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

NEWSLETTER

Fall/Winter 2016
In this issue:

From the President

And Then What Happened?

By Eric G. Huffman, LICSW

You mean after our successful renewal drive? Well, then we swung into gear to provide some great clinical offerings to all of us in the WSSCSW! "Like what?" you might ask. We had our first Clinical Evening Meeting of the year on November 16th , when Pete Goddard presented on *The Trauma Resilience Model in Everyday Life.* This was the first of three planned Clinical Evening Meetings this year. The second and third CEM's will feature panels of clinicians who will present the details of various modalities and interventions. These will include not only descriptions of the interventions, but information on obtaining training and what it costs. We plan to include presenters on Dialectical Behavior Therapy, EMDR, Sensorimotor Psychotherapy, hypnosis, psychoanalysis, Tatkin couples therapy, and CBT for trauma. These presentations will be of use to clinicians at all stages of practice...unless you are retiring (more on this in a bit). I don't have a catchy title for the panels yet. Your ideas are welcome! I was thinking of "What do I learn next?" as that's how I think about my development, but that's not all that catchy. We could call it "Expanding Our Interventions" but that sounds like a new way to be long-winded. It could be the "How do I get trained in..." series. The panels will be in the Winter and Spring, dates to be determined. We will keep you posted.

And then... more like in between... there is a special training for the Board on December 10th with Robin DiAngelo and Deborah Terry-Hayes on increasing our racial literacy in our personal and professional lives and confronting our racism and privilege. This is a crucial training for the Board so we can help lead the way in serving our clients and providing these ideas to our membership. This Board training is in preparation for an all-day workshop, our Spring clinical conference on these topics, with Robin and Deborah (see the ad in this newsletter). The December training is mandatory for the Board, and we all wish the Spring conference could be mandatory for our membership. That's how important we believe this work to be. We're pleased to announce that this conference is co-sponsored by the Seattle University School of Social Work!

OK, and then what happened? Well, remember the notion of "retiring" I just mentioned? On June 10th Laura Groshong is doing a workshop titled, "Mental Health Clinical Practice: Interruptions and Endings." I attended an abbreviated version of this workshop last summer. It was amazing, moving, relevant and useful for all clinicians. It is especially important for anyone pondering retirement, but the subject matter is "ageless." The workshop is being sponsored in conjunction with the Washington State Coalition of Mental Health Professionals and Consumers.

We were happy to see a member initiate a book

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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

This newsletter arrives shortly after a divisive presidential election. We have tried to assemble an issue that speaks to the difficulties facing our nation, and our profession. Several pieces directly address the election, and others give voice to crucial, related issues. We hope you find thought provoking ideas, solace and inspiration for personal action in these pages. Please consider responding to what you read through the listserv or letters to the editor. We need everyone's voice.

Also of note, as of this issue, my newsletter mentor and now predecessor, Lynn Wohlers, is stepping down from her position as committee chair and co-editor. Lynn has been making this newsletter possible for over four years, which is over and above the standard two-year term on our board. Lucky for all of us, she will be staying on as a committee member to continue providing assistance with editing. Thank you, Lynn, for your service to our organization. I welcome anyone who is interested in participating in the production of this publication to contact me at Newsletter@wsscsw.org.

WSSCSW Board Statement on the Election

Now more than ever social workers must bring our core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competency to our work enhancing the well-being of all people and society. As we move forward from a divisive and fearsome election cycle, the Washington State Society for Clinical Social Work reaffirms our commitment to centering identity, integrity, and diversity in our clinical practice. Transformation, healing, and understanding are best fostered in relationships; this is something we as clinicians can provide in these uncertain times — but we must not stop there. We cannot respond to bigotry with silence. We call upon our membership to take action to stop hate, hold our politicians accountable to the needs of all Americans, speak out when civil liberties are threatened, and to advocate for those most vulnerable in society.

"In the end, we will remember not the words of our enemies, but the silence of our friends."

