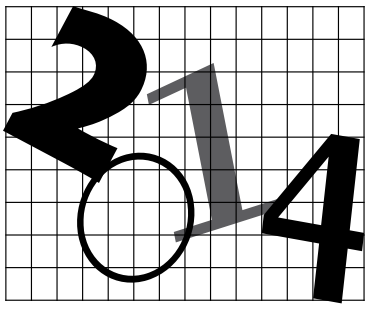
WASHINGTON STATE SOCIETY FOR

CLINICAL SOCIAL WORK

NEWSLETTER

Winter 2014

In this issue:



From the Desk of the President

HELLO MEMBERSHIP

By Karen Hansen

Welcome to the first WSSCSW Newsletter dedicated to the integration of Clinical Social Work and the Arts, an experiment born out of our theme for this clinical year: A Year of Integration and Growth. This issue is full of examples of how the visual, musical, theatrical and other elements of the arts can complement and enhance our clinical understanding and work. We want to hear from you about your interest in this topic. I hope this might become a periodic tradition for our WSSCSW newsletter.

The Arts have always fascinated me and I believe their influence continually deepens my understanding as a clinical social worker. In addition to the pleasing aspect of creative expression, whether in theater, music, literature, or painting, there is also the ineffable experience, the part that cannot be expressed in logical verbal understanding.

This experience engages the right side of our brain, where the wholeness of the human condition is represented. It is deep, rich, and endlessly creative. It is the seat of emotion and wisdom, and it can be enjoyable or distressing. Through the arts we gain a glimpse of the creativity and dynamics of humanity in a broader way than logic or fact can represent. There is also the possibility of healing that can emerge in the creative process itself.

Anyone working with trauma knows that the arts can be a useful avenue for transforming the unthinkable into the useful, the manageable — even the inspiring. In this edition of the newsletter, Norma Timbang describes how art making supports her work with trauma survivors, while Roberta Myers shares an interesting case in which using a puppet and writing letters helped to heal a child's attachment disorder. You will also find Brook Damour's article about the *Twilight* series of novels — you know, the books that put Forks, Washington on the map and inspired several not so great movies. Brook focuses on how the novels connect to the unconscious, helping to explain their appeal to countless young people. There is an excerpt from a play written by our secretary, Emily Murray, about the difficult topic of suicide. You will find my book review of *The Language of Flowers,* a well written novel with interesting clinical themes regarding attachment and foster children. There are articles about how social work is enriched through painting (by Eve Wright) and how using various expressive arts throughout her career enhanced a member's practice (Mary Roy). I find I must take inspiration and hope from

continued on page 2

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.

PRESIDENT'S MESSAGE

continued from page 1

many sources to support and renew myself doing clinical work. Let us know if you'd like to contribute your ideas along these lines as we hope to continue to include this theme in our future editions.

Also in this edition are two personal responses to our Fall conference presented by Sharon Stanley. A useful review of the ethical considerations of suicide assessment, from our Ethics Committee, should be helpful to everyone. And please note our calendar offerings for 2014, which will include Clinical Evening Meetings and our annual Associates Event, hosted by Stacy De Fries and her committee on January 28th.

Finally, a few Board Changes to note are important to cover. Denise Gallegos will be joining the Membership Diversity Committee replacing Diane Stewart. Denise brings an interest in diversity issues, having already influenced the Board's decision to begin awarding scholarships to diversity students at UW School of Social Work. She holds a Masters in Criminal Justice and is finishing a second Masters in Social Work, working closely with Jon Conte to improve the diversity content of the clinical curriculum. She is bilingual and works with Spanish-speaking women around sexual and domestic violence themes. Dawn Dickson will be replacing Diane Stuart as co-chair with Tanya Ranchigoda on the Professional Development Committee. Dawn brings a rich background in medical and oncology oriented clinical work, and an interest in teaching to the Board. She will fill in for Tanya during Tanya's maternity leave. They will most certainly become a dynamic pair, along with their committee as they plan next year's professional development programming.

May the joys and challenges of the New Year be both uplifting and manageable for each of you. We continue to value your membership and involvement in our many important elements and programs.

Warmly,

Karen Hansen, , LICSW
WSSCSW Board President

Awaiting Your Letters to the Editor!

Please write to:
Newsletter@WSSCSW.org

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

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

Stephenie Meyer's Twilight and the Unconscious

By Brook Damour, LICSW

Stephenie Meyer conceived of her Twilight stories from a dream (Richards, 2009). She was a stay at home mother with three young boys who had a degree in English but had never been published. She hadn't written for herself or for an audience in any significant way previously. One can infer that her life, like everyone's, had challenges and restrictions. During interviews, Meyer has often spoken of her dreams and writing as a reprieve from the intensity of parenting young children, noting that the role had become so draining, she felt like she experienced a "zombie mom way of doing things where I just wasn't Stephenie anymore" (Richards, 2009). One night she had the dream that spawned Twilight, noting, "the dream was ... one of a kind. It really sparked my imagination." Most notably, it was about a vampire who tells a normal girl that he both loves her and wants to consume and kill her. These characters, with their different urges and perspectives, grew and enlarged in Meyer's internal world. Her dreams, fueling her writing, became a way to reclaim her identity. In fact, she was an ordinary mother who took her internal longings and unconscious content and transformed them into books that were remarkably successful.

Although often dismissed as tween drivel, to me, Meyer's work always seemed more complex and in some ways, more disturbing and interesting, than the simplest interpretation of her stories. She writes and presumably identifies with both male and female perspectives. There are erotic scenarios with same sex characters in addition to different sex characters (do Edward and Jacob really hate each other that much? Is it really hate in their eyes when they "argue" so intently?). She writes about parent figures adopting and then matchmaking adult "children" in a strangely emotionally, if not biologically, incestuous context. She writes about concurrent romantic love for multiple partners. She writes about people's ordinariness belying great potential, eventually culminating in profound strength. She writes about the terror of transformation, and the resultant sacrifices. She writes about childbirth that utterly consumes and destroys the young heroine's comparatively fragile human body, a process that this heroine fiercely defends. She writes about both experiencing and sublimating overwhelming libidinal urges. She writes about, indeed often seems obsessed with, characters who are both restrained and overwhelmed.

Perhaps the most surprising thing is that Meyer has managed to do all of this in books which are designated young adult, but are popular among virtually all ages. She has also managed to portray these themes to a vast audience which I am fairly certain includes many people who wouldn't dream of investigating their internal urges overtly, much less investigating less socially sanctioned themes such as alternative sexual expression or family structures. Somehow, Meyer has created stories that tap into these often unconscious conflicts in a way that really resonates for many people.

