapy services. In addition, he is interested in the integration and incorporation of religion and spirituality in social work and therapy services, the healing and recovery of children affected by war, especially current and former child soldiers, healing, recovery, and assistance for child and adolescent immigrants and children of immigrants, especially from Latin America, Africa, and the Middle East, and learning, relearning, and researching counseling and therapy theory and practice.

When not working Ryan enjoys spending time with family and friends, reading, road trips, listening to music, social justice topics, following sports, going to church, and praying.



Washington State Society for  
**Clinical Social Work**  
Identity • Integrity • Diversity

PRSRT STD  
U.S. POSTAGE  
**PAID**  
SEATTLE WA  
PERMIT NO. 1159

**Washington State Society for Clinical Social Work**

Po Box 77264  
Seattle, Wa 98177

ADDRESS SERVICE REQUESTED

## **Certificate Program in Clinical Theory and Practice 2016-17**

Wellspring Family Services has offered the Certificate Program in Clinical Theory and Practice, a 100-hour program in adult psychodynamic theory and practice, since 1991. The program's content is practical and applied through the use of teaching cases. The major influences on clinical practice and an understanding of human development are integrated to provide a comprehensive learning experience. 100 hours of continuing education credits are available which also apply to Associates' CE mandates (approximately 20 of which may count towards supervision requirements).

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

## **NEWSLETTER VOLUNTEERS WANTED!**

Are you interested in developing your writing and editing skills? The newsletter is seeking committee members. There are many ways to participate including editing, outreach for content and creative input!

Please contact editors Emily Fell and Lynn Wohlers for more information at:  
[Newsletter@wsscsw.org](mailto:Newsletter@wsscsw.org)