– Martin Luther King Jr,
Dexter Avenue Baptist Church,
Montgomery, Alabama, 1957

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@dgmpartner.com

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club and discussion group about race and racism last month. We look forward to seeing more grassroots offerings in the future.

And then as I was writing this, the election happened. Fear is the operative emotion in many ways. There is certainly the overwhelming fear we hear from many of our clients who are LGBTQ, who are people of color, who are Muslim as well as from our clients who share our social work values of diversity, self-determination, equality, equity and human freedom. Certainly we hear fear and anxiety from our colleagues. Fear is also a driving force for many who voted for Donald Trump. For some it was the fear of the loss of white privilege and the changing demographics of America; white men are now about a third of the population and the racist rhetoric has been virulent.

For others, it was a fear for their futures as their jobs have disappeared, their incomes have dropped, their towns are withering, their pensions are too little. As a recent Pew Center report (http://www.pewsocialtrends.org/2015/12/09/the-american-middle-class-is-losing-ground/) showed, the American middle class has been hollowed over the course of the last 40 years. Between 1970 and 2014, the aggregate income of households defined as middle-income has declined from 62 percent of total income to 43 percent. Their communities are also devastated by opiate addiction. The findings of economists Anne Case and Angus Deaton (Proceedings of the National Academy of Sciences [PNAS] 2015; vol 112, number 49) recently showed that middle-aged (ages 45-54) non-Hispanic white Americans experienced a sharp decline in life expectancy between 1999 and 2013, with much of the decline explained by deaths from suicide and drug and alcohol abuse. Non-Hispanic whites with a high school education or less accounted for most the decline. Every other racial or ethnic group in the U.S. or European countries that Case and Deaton analyzed experienced increased life expectancy in the same period. Many working-class people, regardless of ethnicity, are already living on the edge. Their children cannot afford higher education. The election was the fear of more of the same to come. The election expressed a desperate fear as well as anger at the change that has not come over the last eight years. We are reminded as clinical social workers that our concern for diversity includes issues of class and in our often privileged positions, we do not always have that held clearly. I encourage everyone to listen for the fears and experience of class in our work with our clients. We must not dismiss the fear and anger of working class people, many of whom are people of color. We must understand it and work with it. This Rightwing "solution" is a recurring theme in the industrial west where the post WWII boom is 40 years past. There will be more economic turmoil and the ideas of some Trump supporters will get a greater hearing. We are in this for the long haul as clinical social workers and must think globally to understand what is happening.

I find it encouraging to remember that we as clinical social workers, unlike politicians, do not have to reassess what ***our*** trajectory is or where ***we*** went wrong. We have always been a fighting profession. We recommit to our ideals and continue to do what we have always done: fight for our clients and serve our clients in all their fears, anxieties and searching. We recommit to protecting the rights of our clients and to working toward a social system that promotes a blossoming of the human potential by freeing us of racism, sexism, homophobia and the other prejudices that cripple human freedom and expression.

And then what happened...

Dorpat Lecture sponsored by the NW Alliance for Psychoanalytic Study

Saturday, March 4, 2017 7:30 pm

How to Engage with the Other:

A Discussion of an Approach to the Israeli/Palestinian Conflict

Yoav Peck is the co-Executive Director of the Sulha Peace Project, a group of Israelis and Palestinians who meet regularly "to encounter the other in our full humanity." Recognizing the mutual fears, alienation and suspicion that exist between Israelis and Palestinians, the Sulha Peace Project brings together such diverse factions as soldiers, stone throwers, young professionals, academicians and laborers.

Once a month, Sulha holds "**Tribal Fires**" in which 100-150 Palestinians and Israelis gather to reach beyond arguments and political posturing to the essential humanity longing to be heard. They work in listening circles, praying, singing, eating, and talking.