I believe Freud would have been fascinated with Twilight and Stephenie Meyer because her work is such a successful example of sublimation, rich with meaningful, highly interpretable content. There is a lot of ambiguity in the story and characters, and many troubling themes emerge. In fact, no two people are likely to see exactly the same things in Twilight. I have never heard whether or not Meyer has been in psychotherapy, but I imagine she would bring a great deal of unconscious material to her work, the kind of material that we hope our clients will be able to access because working with it can leads to freedom and growth. But I wouldn't limit the meaning and understanding to be culled from the Twilight phenomenon to Meyer, because an audience's reaction to art is also a huge part of its value and power. Perhaps most importantly, how we react and how our clients react to Twilight can lead to useful information and provide clues about internal conflicts and beliefs.

If you work with adolescents, (or adults) and you've never invited them to talk about the books that they love and what the stories mean to them, first, you are likely to hear something about Twilight (or you were a few years ago...it's gotten a little less popular since then). Second, even the surliest of clients are likely to begin to open up with enthusiasm on this subject. There is something about the way a fictional story allows a veiled conversation about the self and the unconscious that can be very freeing for a client. Similarly, the art that speaks to a younger client, whether it is Twilight, The Hunger Games, Ender's Game, or other popular works, often tends to dramatize conflicts with stories that have high stakes in fantastical worlds, sometimes populated by vampires, sometimes post-apocalyptic. This seems like no coincidence given the tremendous intensity of developmental challenges facing an adolescent, or someone of any age who is struggling to individuate. The intensity and fantasy aspects of such stories often perfectly encapsulate the intensity experienced internally when someone is trying to find out who they are apart from childhood templates, particularly when they experience a lack of support and other stressors as obstacles in this quest. These are stories of transformation into someone who becomes more powerful, but also loses much in the process, often family or the younger parts of who they once were. Interestingly, they are also stories where this

continued on page 10

Excerpt from "The Harold Scholarship"

By Emily Murray, LICSW

"The Harold Scholarship" looks at a set of parents grieving after losing their son to suicide. I originally wrote the play in 2002, and in rewrites over the next decade, I focused more on the parents' desire to go back and change the course of events; the desire to remember their son for his life, not his death; the desire to talk about him as a person existing outside of his own tragedy.

I wrote this play shortly after I lost my brother to suicide, while I was completing an MFA in Playwriting at Columbia University. It ended up being my thesis play. The play was translated to German and workshopped in Bielefeld, Germany, and then published with S. Fischer Verlag. It was recently read and workshopped as part of Seattle Rep's Writers Group festival. Much of my writing continues to be about grief and how it affects a family, specifically after a sudden loss.

Editor's Note: The entire script will be available on the WSSCSW website.

Synopsis of Play: After the loss of their son six months previous, Mr. and Mrs. Harold (Troy and Helene) invite the son's best friend (Bart) to spend the weekend with them. During this time, they offer him a scholarship with stakes that are exceedingly high.

Taken from Act I:

HELENE:

Bart, do you like veal?

BART:

I've never had one.

HELENE:

I have some warming in the oven. It will be our little hors d'oeuvres before dinner, how does that sound?

BART:

That sounds good.

HELENE:

I'll be right back.

Helene leaves to get the warm veal.

TROY:

So did you watch the game last weekend?

BART:

Not at Hazelden. No.

TROY:

Oh.

BART:

Did you watch the game?

TROY:

I did.

BART:

Did you enjoy it?

TROY:

I guess so. Dan and I used to watch them together sometimes, Sunday afternoons.

BART:

Yeah, I remember that.

TROY:

That was one of the things we used to do together.

BART:

I think he really enjoyed that.

TROY:

Really?

BART:

Sure.

TROY:

... thank you, Bart.

BART:

How are you doing, Mr. Harold?

TROY:

Terribly fine.

BART:

Oh?

TROY:

Well, I recently was promoted to head of the mediation department for the government ...

BART:

Congratulations-

TROY:

-thank you.

BART:

Which sector?

TROY:

Agriculture.

BART:

I see.

TROY:

We do conflict resolution within agricultural corporations.

BART:

Oh.

TROY:

Mrs. Harold stays home and tends to the fort.

BART:

I see. What exactly is conflict resolution?

TROY:

I see it as a way to solve problems peacefully, without the threat of violence.

BART:

But you are for our current war?

TROY:

That's different.

BART:

How so?

TROY:

Different department.

BART:

You counsel agriculture.

TROY:

Yes.

BART:

... I think about Dan a lot.

TROY:

Sure, son. Well, we have some of his things we'd like to give you.

BART:

And how is Mrs. Harold doing?

TROY:

Not very well, I'm afraid.

BART:

A mother shouldn't have to outlive her son.

TROY:

No, she shouldn't.

Helene enters the room with the veal medallions.

BART:

He was my best friend, Mr. Harold.

TROY:

Those calves smell like heaven, Helene.

HELENE:

Really? Thank you Troy!

BART:

He was always so loyal. That's what I loved about him.

HELENE:

Who was loyal?

BART:

Dan.

HELENE:

Tell me a story about how he was loyal. But first, try these.

She hands him the platter, with the hors d'oeuvres. Bart tries one while Helene looks on anxiously.

HELENE:

So?

BART:

They are really very good.

HELENE:

Have as many as you like. But not too many, dinner will be ready soon.

BART:

Okay.

HELENE:

So, tell us a story.

BART:

Once, Dan and I broke into the high school, it was late at night and the cops showed up- I took off running when I heard them, but when I looked back, Dan was scratching something into the locker with a huge smile on his face. A huge smile. I could hear the cops coming down the hall-

HELENE:

Troy, there's a mouse.

Helene stands on the chaise.

TROY:

Where?

HELENE:

Right there. Right there! He's under that table.

TROY:

There's no mouse, Helene.

HELENE:

I swear to god, we've been infected.

TROY:

Infested. Sit down. I told you, I killed off the mice.

HELENE:

If I see it again, we are moving. I swear, Troy.

TROY:

I'm telling you, Helene, there is no mouse. Now sit down.

Helene sits down nervously.

HELENE:

Then I must be seeing things that aren't there. I must be making things up again.

Bart eats another veal medallion.

HELENE:

That was a very nice story, Bart.

BOOK REVIEW:

The Language of Flowers, *by Vanessa Diffenbaugh*

By Karen Hansen, LICSW

This is the first of what I hope will be other reviews of fiction for our newsletter. A novel with strong, relevant clinical themes, this book could be read for pleasure, but also deeply reflects issues we all think about and work with in our clinical practices.

The first thing that impressed me about this book was who the author is: she's a mother and foster mother who has created her own foundation, the Camellia Network, to "foster" a nationwide movement to support youth making the transition from foster care to independence. She has taught art and creative writing to youth in low-income communities in California. The subject of the book, while fictional, is a person Vanessa seems to understand a great deal.

