



Spring 2017
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From the President

Who We Are in These Challenging Times

By Eric G. Huffman, LICSW

Regardless of one's political views, we agree we are in challenging times. Much of our membership is angry, frightened and worried. These sentiments are clear on the listserv and are evident on the listservs of many of our sister organizations. Our clients ask us to help hold their fears and anxieties as well. This is certainly true in my practice where I have transgender clients and clients with immigrant, Muslim spouses. I have had immigrant clients, African-American clients, children of immigrant parents and Native American clients. This is in Lynnwood, an area not noted for diversity. Regardless of where you practice, it is impossible not to be conscious of how many of us and our clients are affected by the new political climate



These challenges have been reflected in our Board meetings. Which of the many injustices do we address? How do we address them? Is a particular issue appropriate for us to address, why or why not? We have also struggled over the wording and tone of our responses. I was curious how our many sister social work organizations on a national level were responding, so I took time to review their websites and mission statements. I have looked at the NASW, Clinical Social Work Association (our national organization), National Association of Black Social Workers, National Organization of Forensic Social Workers, Association of Oncology Social Workers, School Social Work Association, North American As-

sociation of Christians in Social Work, Latino Social Workers Organization and the National Association of Puerto Rican and Hispanic Social Workers. In general, the websites are pretty quiet on current events and are not reflective of the discussions that I know are going on internally in meetings and on listservs; we are still early in the political process. It is also true that volunteer organizations and groups with small staffs are slower to update websites..

What I did find, however, is how each organization had a mission and responsibility to protect its members and their needs and professional standing. Each organization was also dedicated to protecting the clients under their purview. Clearly, no single organization can protect all social workers or all the diverse clients we serve—this is why we have many social work organizations. We depend on our sister organizations to hold the line in the areas of their training and expertise.

How does this apply to us? I went back to review our mission statement for the WSSCSW. It states: “[T]o provide clinical training and support, legislative advocacy on mental health and social service concerns, protection of clients’ rights, and economic vitality for clinical social workers.”

This is who *we* are. This is our fiefdom in the domain of social work. We are charged with primarily defending our clients and our profession in the field of mental health. We are unequivocally

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

EDITOR'S NOTE

By Emily Fell, LICSW

Things continue to shift and change on our board as we respond to the current climate of our profession and our nation. As Eric references in the President's Column, the board is working to hone WSSCSW's mission and lead our community in exercising clinical social work values. In this issue of the newsletter, I hope to update you on some of the changes taking place with WSSCSW and highlight the important work our membership is engaged in.

Additionally, I am very happy to have received submissions of quotes, poetry and photography for this issue. My goal is to have our newsletter be relevant and informative while providing space for creative expression. Thank you to all who helped make that happen in this issue

Announcing WSSCSW President-Elect, Melissa Wood Brewster!

Melissa joined the WSSCSW Board about five years ago. She has served as a member and chair of the Ethics Committee as well as member and current chair of the Associates Committee. Melissa received her Master of Social Work in 1998 from Bryn Mawr College Graduate School of Social Work and Social Research. She has a private practice in Fremont and enjoys staying active and spending time

in the outdoors with her husband and three children. Melissa will begin her term as WSSCSW President on July 1, 2017. She is looking forward to maximizing membership benefits and increasing opportunities for members to connect and learn from one another.



Thank you for your service to WSSCSW, Laura Groshong

After many years as the WSSCSW Legislative Committee Chair, Laura has stepped down from her position on the board. She will continue to provide invaluable service to our organization, and profession, as a legislative consultant for our members and as one of our lobbyists in Olympia.

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 Emily Fell at newsletter@wsscsw.org.

Newsletter design: Stephanie Schriger, stephanie@dgmpartner.com

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.