Several times a year, Sulha also sponsors "Sulhita," a gathering of 40-80 youths (ages16-21) who spend several days discussing the issues that concern them. Young Israelis, pre-army service, and their Palestinian peers discuss how they feel about the fact that they may soon find themselves facing each other in confrontations at roadblocks, or in battle. The youths hike in the Judean desert, prepare meals together, sing, drum, dance, and talk deep into the nights, sharing their visions of possible futures. They attain a sense of commonality that lasts well beyond Sulhita, and many of them become volunteers at adult Sulha events.

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Clinical Social Work Values and the President-Elect

Statement from the Clinical Social Work Association, November 2016

Certain statements made by President-elect Trump during the campaign for the presidency have been at odds with the Code of Ethics (2016) of the Clinical Social Work Association. Cultural competence and social justice are fundamental principles underlying the work clinical social workers do to improve the mental health and daily lives of everyone. Here are key concepts from the CSWA Code of Ethics:

II.5.a) The social work profession has a strong commitment to social justice. As such, clinical social workers shall strive to maintain awareness, knowledge, and skills with regard to cultural competence and its influence on human behavior and society.

II.5.c) Clinical social workers shall seek to become culturally competent and understand the effects of trauma caused by institutional and individual oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

VI. a) Clinical social workers do not, in any of their capacities, practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, religion, color, national origin, gender, sexual orientation, gender identity, gender expression, age, socioeconomic status, or physical or emotional disability.

We believe that without adherence to these principles, our country will remain divided and polarized. Economic prosperity alone cannot overcome beliefs that condemn or reject some citizens based on ethnicity, religion, sexual orientation or other differences.

CSWA will continue to take an active role in support of legislation that would benefit the mental health community through our participation in the Mental Health Liaison Group and our advocacy on the Hill. We will continue to work with members of Congress on legislation that affects our patients and clinical social work practice.

CSWA urges all clinical social workers to participate in a broad grass roots effort to make the President-elect aware of our views. We need to let Mr. Trump know that we expect him to respect and protect the freedoms and rights of all Americans. Here is some suggested language, but we encourage everyone to express what is most important to them:

"I am a licensed clinical social worker in [your state]. I am concerned about troubling comments made by Mr. Trump during the campaign based on ethnicity, race, and religion. Our professional Code of Ethics does not condone any discrimination on the basis of race, religion, color, national origin, gender, sexual orientation, gender identity, gender expression, age, socioeconomic status, or physical or emotional disability. I ask that your transition team develop policies that include respect for all our citizens as guaranteed by our Constitution. [Name, Title, Address, Email Address]"

How To Be An Anti-Racist Healer

By Diana Mena, MSW, LCSWAIC, EMMHS, Esperanza Counseling & Consulting, LLC

There have been many incidents over the last few years that have brought to the forefront the experiences that People of Color suffer daily: police brutality, the murders of our men, women, babies and the All Lives Matter response. Not to mention the targeting of undocumented immigrants, the apathy towards the Syrian refugee crisis, and the latest violence presented against the North Dakota Access Pipeline Water Protectors. People of Color (POC) are victimized at the micro, mezzo, and macro levels, both historically and currently, in what many like to think of as "Post-Racial America."

These events have had grave consequences to the mental health of People of Color and our communities. The effects are often cumulative, encompassing the historical trauma experienced by our ancestors. We see signs and symptoms of Complex Trauma and Post-Traumatic Stress Disorder in People of Color, higher rates of medical and physical illness when trauma is embodied, and early death at higher rates. Yet our White community and our White healers within that community are still very much silent. As a Latina first generation social worker, I have witnessed this silence in both my MSW courses and in my post-graduate work and it is painful.

The POC community is suffering. Our POC clients are suffering. I am suffering. In fact, I am suffering so much that a couple months ago,

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HOW TO BE AN ANTI-RACIST HEALER

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I suddenly started sobbing while sitting in a coffee shop in the middle of Capital Hill, where I was surrounded by White folks who appeared to be going on with their lives as if nothing had happened. As if a Black father had not just been unjustly shot dead by the police. Life continued as normal for them; even in a liberal place like Seattle the status quo remained intact.