As the book opens Victoria, the story's protagonist, is a foster child about to emancipate from foster care. She has failed to "stick" in multiple foster families and ends up as a teenager in a group home. She has bonded with one foster mom and almost gets adopted, but circumstances intervene and disrupt this plan. After that, she becomes very interested in growing flowering plants in the center of the carpet in her group home room. She loves these flowers but distrusts and detests most human beings. She thus has a severe attachment disorder. At first we are not informed about how this this came about, but we can see the results in her challenged life as the story unfolds.

Victoria has a social worker assigned to her case who follows her through her foster care journey. Meredith, the social worker, has not been able to develop trust with Victoria either. She seems more than a bit checked out and mechanical in her functioning as caseworker. Her confrontations and advice giving to Victoria seem to lack compassion and sensitivity to Victoria's issues. No doubt Meredith has gotten burned out in her efforts to engage with Victoria, along with many other kids on her caseload, and she probably carries her own attachment issues that may have shaped her decision to become a social worker in the first place. Victoria not only does not trust Meredith, she actively avoids and runs from attempts to guide and help her. It's tough to see social work portrayed this way, yet we know that DSHS case workers are often overloaded and have varying amounts of effectiveness and sensitivity. Media coverage of sensational cases often contains misinformation, placing social workers in a negative light. We also know that these jobs are often the first ones newly trained social workers get coming out of school, often with less than adequate supervision to help them learn what they need to become effective. In the book it is hard to see Meredith in a positive light. We see her through Victoria's eyes.

Once Victoria "ages out" of foster care she ends up homeless in a San Francisco city park, transplanting the flowers she grew in her room to the park — a safe retreat in the urban jungle of San Francisco. She lives in the park with her flowers and ventures out to forage for food, returning to sleep in the garden each night, protected by the only living things she trusts, her flowers. She is utterly alone.

Then she meets Renata, who owns a florist shop with the name of "Bloom" and needs help running her business. Victoria takes to working with flowers naturally, responding to this safe structure and source of income with relief while developing resilience. Little by little the structure and support give her a springboard to begin building a life, wobbly but slowly moving along. She is able to afford a modest room, a small blue room at the back of an apartment which is essentially a closet, but an indoor home for her.

Flowers become her "language" with other humans, and she uses them to connect, making meaningful arrangements for her customers. She has learned this language from the foster mother with whom she bonded earlier. This relationship had ended due to the foster mother's own emotional issues, another theme in the plot. When a customer named Earl asks for a flower arrangement for his wife, who he feels Insecure about, Victoria chooses a floral combination that she knows will communicate for Earl. And it works. His marriage improves and he begins to refer customers to Victoria. From this she builds a loyal customer following, as she seems to know how to pick the right flowers and their

meanings for people who need this type of help. The book includes Victoria's "Dictionary of Flowers", based on Victorian era understanding about how flowers have meanings that communicate when words are difficult or blocked from expression. A few examples include, Begonia (Caution), Acacia (Secret love) Nettle (cruelty), Lavender (mistrust), Lichen (Dejection), Liatris (I will try again), White Rose (a heart unacquainted with love), Yellow Rose (infidelity), Petunia (your presence soothes me), and many more, all connoting the emotions of human relationships.

Although the reader may find this a bit esoteric and the dictionary strange, the notion of needing something other than words to communicate is not unfamiliar to us as clinical social workers, especially when working with mistrusting or insecure patients. Flower meanings become the only safe language Victoria has for her emotions and relationships. She is able to help others with emotional issues, but not herself, at first. She goes from being an assistant in the florist shop to training other foster kids to do some of the work, to developing her own wedding florist business. She calls her business "Message" and she is in high demand by customers. In short, she learns to become self financially sufficient and begins to feel more like an adult.

It does not go as smoothly with her relationships. She meets Grant at the wholesalflower market and they begin to communicate by exchanging different flowers. It's touch and go for a while. She offers him Thistle (Misanthropy) which she states "is all you need to know about me." They each have separate flower dictionaries that they work from, but over time they begin to combine, finding overlaps in the meanings of the flowers they offer one another. This becomes a metaphor for their developing relationship, which often involves Victoria eating large quantities of food to fill her emptiness when they are together.

Grant has his own dark secrets, and together they attempt to negotiate a safety zone for their connection. It is a bumpy road, with more than a few surprises. Along the way we see how Victoria finds, loses, and re-finds a few maternal figures to love and help her, although she is still quite prone to going it alone.

We see how her love of flowers and her use of them as metaphors transforms her life and ability to gain safety, to trust and enter loving relationships. We see how her pain limits her, but also empowers her when there is enough structure and support around her. We begin to understand what made her so mistrustful in the first place, and we see how some history is acted out in tragic episodes of violence and rage. Eventually Victoria arrives at a new understanding of "family" which her limited ability to trust allows her to partake in. She does not entirely overcome her losses, but she does develop new resources and connections despite this fact.

I found that reading this book enhanced and informed my clinical understanding, especially around trauma and attachment disorders. The beauty of flowers and the archaic Victorian flower dictionary added an artistic backdrop to the bleak elements of the story. Although there are some magical elements in the plot, there are also many stark and realistic realities included. Foster kids are some of the most needful folks clinical social workers see. The author is a beautiful writer and knows her subject matter first hand. Her commitment to helping foster kids is reflected in her founding the Camellia Network. I would recommend this book to anyone who has an interest in these issues and wants to enjoy a well written story.

References:

Diffenbaugh, Vanessa (2012). *The Language of Flowers.* New York: Random House.

Flower photographs by Lynn Wohlers

Enriching Social Work Practice with the Arts

By Mary Roy, LICSW

Reflecting on the question about the use of expressive arts in my work, I was surprised to find that it has taken a more prominent role than I had realized. The foundation of my training is in psychodynamic and family systems therapy, with training in many other therapies layered on. I don't identify myself as an art therapist, yet meeting my clients where they are — that tried and true social work value — has required the use of expressive arts at different times, with different populations.

When I finished my MSW, my first job was at a child guidance center. There, I learned about working with kids through play therapy, which often included art. Then I did a post graduate year-long training in Virginia Satir's model of family therapy, which included family "sculpting" and other tools that moved far beyond talk therapy, which I also value greatly, as the repair in disrupted attachment that can occur through the therapeutic alliance is often profound. I also trained in sand-tray therapy, an infinitely creative therapeutic process of listening to and witnessing the unconscious wisdom that seems to direct the way in which a client spontaneously builds a world within the sand-tray, and then narrates what is occurring, or chooses not to speak about it, allowing the creation to speak for itself. The therapist uses sustained interest with minimal inquiry, continually tracking themes as they emerge, and observing how they are being addressed through play.

I'm aware that there are widely divergent schools of thought within all of the modalities that I bring up, but the through-line for me is that all of the creative expression that I have incorporated in my work has opened up surprising connections for my clients and me. I have found great resonant meaning in expressive explorations that connect to our collective humanity, all without the use of interpretation or self-disclosure, but instead through a kind of shared wonderment as we witness together the clarity and integration that can emerge through creative inquiry.