Update on SB 5800 to Overturn Volk Decision, February 2017

By Laura Groshong, LICSW, WSSCSW Lobbyist



A recent Washington State Supreme Court decision (December 22, 2016) has created one of the biggest threats to LICSW practice that I can remember. The decision in *Volk v. DeMeerleer* held that a psychiatrist was responsible for a patient's murdering his girlfriend and her son, even though he had not seen the patient for over three months. The Court based its 6-3 decision on the fact that the psychiatrist had been seeing the patient off and on for nine years. If allowed to stand, this decision would create a much higher LICSW standard of responsibility for violent acts of patients, regardless of when they were seen or if treatment had ended (and for all mental health clinicians).

I have been part of a large coalition that created and passed SB 5800 in the Senate, a bill that would nullify *Volk*. Those of you who sent messages to your legislators made a huge difference! Getting the bill through the Senate in a month was warp speed in legislative terms. Now the bill must be passed by the House to get to the Governor's desk and prevent this terrible decision from becoming law. Another possibility is that the Supreme Court will overturn its own decision. After the outcry that followed the decision, the Court agreed to the very unusual process of "reconsideration" in which it will accept new amicus briefs and reconsider the case. It is unclear whether there will be a whole new trial or just the new briefs. We will know within a month as of this writing.

Here is what the *Volk* decision as it currently stands changes for LICSWs:

- Demands "foreseeability" by LICSWs as to whether a patient will harm others even if a

specific intent to harm or a specific person is not mentioned

- Creates a threat to clinical practice by requiring LICSWs to intrusively get information about a patient's intent to harm others
- Could lead to HIPAA violations by contacting anyone in patient's life that an LICSW thinks may be at risk, regardless of how specific a patient's intent to harm is
- Could lead to increased use of DMHP evaluations to protect LICSWs from liability

Because everything is in flux about this decision, the legislature is reluctant to take action. Nonetheless, LICSWs must do everything in their power to pass SB 5800 and make sure that we are not held to an impossible unethical standard. As context, 42 states have the standard that we are currently held to, i.e., that we are required to notify anyone a patient says they intend to harm if they are specifically named, often called the "Tarasoff" standard (RCW 70.02.120).

You might wonder who is pushing for this new standard to be maintained. It is a group called the Plaintiff's Bar that represents victims, such as those harmed in car accidents. They have convinced some members of the legislature that this decision is just an extension of current law in which mental hospitals are responsible for acts of patients when they are released (*Petersen v. State*), that we are asking for complete 'immunity' from any responsibility for violent acts of patients, and that we are incompetent if we can't tell when a patient is going to be violent.

While the differences are obvious to us – in-

cluding the fact that someone who has been involuntarily hospitalized would already be considered a potential harm to self or others – the legislature is not as well versed in how potentially violent patients are managed on an out-patient basis, i.e., that talking to people can help them control violent impulses. In the three hearings where I have testified on SB 5800, at least one legislator has asked why we can't know if someone is likely to become violent. Almost every study in this area says that there is no way to tell, even if a patient expresses violent fantasies.

Melanie Smith, our Olympia lobbyist, and I are working non-stop to make sure this bill passes and that the Court reconsiders and changes its ruling. But we are not taking anything for granted and will need your help. I will be asking you to make many more calls to support this bill; many thanks to those who have already made calls! Please stay tuned.

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 editor Emily Fell for more information at

Newsletter@wsscsw.org

A Place of Meeting: The Bones of Clinical Work

Column By Jenny Pearson, LICSW

Iwould 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). My hope is that this column can be a place where members share their thoughts and offer their reflections, an open forum with no set rules.

Grief

Now that he's gone,
The sky is streaked with his sad exit;
Trees bowed with the pain
He tried to tell,
Sometimes exquisitely,
Sometimes not able to at all.

The whole world listens,
But it's not enough to hold him;
Love whispers around him,
But he can't hold on.

Afternoon with its oppressive white sky
Has left the garden,
Clinging to slate, barely holding a fingernail moon;
Emerald shadows deepen to violet.
A late breeze sucks the curtains against it,
Like a taut muscle, and holds.

My roots are infested with fatigue.
The open mouth of the world
Cries its constant need
Like a naked bird.

I am a woman who can go deep;
I dream of thorn hedges and herbs, of weapons and shields;
I cannot lose like this again.