What is it that allows White folks to dissociate from the suffering experienced by their POC brothers and sisters? The rare answer is White Supremacy. We have all been socialized in a White Supremacist culture. Most of us are aware that White Supremacy has dehumanized POC, but we have yet to see the ways that it has also dehumanized White people. Think about a two-year-old baby who sees another baby crying on the television screen. They walk towards that screen, they bring tissues to that baby and try to comfort, or they cry because that is what you do in the face of someone else's pain. Our natural inclination is to end suffering. Our natural state is that of compassion. Yet White Supremacy has forced us to desensitize ourselves to the reality of POC pain so that we remain silent and complicit in maintaining systems of oppression.

It was at that coffee shop that I came to the realization that for change to happen, White folks have to have **an equal stake** in racial justice. And while both White folks and POC can and do support White Supremacy, it is White folks who benefit and therefore have the ultimate responsibility and the power to dismantle it.

So how do we begin this process of re-humanizing ourselves enough to care?

Deep self-reflection must happen on the part of White folks — the deep introspection that makes us super uncomfortable and weary.

That is the first step.

Even we social workers with our social justice lens still have blind spots - big ones, especially when it comes to Race. It is difficult to accept these because we see ourselves as healers, not perpetrators, and so when we need to reflect on ways that we perpetrate oppression we get defensive, we deny, or we fight back because we feel too much, continuing this cycle of re-traumatization for POC.

What I know to be true is that the air that we breathe is toxic and that White Supremacy is the law of the land. There is no healing in denying one's own racism or racist tendencies; these are factual realities. This is how people who live in a White Supremacist culture are socialized; this is the norm. However, this painful realization often leads to White guilt or White fragility. It is important that White folks acknowledge their pain and seek support from other White folks to move past it. Otherwise, guilt and fragility become a derailment on any action towards racial justice, especially in cross-cultural spaces, and end up perpetrating the injustice White folks feel guilty about.

Silence is too often the response of White folks when it comes to the daily oppression experienced by POC. What few White people realize is that silence is violence. Avoiding discomfort through silence is being complicit in an unjust system. Silence serves to maintain White Supremacy.

White folks must get comfortable talking about race - really get comfortable with the discomfort. This discomfort is what makes us human. It means we care. Learn to practice distress tolerance and have the conversation. There is freedom and liberation in being able to talk about race and racism. As one participant in my workshop stated, *"I feel such relief, it's like 500 years of guilt have been taken off me; now I can focus on doing the work."*

Use your voice to work towards racial justice. Be vulnerable, make mistakes, and humbly listen to POC when they choose to respond because this builds connection. When people respond, in any way that they will, use this as a life lesson. Their anger and their sadness are both teachings. It is an honor to witness the pain of POC and it is powerful to make amends.

The real work **is that in order for justice to happen, White folks have to be willing to give up their unearned White privilege.** Yet this is hardest piece, especially because we live in a society that only values power, status and material possessions. Re-focus instead on what we have to gain: connection and our restored humanity. Open the door to the abundance. In truth, we are only as affluent and healthy as the poorest and most marginalized among us.

Come do the work at the How To Be An Anti-Racist Healer Workshop or host a private group session.

Workshop Dates: December 11 or February 5, 10-1 PM.