"I have found great resonant meaning in expressive explorations that connect to our collective humanity, all without the use of interpretation or self-disclosure, but instead through a kind of shared wonderment as we witness together the clarity and integration that can emerge through creative inquiry."

Once again, shortly after moving to Seattle in 2004, I found myself using art to connect with kids' experiences in pediatric hospice and palliative care work. Now back in private practice, I co-lead a group with my colleague, Jane Fleming, called "Reclaiming Our Lives," for women in mid-life. The group combines contemplative mindfulness practices, ritual, and creative expression to bring more clearly into awareness what is most important and to align our lives accordingly. We envisioned it as an antidote for women feeling overextended, overbooked, overstimulated, with an urge to reconnect with what brings meaning to life. Women during this phase of life are often already in a sorting process, trying to shed what is no longer useful and open to what is most nourishing and enriching. It can be quite powerful to join with other women intentionally in this exploration. The creative process for us as leaders is to design each group in response to what has come up previously for the participants. We always include a simple ritual, even as simple as lighting a candle; a silent time wherein we introduce a meditation or contemplative practice; and an activity of creative expression, done in silence. We also allow time for check-in and reflection on the process.

So far, we have used drawing, writing, weaving, sculpting, collage, and story-telling. As we continue to respond to what each group brings and how each group evolves — we will be starting our third eight week cohort in January — we will continue to add to what seems to fit, expanding the list above. Some of the women in our group have recently sparked a curiosity about adding more movement and sound into our process. So far, the only movement has been walking meditation and gentle stretching. Who knows what might happen next? We don't, and that's what makes the process so rich.

Painting and Social Work: Some Similarities

By Eve Wright, LICSW

I have been providing therapy since 1989. My practice contexts have included a child guidance clinic, two day treatment programs, and an outpatient agency serving all age groups. Since 1998 I have been in private practice. My practice is located in the upper Fremont - lower Greenwood neighborhood.

I have studied art throughout my life. Intensively with Liz Campbell and Alex Denzler, and more recently at the Gage Art Institute. Currently, I am involved in two painting groups. Like my therapy consult group, the painting groups enhance and enrich my ability to see my work. I have come to believe that there are powerful similarities between the acts of painting and providing therapy. Listed below are some of the similarities I have noticed:

Painting and Social Work both:

- Involve an attempt to achieve evenly suspended attention, as well as move around the field to focus on certain areas.
- Necessitate lifelong study.
- Can be disrupted by study for a time, until the new learning is integrated into genuine expression.
- Involve a dialogue between inner and outer.
- Involve a type of struggle where I may feel particularly present and open some days, but feel less "on" other days.
- Offer the potential to bring me back to myself to listen from my center.

I hope to learn from both painting and listening for years to come.

Untitled #1 by Eve Wright

Untitled #2 by Eve Wright

Untitled #3 by Eve Wright

continued from page 3

transformation is necessary for literal survival, while in therapy, such transformations are often necessary for individual integrity and emotional survival.

There is also so much to learn from what people don't like about Twilight. Like much art, Twilight is polarizing. Especially because it's been digested for a while in the popular imagination, and interpreted in movies, fan-fiction (50 Shades of Grey started out as Twilight fan-fiction!), and other avenues, Twilight has amassed a fair number of detractors. Interestingly, some of the more famous and outspoken detractors have been male writers who have achieved huge success and somehow find it simplistic. They just don't seem to "get it" as to why Twilight is so beloved and fascinating to so many. Stephen King minimizes Twilight as "tweenager porn" (Brockes, 2013). Joss Whedon, who created and wrote much of Buffy the Vampire Slayer, commented that Twilight is a lesser vampire creation than his own because it is limited to girls "choosing boyfriends" and doesn't teach them enough (Hibberd, 2013). Whedon in particular seems to see the stories in limited terms, and implies that his own creations are somehow better for girls and more feminist than Meyer's dream fantasy born of the real intensity of experience in being a women, a mother, and previously, a young girl.

I think it's so interesting that these detractors are often disturbed by what they consider libidinal urges that are too feminine and too young, as if a 14 year old girl's fascination with Twilight is somehow less important than say, an older man's fascination with what their sexual fantasy of choice might be. Both King and Whedon provide their readers plenty of sexual gratification through their depictions of the women they (usually) find attractive. In fact, I have often read criticism of Twilight as thinly veiled jealousy of not only Meyer's commercial success, but the shear honesty, blatancy, and sometimes, disturbing quality of her depictions of internal drives and landscape. She may not be everyone's cup of tea but she seems to really trigger some, to the extent that they invalidate not only her storytelling, but also the reactions and fantasies of her fans of all ages.

Tween girls seem to be particularly easy to pick on currently. I am left wondering if these detractors really don't see the complexity in Twilight, or if they think Meyer should have "cleaned up" the material to suit their views of the world. I will say as a therapist, I don't think any of us are aided by "cleaning up" or denying our unconscious processes and desires and that even if these are disturbing, it is only through examination and acceptance that we can achieve freedom in how to react to these impulses and feelings. Much like a good horror film, I find Twilight quite messy and disturbing, and that is fascinating and cathartic to me. I do wonder at what age Meyer's creation becomes something that is healthy for children to digest, however. Like I said, it can get dark and messy. I also wonder what the whole experience has been like for her three children, whose mother became so successful due to her need to reclaim parts of herself that she felt were buried by caring for them.

From Meyer's account of Twilight's publication, her children have had to "share" her a lot and she recognizes that this has been painful for them (Meyer, 2005). She also had to muster the bravery to reveal her innermost fantasies and drives that originated from a dream, and to build on those ideas in a way that has resonated for so many. Most of us struggle to do this in the relative safety and confidentiality of therapy, much less offer it up for mass digestion. Although therapy and sublimation through art are not precisely the same thing, they are both considered positive ways to handle unconscious conflicts. Neither seems easy. Meyer has spoken of her anxiety in attempting to find an agent for publication and fear that this endeavor was almost too good to be true (Richards, 2009). She often says that she never expected this outcome and was taking a gamble that what mattered to her might matter to others.

So Twilight, despite its detractors, remains a series I find useful as a therapist because it's both a look into one woman's unconscious and also represents some of the feelings deeply buried within its fans. Because of this, I hope that Meyer writes more in the future, perhaps particularly if it annoys some people. She hasn't published new fiction where she is the sole author since The Short Second Life of Bree Tanner in 2010. And The Short Second Life of Bree Tanner features prostitutes being murdered en masse, as well as a heroine that it has been previously revealed will die savagely. It was pretty dark by most standards. I say the stranger, darker, and more unconsciously driven, the better. I'm not sure if this allies me with the popular or the unpopular at this point after Twilight's impact on society, but I do know that things that engage our often unconscious desires and conflicts on such a massive scale are worth a look for both the reader and the therapist in me. And whether you love it or hate it, it sure seems to provoke interesting responses about intense, often inaccessible issues.