-Joan Willemain 1/28/2017

Whatever you've been told

or seen on TV about therapy is true.

Except for the part about therapists and clients having sex
and falling in love. That almost never happens.

Or how you have the same complaints as usual
just now in front of a stranger
who doesn't say much.

Sure it's about thoughts and feelings and behaviors,
but what they don't tell you is
it's mostly about the heart:
Whether you've lost it, how to open it, when it's too much.

And guts:
Think of the thing that scares you the most...
That's what you are there to work on,
believe it or not.

But telling you that would be bad for business.

-Jenny Pearson

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

Melissa Wood Brewster, LICSW, Associates Committee Chair

On January 26th, the Associates Committee hosted our annual associates event at the UW School of Social Work. The evening consisted of networking and reconnecting over food and drinks, followed by a panel discussion. The panel consisted of three members who are experienced clinicians: Josh Cutler, Suzanna McCarthy, and Kevin Host. They each shared their individual journeys of working in the field of clinical social work, the unique aspects of their current practices and work environments, and professional advice for the associate and student members.

The panel members represented a rich collection of varied professional experiences. I felt envious of their courage to have tried different jobs serving different populations, through playing different roles. Some of us who followed a more specific career path were probably tempted to start over and be more

courageous to try different jobs before settling into our specialties. I particularly appreciated the panel's message to the associates, which emphasized the need to be open to opportunities even if they don't seem to match your initial professional goals or path.

This event reminded me of the wealth of experiences and wisdom that we have, as an organization, right within our membership. It's important that we maximize ways to tap into these resources, whether it is for purposes of continuing education or for networking and consultations, no matter the stage of our career.



Clinical Evening Meeting: "Models of Therapy"

Lara Okoloko, LICSW, Professional Development Committee Chair

Our Clinical Evening Meeting on January 31st was one of our most popular ever, with 47 people in attendance. I was most excited to see so many new faces, especially students from the University of Washington School of Social Work. MSW Students and Associate Social Workers are so vital to us as an organization and I was thrilled to see so many hearing about us, showing up to events, and becoming members. Since the first of the year we have already gained 18 new members!

The CEM hosted a panel of four very experienced social workers each talking about their specific clinical modality, in which they had advanced training: Rachel Barrett, LICSW on Trauma Focused CBT, Michael Coy, LICSW on EMDR, Shirley Bonney, LICSW on Sensorimotor Psychotherapy, and Christina Mullen, LICSW on DBT. I am sure that the usefulness of these four modalities in the treatment of trauma played a part in the robust attendance. In the recent survey our membership participated in, trauma was one of the most requested topics for trainings, after social justice and cultural competence.

Our next CEM will follow the same format. On Tuesday, March 7th a panel of experienced social workers will share information about the

modality in which they have attained advanced training. The panel will include Carolyn Sharp on PACT on couples counseling, Carol Jakus on Mindfulness Based Stress Reduction and Matthew Brooks on Psychodynamic Psychotherapy.

I welcome anyone who would like to be involved in planning and hosting future Professional Development Committee events to reach out to me. I am most passionate about infusing social justice and cultural competency into every Professional Development event, while attending to our wide interests in clinical modalities and client populations. Your participation is valuable in many ways. I always need fellow members to attend events to help with set up and event support. There are also many ways to be involved before the day of an event to help support its success, and you may have new ideas for events that we can work together to produce. Specifically, I am looking for volunteer support with one or two people who have expertise and passion for gender-affirming and trans-competent therapy to help me plan next year's spring conference. I am also looking for one or two people who love marketing and graphic design to help me create flyers for our events and get the word out to non-members about our conferences. If you can help with either of these things, I would love to hear from you!

QUOTE ROUNDUP

Enjoy some quotes that were submitted by fellow members.
Email the newsletter with quotes that have you thinking.

"Getting it" when it comes to race and racism challenges our very identities as good white people. It's an ongoing and often painful process of seeking to uncover our socialization at its very roots. It asks us to rebuild this identity in new and often uncomfortable ways. But I can testify that it is also the most exciting, powerful, intellectually stimulating and emotionally fulfilling journey I have ever undertaken. It has impacted every aspect of my life—personal and professional.