RVSP at esperanzapllc@gmail.com. More information at www.esperanzacc.com

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

On Gender Dysphoria

By Hez Wollin, LICSW

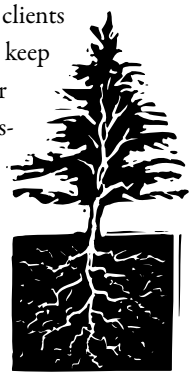
I am a clinical social worker in private practice, and many of my clients come to see me for gender support. My clients present all across the gender spectrum: some identify as transgender and/or gender non-conforming and for all intents and purposes, transitioned many years ago. Others still are just beginning to talk about the feelings that gender brings up for them in the presence of another person. Some of my clients want to change their bodies via hormones or surgeries. Some people feel less clear about whether they want to pursue medical transition and are trying to figure out how to align their gender identity with how others perceive them. For others, neither social nor medical transition is part of their process, but they want a space to talk about gender-related feelings. Each day I bear witness to the multiplicities of gender in all its colorful, diverse, and confusing forms. I am honored to walk with my clients on this journey that requires navigating and helping to hold so many complexities, and as a transgender clinician myself, I often find myself resonating with what my clients bring up in their sessions.

The World Professional Association for Transgender Health (WPATH) serves as a de facto clearinghouse for standards around how providers can think about gender affirming treatment. This is only one roadmap for healthcare providers navigating care, and has been criticized as it requires providers to act as "gatekeepers" around gender affirming care. The less widely known Informed Consent for Access to Trans Health (ICATH) is another roadmap that centers on client self-determination.

In our current medico-legal landscape of transgender healthcare, per WPATH guidelines, clients must carry a diagnosis of "Gender Dysphoria" in order to access gender affirming hormones or surgeries. The term "Gender Dysphoria," present in DSM V, was revised from its predecessor "Gender Identity Disorder" in the DSM IV. There was much debate over including this diagnosis in the DSM V, due to its potential misuse and harm to transgender communities. Prior WPATH requirements of attending therapy for a year and "presenting as the other sex" have been thrown out, and many physicians use an ICATH model for Hormone Replacement Therapy. This means that in order to start hormones, clients do not need a letter saying they have been in therapy to discuss their gender transition, affirming their decision-making capacity and right to decide what is best for their bodies. This is increasingly becoming best-practice for adult clients among many medical professionals in the Seattle area, although clients are still encouraged by providers to discuss their options with a therapist before beginning any type of medical transition.

Surgery is a different story, and does require a therapist to provide a diagnosis of Gender Dysphoria in order to proceed. This is mostly required for insurance purposes, rather than at the provider's request. Such interviews, for both therapist and client, are annoying at best, and invasive at worst. I have heard of people being required to meet with therapists for many sessions, and of therapists trying to locate the source of someone's transgender identity in their childhood, which is both offensive and not clinically indicated.

But we can argue the drawbacks and merits of the gatekeeping role that therapists are placed in all day. What I am concerned with is how we can expand our thinking about "Gender Dysphoria" to serve our clients more fully while affirming their experiences in the world. "Gender Dysphoria" is not a discrete diagnostic category, but rather it creates a web of complicated emotions and can cause, in turn, Depression, Anxiety, and Post-Traumatic Stress. Providers who are treating clients in need of gender support should keep in mind these complexities, rather than over-diagnosing Gender Dysphoria as a separate entity.



The etymology of the word "Dysphoria" comes from the Greek word *dusphoros,* which means "hard to bear." When I am sitting with clients who identify along a trans spectrum, I often hear themes of deep discomfort within the body. Clients tell me stories of their anxiety over having to take a shower and come into physical contact with their bodies, or feeling like a robot, or feeling utterly disconnected from their bodies. My clients sometimes mention they feel like they do not have a body, and my invitations to drop in to the physical self to see what lies there can feel like a monumental task. This disconnection is in fact a protective strategy, so that clients do not have to feel the tidal flood of negative feelings when they connect with their bodies.