References

Brockes, E. (2013). Stephen King: on alcoholism and returning to the Shining. *The Guardian,* Friday 20 September 2013. Retrieved from http://www.theguardian.com/books/2013/sep/21/stephen-king-twilight-tweenage-porn

Hibberd, J. (2013). Joss Whedon: The definitive EW interview. *Entertainment Weekly.* Retrieved from http://insidetv.ew.com/2013/09/24/joss-whedon-interview/

Meyer, S. (2005). *Twilight.* New York: Little, Brown & Co.

Richards, L. (Producer). (2009, November 13). The Oprah Winfrey Show [Television Broadcast]. Chicago: Harpo Productions.

Working with Survivors of Sexual Violence: Restoring Self through Creative Expression

By Norma Timbang, LSWAIC

Since the early 90's, I have been very privileged to work with people who identify as women and are healing from sexual violence. In my work, I have also integrated intersectional* perspectives as many of my clients are also interested in exploring the impacts of oppression due to their social identities, e.g., women of color, transgender and queer or lesbian or bisexual women, immigrant women, and younger women. Visual art and creative writing has proven to be one of my most useful tools for clients who are interested in the complexities of healing from sexual violence with a deep understanding of various cultural and social contexts.

Taking a journey through imagery associated with the trauma of sexual violence, related patterns over life spans and generations, and evolving self-constructs, can be facilitated through artistic expression. Exposing traumatic events and healing processes through the use of art in a therapeutic environment can produce intense emotional arousal and the opportunities to deepen the client's understanding of the impact of the trauma. Creative processes can also build roads to healing through reframing and reconstruction of a safer world and restored self.

Sometimes, I ask the client to paint the way she feels about the journey she is about to take towards healing. For one woman, the fear of the healing process was expressed through a painting of her standing alone in a landscape scene using dark water colors and depicting an ominous, dark atmosphere. As we move forward, I ask clients to draw, paint, collage, write poetry, or otherwise create a representation of themselves — a self-portrait. It is also useful to ask for artwork that depicts nightmares or imagery that they find to be peaceful.

For one client, the process of exploring the impacts of the trauma on her and investigating social identity and societal beliefs helped her "purge" the feelings of self-blame and shame which had been imposed on her as a woman in a hetero-patriarchal society, where women are often blamed for their own sexual victimization. Several weeks into the work, her self-portrait changed from predominantly darker shades of paint to brighter colors and more vibrant backgrounds.

The expression through abstract representations of self and representation of relational constructs can help facilitate self-disclosure, and can be regenerative by raising inquiries from multiple perspectives of what it means to survive, heal, and be a woman — a woman of color, LBT, immigrant, young, etc. For instance, depending on where the client is during the healing process, I might ask the client to create an art piece related to her vision of a safe world, her whole self, her beliefs about sexual violence itself, a moment when she felt powerful, or her vision of justice.

In other processes I ask the client to develop a trip itinerary, a portrait of a journey, or a representation of herself amongst people to whom she is connected and environments and events that have impacted her. These elements, along with exploring feelings and beliefs about the realities of culture and social identity, help deepen her understanding of herself in relationship to others. The creation can sometimes be a tree with deep roots, depicting the foundations of socialization, and branches depicting the restoration of self and the reframing of relationships. Sometimes I might ask a client to build a "roadmap" to healing which can bring in reframing, healthy coping, and experiences of resilience. The roadmaps can include multiple opportunities for identifying "road blocks" to clear a path towards more peaceful moments and enjoyable relationships. Women I have worked with have often expressed that these artistic adventures can be "powerful" and "life changing."

*Intersectionality refers to theory and practice concepts relevant to the intersection of multiple systems of oppression, e.g., a woman who identifies as a person of color, immigrant, and lesbian can be impacted by multiple systems of oppression relevant to each identity. Recent research indicates that exploration of these impacts and how they intersect can be useful in addressing sense of self. (See: Kimberle Crenshaw, Gita Mehrota, or NASW publications for more information).

Potentially useful references:

Matto, H. C. (November 01, 1998). Cognitive-Constructivist Art Therapy Model: A Pragmatic Approach for Social Work Practice. Families in Society, 79, 6.

Draucker, C. B., Martsolf, D. S., Ross, R., Cook, C. B., Stidham, A. W., & Mweemba, P. (January 01, 2009). The essence of healing from sexual violence: a qualitative metasynthesis. Research in Nursing & Health, 32, 4, 366-78.

Comstock, D. L., Hammer, T. R., Strentzsch, J., Cannon, K., Parsons, J., & Salazar, G. (September 06, 2008). Relational-Cultural Theory: A Framework for Bridging Relational, Multicultural, and Social Justice Competencies. Journal of Counseling & Development,86, 3, 279-287.

Cohen, B. M., Barnes, M., Rankin, A. B. (1995). Managing Traumatic Stress Through Art. The Sidran Press.

Editor's Note: **Norma will be speaking on trauma at our February 25th Clinical Evening Meeting.**

Ode to Squirrel

By Roberta Myers, LICSW

Many years ago, I treated a 4 ½ year old boy and developed, what was for me, a new way of providing help. Each of his parents had had significant trouble bonding with him and their severe marital problems had interfered greatly with their responsiveness to their son. At the start of the therapy, he had many presenting issues including a significant emotional object constancy problem. He couldn't tolerate even brief time away from either parent, would cause damage to the family home when he was overwhelmed, and wasn't functioning well in any way.

Although I treated him individually, he had to have his parents present in the session; unable to have them wait in the waiting room. When he would get upset during the hour, he would have to have them in his view and would frequently go over to them and need to physically touch them for reassurance.

We used play therapy to allow enough displacement of his feelings so as to be able to work with them indirectly until he could be helped to do so more directly. He grew particularly fond of a squirrel hand puppet I have. I would use "squirrel" (as he was simply and affectionately called) to express feelings and fears for him, as if squirrel's own, and the client, at times, would tell squirrel things about himself that he could not tell me.

Because of his problems with emotional object constancy, he would feel disorganized when really mad or upset and even when he felt positively about our meetings. This disorganization made him feel like he had lost his parents and/or parts of himself. This was so severe that he would, at times, need to lower his pants to make sure his penis was still intact or, in our play, would take to scotch-taping the wings of my toy airplanes which he feared would fall off and be lost.

About 8 months into treatment, and only as he was just beginning to be able to initiate sessions without his parents present, we were facing the approach of my two week vacation. This was the first time, in his therapy, that I'd be away for an extended period of time. I was concerned about how he would fare, because even though he had improved, his anger still had the ability to regress and disorganize him. The themes of his play all centered around fears of being left and forgotten.

To prepare for my time away, I displaced what I understood as his fears onto squirrel and had squirrel "talk" with him about squirrel's worries about the soon approaching time they would be away from one another. Squirrel suggested a plan to write letters to the client while squirrel would be away. I was hoping the letters would serve as good transitional objects. The client enthusiastically told squirrel he liked the plan!