-Robin DiAngelo, "White Fragility."

Full article available at <https://goodmenproject.com/featured-content/white-fragility-why-its-so-hard-to-talk-to-white-people-about-racism-twlm/>

Great ignorance is great wisdom.

-Laura Brown

It's
ok if your
eyes hurt when
the lights turn on.

-Nikkita Oliver

I must make two honest confessions to you, my Christian and Jewish brothers. First, I must confess that over the past few years I have been gravely disappointed with the white moderate. I have almost reached the regrettable conclusion that the Negro's great stumbling block in his stride toward freedom is not the White Citizen's Counciler [sic] or the Ku Klux Klanner, but the white moderate, who is more devoted to "order" than to justice; who prefers a negative peace which is the absence of tension to a positive peace which is the presence of justice; who constantly says: "I agree with you in the goal you seek, but I cannot agree with your methods of direct action"; who paternalistically believes he can set the timetable for another man's freedom; who lives by a mythical concept of time and who constantly advises the Negro to wait for a "more convenient season." Shallow understanding from people of good will is more frustrating than absolute misunderstanding from people of ill will. Lukewarm acceptance is much more bewildering than outright rejection.

-Dr MLK, letter from Birmingham jail 1963



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Joan. Secure.

FROM THE PRESIDENT

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meeting these responsibilities in our legislative endeavors, our clinical evening meetings and our Spring Conference on racial dynamics in our lives and in our work with Robin DiAngelo and Deborah Terry-Hays.

We also recognize that we have special obligations as social workers to uphold. We are charged

with knowing the “primary mission of the social work profession... to enhance human well-being and help meet the basic human needs of all people, with particular attention to...people who are vulnerable, oppressed, and living in poverty...Social workers strive to end discrimination, oppression, poverty and other forms of social injustice...” (NASW Code of Ethics Preamble, 2008). *The Code of Ethics of the Clinical Social Work Association* (2016) states, referring to core social work values, “These core values include: a commitment to the dignity, well-being, and self-determination of the individual...and a commitment to a society which offers opportunities to all its’ members in a just and non-discriminatory manner.”

We are addressing these issues daily by welcoming a broader discussion on the listserv to meet the new challenges that face us. We are sharing resources and our members are participating in social movements. The Society encourages these individual efforts. We recognize that we do not all agree on how or when to intervene and this cannot be mandated. We also look forward to partnering with our sister social work organizations and others to promote our values. One way we did this recently was the conference on the Trump Administration’s potential (at that time) attacks on the Affordable Care Act. This was cosponsored by the WSSCSW, NASW and the Washington State Coalition of Mental Health Professionals and Consumers. We are encouraging networking and participation in discussion groups such as the one generously organized and hosted by our long-time member Sal Ziz. We need your help in thinking through these challenges with the Board. We need your help in deciding where to focus our energies and how. You can do this through the listserv, letters to the editor and personal emails.

You, as a member, have a professional, ethical and social obligation to step up and participate in these activities—more than ever. We are the State organization prioritizing the needs of the clinical social work profession, promoting our social work values and protecting our clients who are consumers of mental health services. That includes not only fighting for the rights of our clients when those are threatened, but also continuing the work that meets our basic mission. We need “troops on the ground” more than ever. We need help on the newsletter, we need help with the Membership-Diversity Committee, we need to restart the Ethics Committee, we need members interested in policy and legislative activities to help and direct our lobbyists. Whatever you do for our organization, you are doing for our clients and the broader society.

Benefits of WSSCSW Membership:

- Access to our email listserv for **convenient consultation, resource gathering and referrals**
- Advocating and tracking of **legislative initiatives** through our legislative correspondent
- Opportunities for **professional networking** and comradery
- Free/Reduced rates for **CEU events and conferences**
- **Discounted CSWA** (Clinical Social Work Association) membership
- Special Opportunities for **Students and Associates** to learn and grow
- Participation in the latest clinical conversations through **Clinical Evening Meetings**

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>.



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