Of course, humans do not exist in a vacuum, and many transgender people have experienced traumas, bodily or otherwise, that further remove them from their physical selves. Emerging research on trauma locates the body as a powerful source of information, but also as the battleground where violence and trauma are enacted. The body remembers and stores powerful emotions, implicitly and explicitly. If, for example, we have been in a car accident, the next time we get behind the wheel, our bodies might tell us something

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First Thoughts on the Presidential Election

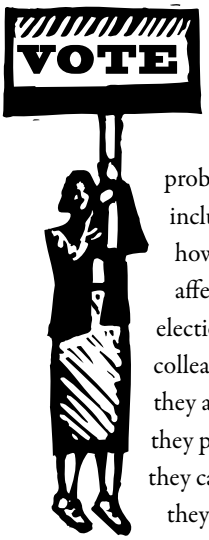
By Laura Groshong, LICSW

I've been talking with colleagues and patients about the anxiety raised by this election for the past year. Here are my very preliminary ideas about how this is affecting us and our patients now that Donald Trump has been elected.

There is incredible anger in our country at groups seen as 'other' by the mainly white men who carry this anger toward women, immigrants, blacks, Latinos, Muslims, Jews, and/or others, which had been underground until President Obama was elected. It led to the election of someone who expressed the anger and validated it. These people are unlikely to wind up in our offices to try to regulate their anger. So we have dismissed them.

As clinical social workers living in Seattle (mainly), we have the luxury of living in a community where we mostly share the same political views; we even have a sense of entitlement about these views. We demean others who feel just as strongly about their different views, and give up on the empathy that might lead to mutual understanding.

As for how this affects our patients, we need to look at patients' feelings about the election the same way we would any other topic with emotional meaning. The problem is that many therapists, including me, failed to realize how personally we would be affected by the disappointing election results. I've heard many colleagues talk about feeling like they are in mourning, even that they plan to take time off because they can't listen to patients until they process their own feelings.



People have much confusion and fear about what Trump might do as President. His prejudicial statements will be harmful to all of us, if enacted. It is important for us to wait and see how much Trump as President acts on those statements and not fall into our fears about what could happen. Let us remain vigilant about actions that harm or demonize our citizens and not fall into demonizing those who demonize others.

In short, things are unclear as of this writing. Painful as the election results are, we need to postpone action until we know what specific attempts will be made to curtail our hard-won freedoms for all.

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

ON GENDER DYSPHORIA

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doesn't feel quite right—sweating hands, pounding heart, red face—all somatic signals of traumatic experience.

Most, if not all, transgender people are navigating a landscape of oppression: both internal and external. The threat of violence against trans people, particularly transgender women of color, often causes a state of high alert in public and private spaces. The slow drip of microaggressions—comments like "which way are you transitioning" or constant misgendering and mispronouning (using the wrong pronoun for someone) of many people on the trans spectrum creates exhaustion, anger, and burnout. Therefore, we cannot absent our thinking about dysphoria from our thinking about systemic oppression: as physical as dysphoria can be, it also has a profound social component, rooted in prejudice and discrimination, in and of itself a traumatic experience.

Discomfort, disconnection, discrimination, dissociation, and even the word "dysphoria" itself, all begin with the prefix: "dis," meaning "apart from;" "away from" or "asunder." The feelings my clients express about being separate from their bodies get at the root of dypshoria—they are hard to bear. So, as providers, what can we offer our clients in need of gender identity support? We can help our clients reconnect with the parts of their bodies that do resonate with them. We can help them to process their traumas through the wisdom of their bodies. We can help to expand what it feels like to sit with the profound discomfort that comes with feeling dysphoric so that it becomes easier to bear. We can advocate for those clients navigating the medical-legal-social parts of gender transition by familiarizing ourselves with gender affirming best practices and not standing in our clients' way as gatekeepers. Most importantly, we can think about the powerful resilience and resistance that trans people embody each and every day, about something larger than trauma and disconnection and towards a more aligned sense of being.