I bought three postcards and wrote a couple of very simple "interpretive" comments on each, signing squirrel's name (not my own) at the bottom of the card. The comments focused on squirrel's missing the client, feeling mad they were apart, and his fears that this would make the client not want to see him again, but that squirrel was also looking forward to seeing the client again. I packed these in my suitcase and then mailed each of them throughout the two weeks I was away.

There were no emergencies in my absence and no need for my on-call backup to get involved in the case. When sessions resumed, the client talked excitedly about the postcards he'd gotten from squirrel, how his parents had read them to the client over and over again, and how he had kept the cards. It had clearly helped him and "squirrel" had been able to be creative in his efforts to help this little boy.

"Squirrel" has continued on in his career of helping kids, shouldering and easing the fears and concerns of many, waiting patiently until they could bear their own load. I have learned much from him and count him as one of my most important teachers.

Note: This case has been deliberately disguised to protect the identity of the client.

Ethical Considerations in Suicide Assessment

By Melissa Wood Brewster, LICSW and Albert Casale, LICSW

Suicidal behavior, whether expressed as a thought, a gesture or an attempt, has become an increasingly prevalent phenomenon in today's society. The statement, "More people now die of suicide than in car accidents, according to the Centers for Disease Control and Prevention" was published in an issue of Morbidity and Mortality Weekly Report. "In 2010 there were 33,687 deaths from motor vehicle crashes and 38,364 suicides," was published in the New York Times, May 2, 2013.

When someone is having thoughts of suicide, they often turn to a counselor for help. Unfortunately, many health care professionals are poorly educated about and trained for working with suicidal behavior. Research indicates that while there are some treatment approaches that reduce suicidal behavior and ideation, the so-called "treatment as usual" or "TAU" approach, the one most of us utilize, is generally shown not to be effective.

One reason for this is the awkwardness of the subject. Many professionals are still no more comfortable than the general public with talking about suicide, let alone death. As a culture we are challenged in being able to tolerate the mysteries of death, and the concept of someone wanting to take their own life is filled with cultural and religious implications as well as judgmental and fearful reactions. And yet, the fascination with death and mental illness that can lead to a lack of desire to live is a reality in our world. But if our responsibility as clinical social workers is to help keep our clients safe, how are we supposed to accomplish this if we are not comfortable talking to them about death and their thoughts of killing themselves?

Efforts are underway to change the prevalent fear of this subject, and improve assessment skills and treatment approaches for suicidal individuals. In 2012, The Matt Adler Suicide Assessment, Treatment and Management Act was passed by the Washington State Legislature and signed into law by Governor Christine Gregoire. This act requires that mental health professionals and front line caregivers receive six hours of CEU training in suicide assessment beginning 2014, and every subsequent six years.

From an ethical perspective, this new legislation is critical in helping professionals act with more competence. According to the CSWA Code of Ethics, clinical social workers are "responsible for confining their practice to those areas in which they are legally authorized and in which they are qualified to practice." However, most clinicians are exposed to a patient who feels or acts suicidal at some point in their career, and therefore must be skilled in suicide assessment regardless of their practice specialty.

Further training in suicide assessment can help professionals maximize the therapeutic process and relationship, as it is the relationship skills above all else that sustain treatment. Feeling attuned to the client, especially if the client is inclined to harm him or herself, is critical. One stage of the therapeutic process that reflects this is termination. Clinicians who feel anxious about a patient's suicidal behavior may be apt to find ways to end the relationship prematurely, either by referring them on or stopping the treatment altogether. As the CSWA code of ethics states, "clinical social workers do not abandon clients by withdrawing services precipitously" and must "give careful consideration to all factors involved in termination and take care to minimize the possible adverse effects it might have on the client(s)." The required trainings on suicide assessment can help strengthen these skills for clinicians so they can manage the therapeutic relationship more effectively and with greater confidence.

As supervisors or consultants, clinical social workers also have an ethical obligation to be competent in suicide assessment skills. Even if they are not working directly with a suicidal patient, supervisors and consultants "are responsible for providing competent professional guidance and a role model to colleagues, employees, and students." (CSWA Code of Ethics) Again, as suicidality becomes more prevalent, supervisors and consultants must be prepared to guide other professionals in this clinical area with utmost competence.

Given the significance of keeping our patients safe and the prevalence of suicide in our world, the need for the newly enacted requirement for clinical trainings in suicide assessment and treatment skills is unquestionable. Attending these regular trainings will help us as a professional community to uphold our ethical obligation to be as skillful and present with our clients as we can when they wrestle with the desire to live.

Have an ethical dilemma or question?

Contact the WSSCSW Ethics Committee:

Melissa Wood Brewster (Interim Chair): woodbrewster@gmail.com

Albert Casale: albert.casale@gmail.com

Audrey Allred: audreyallred@gmail.com

Ellen Wood: ellenbwood1@yahoo.com

Heidi Nelson: hjn1@comcast.net

A Look Backward and Forward for Society Advocacy

By Laura Groshong, LICSW

December, 2013

This is a bittersweet year for me in my legislative work. The long-term partnership that Lonnie Johns-Brown and I have has ended and, as with all endings, there was a loss and some sadness, for both of us. On the other hand, I have a new Olympia lobbying partner in Mary Clogston, an excellent advocate, and two new members of the Legislative Committee in Lara Okoloko and Dan Sorensen, both Society members with legislative interest and expertise. As in life, when a door closes, others open.

So here is a summary and closing of the Legislative year in Olympia and an introduction to the issues that the Society hopes to work on this year.

The animosity which prevailed in the 2012 session has continued this year, 2013, in the Senate. Prior to the start of the legislative session, two Democratic senators chose to 'caucus' with the Republicans, in essence giving the Republicans a majority in the Senate and the right to chair committees. The rancor that ensued did not have much effect on the issues that affect mental health, except for the fact that there was so much conflict in the Senate that there wasn't much time to consider the lack of parity implementation after our excellent hearing in September.

Here are the primary issues that affected mental health services, either through access to services or restrictions on how services are delivered.

1. HB 2366 – ***the Matt Adler Suicide Prevention Act*** **–** this bill was signed into law on March 29 and will require all licensed and certified mental health providers to receive six hours of continuing education in suicide assessment, management and treatment every six years. The requirement begins January 1, 2014. The Department of Health will be working with the UW Department of Nursing to approve programs which meet this requirement.

2. HB 1882 – ***Sexual Orientation Change Efforts*** **–** this bill is designed to create a work group that would review the literature and practice of 'reparative' or 'conversion' therapy which is based on efforts to 'change' a child's or adolescent's sexual orientation, often based on religious ideas. The bill was heard in the House Human Services Appropriations Committee where it was received favorably. Rep. Liias is determined to see this practice questioned and have potential damage noted to any parent who seeks to have a child or adolescent engage in such practices. This bill was given additional support this July, 2013, when the 9th Circuit Court of Appeals upheld a similar bill passed in California in 2011 and challenged there.

3. HB 1213 – ***Social Work Licensure Changes*** **–** this bill would expand the number of years that LSWAICs have to complete their experience and supervision hours from 4 years to 6 years. There has been difficulty finding jobs to allow LSWAICs to meet the hours needed. Additionally, LASWs will be allowed to have equal standing with LICSWs as a "top" tier of social work for administrative purposes only. This bill is on its way to the Governor for signature.

4. L & I Work Group – ***Licensed Master's Clinicians*** **–** Washington is one of the few states that excludes licensed Master's mental health clinicians from being providers of psychotherapy for disabled workers who are covered by Worker Compensation. This Work Group took place in the Senate Health Committee and is likely to lead to legislation next year.

5. Medicaid Coverage – the 12 session restriction to Medicaid patients will be removed as of January 1, 2014. There will still be some management of mental health benefits by the Health Care Authority but there should be more coverage than in past years, particularly in conjunction with the proposed parity rules from the Insurance Commissioner (see below).

OIC Hearing on Mental Health Parity

On October 22, 2013, Insurance Commissioner Mike Kreidler held a hearing on rules for the mental health parity law which was passed in 2006 and fully implemented in 2010. Commissioner Kreidler made it clear that he intends to create rules, in spite of the objections of insurers which claim rules will raise the cost of premiums.

An excellent panel consisting of Sue Wiedenfeld, PhD; Barnet Kaplan, MD; Karen Hansen; LICSW; Stan Case, LICSW; and Leslie Gibb, LMHC, presented compelling overviews of the problems which mental health clinicians have continued to face in getting adequate coverage

for mental health conditions and case examples that were compelling demonstrations of the harm that lack of coverage brings.

Washington Association for Mental Health Treatment Protection

Since September, 2011, ten mental health organizations have worked together to develop mental health treatment standards for insurance benefits as mental health parity goes into effect nationally and in Washington, WAMHTP. Five subcommittees were created to provide an alternative to the Milliman Guidelines.

WAMHTP meets every quarter and a General Meeting for members of groups also is held every year. I am no longer able to Chair this worthy Association and am looking for a successor. Anyone interested in serving on the Board or as Chair should contact me directly.

Over 150 cases in which mental health treatment has been denied have been collected and considered for a legal action. Finding the right case is a challenge. We are collecting experts in Washington who will testify when the right case is found.

Changes to CPT Codes, Health Care Delivery and DSM-V

I developed webinars for the Clinical Social Work Association that explain the changes to the CPT codes this year; the implementation of the Physician Quality Reporting System (PQRS); Accountable Care Organizations (ACOs); Electronic Health Records (EHRs); and I am in the process of developing a webinar on the changes to the DSM-V for this summer. Anyone who is a member of CSWA can access the first two webinars.

Society Legislative Priorities in 2014

There are three issues the Society has identified which we will be actively working on in the 2014 Legislative Session, which begins on January 13, 2014:

1. ***Reparative Therapy –*** Rep. Marco Liias is continuing his efforts to end the use of 'reparative' therapy, a practice which attempts to change the sexual identity of adolescents who are attracted to same sex partners. There were big boosts to this project in the passage of a similar bill in New Jersey this year and the 9th Federal Circuit Court's upholding of this law in California this summer. The bill this year will start with defining this practice as unprofessional conduct for any licensed mental health professionals.

2. ***Chemical Dependency Training –*** following the support by those who responded to a Society Survey, the Society will be working with DOH to develop a training course which will enable LICSWs and other licensed mental health professionals to become Chemical Dependency Professionals without taking the two year course required for non-licensed practitioners. Lara Okoloko and I are working on a recommendation to DOH which would take 48 hours over three months, as well as give credit for previous training in this area.

3. ***Medicaid and RSNs –*** over the summer CMS sent DSHS a letter which will require a reorganization of the Regional Support Networks (RSNs) which provide the bulk of mental health outpatient services to Medicaid enrollees. How this reorganization will take place is the subject of bitter debate in Olympia. The Society will support the expansion of outpatient mental health services which will be quickly upon us through the 80,000 new Medicaid enrollees in the Exchange. The administrative costs of the RSNs need to be reined in and the contracts need to be put out to bid, a difficult process after the past 20 years of cost overruns and no-bid contracts.

4. ***More Inpatient Mental Health Beds –*** the devastating series in the Seattle Times on the lack of hospital beds for psychotic citizens and the widespread practice of 'boarding' these people in emergency rooms or even jails for weeks has revealed the toll that constant defunding of mental health hospital beds has taken. Washington can no longer afford to have the lowest per capita number of these beds in the country as we do now. More funding will be sought to give these citizens the care they need

CONFERENCE NOTES

Our Fall Conference, "Beyond Abstract Language" featuring Sharon Stanley, PhD, was a well-attended and intriguing look at Somatic Transformation, Sharon Stanley's practice for healing complex trauma through the use of body-centered principles. Two attendees offer reflections from their experiences at the conference.

Learning from Sharon Stanley: Trusting Engagement through Intuitive Process and Felt Sense

By Carol Mayes, MSW, LICSW

I have been thinking about Somatic Transformation, and healing through a shared felt sense with client, for some time. Having recently attended Sharon Stanley's "Beyond Abstract Language" workshop, many ideas were solidified. What I liked about Sharon's presentation was her ability to demonstrate a level of clinical connection that words and readings alone cannot adequately express.

When a client of mine experiences an "aha" that arrives through a knowing within the body, it is a wondrous moment. When I can share that moment through my own empathic attunement, it is always a good day.

My work has historically been a patchwork of psychodynamic, family systems and attachment theories. Somatic empathy is something I may have always used to some degree, in an intuitive and unstructured way. But I had not been so tuned into, or trusting of my own experience, to use it as overtly as Sharon demonstrates. This workshop has freed me to trust my own intuitive process and felt sense, to help clients identify and utilize their own somatic responses in ways that are both freeing and more engaging.

Although I have much to learn about this topic, it is already making a difference for me. I look forward to reading more, learning more and taking somatic practice forward in my work.

Is this a risky shift? Perhaps the risk for me would be to discount the value of this holistic and vital method of practice. Thank you to Sharon for creating this opportunity in a way that very much spoke to me personally and has begun to enrich my practice.

Sharon Stanley and the Power of Face to Face Contact

By Jacqui Metzger, LICSW

A number of colleagues have trained with Sharon Stanley and all speak highly about her and her work, but I met her for the first time at the October 2013 "Practice of Somatic Transformation" workshop. I didn't know what to expect, but hoped to learn more about the relationship between "Somatic Transformation" and the psycho-dynamic and relational work I do as a therapist and psychoanalyst.

I found there was some overlap along with different vocabulary used for familiar concepts. However, the focus on our own deeply felt experiences as well as on paying new attention to those of our patients provided a profound learning experience.

Sharon's presence was powerful; she physically conveyed her passion for and belief in the concepts and ideas she discussed with us. Sitting with her was a visceral experience. Even in that big conference room surrounded by a large group of other clinicians, I felt she embodied the very concepts she was discussing.

There were many moments that stood out but one resonated in particular...early in the discussion Sharon had a power point up on two screens, one on either side of her. There were some tweaks needed with the equipment, and finally she said, "I'm going to turn off the power point and talk with you." The now blank screens became background as we refocused on her and she made contact with us. It was a different kind of contact — one that didn't happen when the screens were displaying power points.

With all the talk about email, texting, and other kinds of electronic and screen communications, and the impact on the quality our interactions, Sharon, in one fell swoop, demonstrated the power of face-to-face contact. In that moment she transformed our collective sense of disconnect to one of connection.

NEW MEMBER PROFILES

OLIVER VON BIRKENWALDAU, LICSW

Oliver is a new member to the Washington Clinical Society but a former member of the New York City Clinical Social Work Society. He graduated from New York University School of Social Work in 1993. After graduation he pursued post graduate studies for two years at the Institute for Contemporary Psychotherapy and Psychoanalysis as well as doctoral level study at NYU in clinical social work.

He maintains a private clinical social work practice specializing in the comprehensive evaluation and treatment of children, adults, seniors and their significant others in eastern Washington, and he notes that he's the only LGBT therapist within an hour of Walla Walla. He combines a psychodynamic theoretical perspective with psychoeducational interventions and Beckian Cognitive therapeutic technique. Other professional interests include equine assisted psychotherapy, incorporating art and play into the therapeutic processes, and spirituality in the process of learning, healing and growing.

BELLA MCCARTHY MAY, LICSW

Bella has worked with adults, adolescents, and parents in a variety of settings since 1998. Her first work experience was working with youth in a shelter for runaway teens. It was here that she discovered a passion and gift for working with teens. She then spent several years teaching in inner city Chicago, where she witnessed how difficult learning can be when a child is depressed, lonely, distracted, angry, and anxious.

That experience compelled her to go back to school to work with individuals on an emotional level. She earned her master degree at University of Washington School of Social Work. She has been a therapist at Youth Eastside Services in Bellevue for the last 10 years and is in the process of starting a private practice in Capital Hill. She is interested in mindfulness and mediation, and in Brené Brown's work on vulnerability, courage, shame, and worthiness. She is also a licensed supervisor, and she looks forward to meeting other WSSCSW members and getting involved in the society

ASHLEY ROUSSON, LSWAIC

Ashley is a recent graduate of the University of Michigan's School of Social Work, where she studied Interpersonal Practice and Mental Health. She interned with the University Health System in the Child and Adolescent Inpatient Psychiatry department. She has studied extensively on topics related to intimate partner violence (IPV) and has facilitated groups with male perpetrators and court-involved female survivors of domestic violence. She is new to Seattle and looking forward to the next opportunity in her social work career

JENNIFER TREBBY, LICSW

Jennifer Trebby is a relatively new member of the Seattle clinical social work community, having relocated from the Washington, D.C. area. Jennifer graduated from Smith College's School for Social Work in 2008, and since then, has practiced clinical work in eclectic settings, ranging from a nonprofit serving the HIV-affected community to large, psychiatric inpatient and partial hospital programs. She retains a strong interest in college mental health and brief dynamic psychotherapy, having completed an internship at University of Virginia's CAPS, and hopes to work with college students in her new private practice in Fremont. Jennifer also works for Overlake Hospital's psychiatric day program, running interpersonal and process therapy groups. .

NEW MEMBERS

The Membership Committee wants to welcome these new and returning members, as well as the new members whose profiles appear above.

VICTORIA COEN
VALORIE JOHNSON
ALEEN RAYBIN
MARY K SEITZ (GOES BY KATE)

We look forward to meeting and getting to know each one of you.

Save the Date — April 5, 2014

HIPAA, HIPAA, HOORAY! New Changes to the HIPAA Rule for Mental Health Clinicians

Do you know if you are HIPAA compliant? Are you up-to-date on HOW to be HIPAA compliant (as of 9/23/13)?

If the answer to either of these questions is no, consider attending HIPAA, HIPAA, HOORAY: Changes to the HIPAA Rule for Mental Health Clinicians on April 5, 2014. Most attorneys agree that HIPAA rules have become the standard governing all privacy and security issues, whether you are a covered entity, i.e., have sent patient material electronically, or not.

Many LICSWs, LMFTs, LMHCs, ARNPs, psychologists, and psychiatrists think that HIPAA is not an issue that affects their practices. You should know that the enforcement of the HIPAA rule has grown exponentially in the past year, with private practitioners as the single largest group of clinicians being sanctioned by the Office of Civil Rights.

Laura Groshong, LICSW, and Keith Myers, LICSW, long-time HIPAA experts, will be the presenters at this excellent presentation on maintaining HIPAA compliance. The attorney who helped develop the HIPAA Mental Health Manual for the Clinical Social Work Association, Dave Schoolcraft, JD, at Ogden Wallace Murphy, will be available to answer any legal questions about HIPAA.

This conference will provide six CE hours of ethics for all Master's level licensed clinicians. Registration information will be available in mid-January.

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.

Calendar of events, 2014:

ANNUAL WSSCSW ASSOCIATES EVENT

January 28, 2014, at 6:30 PM
1501 N. 45th Street, Seattle

We will have beverages, food, and awesome speakers who will address current issues in the licensure process. Please bring along a MSW colleague or MSW student to introduce to our society.
If you have questions, email Stacey at sdefries@uw.edu

CLINICAL EVENINGS: 2014

January 29, 2014
Tanya Ruckstuhl-Valenti, LICSW and Morgan Vanderpool, MSW, RYT: "Alternate Psychotherapy Practices for Addressing Trauma: EMDR and Trauma Sensitive Yoga"

February 25, 2014
Norma Timbang, LICSW: "Reframing Layers: Beyond Surviving Trauma and Historical Trauma"

March 25, 2014
Kim Friedman, MA, LMHC, CEP: "Psychodrama: An Exploration Into Embodied Clinical Work"

Clinical Evening Meetings are an opportunity to network with mental health professionals in the society and be exposed to cutting edge clinical information while gathering CEU's. The meetings will take place at the University of Washington, School of Social Work, Seattle Campus, Room 305, from 7:00-9:30pm.
Light refreshments will be served.

There is a $10 fee per meeting for WSSCSW members, $15 fee for non-members, free for students. You can register online at WWSSCSW.org.

If you have any additional questions, feel free to contact the co-chairs of the Professional Development Committee, Tanya Ranchigoda, LICSW or Dawn Dickson, LICSW.

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