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

Book Review – Financial Management for Your Mental Health Practice: Key Concepts Made Simple

By Samantha Slaughter, PsyD

Time and again, I talk to mental health clinicians who have "no idea" about how to run their practices as businesses, state they want to "focus on the clients" instead of the business, or avoid thinking about their practices as businesses at all. If the thought of the business aspects of your practice brings up any degree of fear/worry/concern, then consider reading F*inancial Management for Your Mental Health Practice: Key Concepts Made Simple* by Jeffery Zimmerman, PhD, and Diane Libby, CPA. This small, concise paperback book outlines and defines the basic principles of accounting practices and business management. Clinicians who are new to private practice will appreciate the basics offered in this book. However, even those clinicians with several years of experience will find the book helpful as the authors provide guidance on common business decisions one considers throughout the lifetime of a private practice.

According to the authors, they want to "teach you the basics in a manner that is straight to the point and pertinent to running an independent mental health practice… we have written this book to help you think about your practice as a business and better understand some of the basic accounting and financial principles necessary to be fiscally aware" (pg. xiii). They appear to have the experience to accomplish these goals. The authors wrote that Dr. Zimmerman is a "psychologist who has spent more than 30 years in private practice" while Ms. Libby is "an accountant who consults with mental health practices" (pg. xiii). More extensive biographies are on pages 87 to 88, providing potential readers with plenty of reasons to consider the authors as experts on the financial management of mental health practice. Their book, only 88 pages, covers a plethora of topics within chapters with titles such as "I Never Took an Accounting Class," "Accounting and Finances 101," and "Principles of Practice Management." The authors define accounting terms, provide arguments for why one should utilize specific metrics for the business-side of a practice, discuss strategies for determining compensation for owners and employees, review retirement options, and offer insight into the business of practice in the final chapter, "Making It Work."

The strengths of this book are its concise writing, easy to follow examples, and the providing of information that covers the lifespan of a mental health practice. There is no fluff in this book at all. The authors give clear, well-written definitions and explanations of terms and concepts. Unsure as to the purpose of a profit and loss statement? Chapter 2 tells you what you need to know in one paragraph. In addition, understandable examples allow readers to comprehend key concepts. The authors use a hypothetical practice's budget to show how all the numbers work together. Finally, whether you are just starting a solo practice or considering hiring your next employee, there is something for everyone in this book. Chapter 2 includes information on setting up accounting systems and choosing an accountant while Chapters 5 and 6 review various compensation models and retirement options, respectively. All of the chapters end with a section called "How It All Fits Together" that summarizes the chapter's information, giving readers an overview of what was just read.

Like any book, this one also has weaknesses. The concise writing, while a benefit to some readers, may be a hindrance to others. Some readers find multiple examples and more than one definition for a term helpful as they grapple with unfamiliar topics. Also, it should be noted that the book is based on the 2015 tax code. The tax code is something that changes annually, sometimes with important consequences to small businesses like the typical mental health practice. Unfortunately, there is no way to update this book on an annual basis. In an age when electronic media is the norm, it is regrettable that this book is not available in an electronic format that allows for easy updates. However, much of the basic accounting and management information presented is not defined by the tax code, so much of the book's information should be accessible for many years.

In conclusion, I found this book to be a helpful guide in my practice. The clear definitions, suggested metrics, and discussion of common business decisions will allow me to enter my CPA's office more educated and better prepared to talk about the future of my practice. I intend to refer to the book often as I take my group practice from infancy to maturity.

Zimmerman, Jeffrey and Diane Libby. 2015. *Financial Management for Your Mental Health Practice: Key Concepts Made Simple.* Camp Hill, PA: TPI Press. ISBN: 0990344533; $24.99 new

Samantha Slaughter, PsyD is a business consultant and the CEO of Integrative Psychological Services of Seattle (www.IntegrativePsychologySeattle.com) as well as a licensed psychologist. She is the Chair of the Washington State Psychological Association's (WSPA) Advisory Committee, serves as the American Psychological Association's Federal Advocacy Coordinator for Washington State, and is a past WSPA Board member. Questions and/or comments about this review can be emailed to her directly at Samantha@IntegrativePsychologySeattle.com.

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

A Place of Meeting: The Bones of Clinical Work

Column By Jenny Pearson, LICSW

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

Sweet Little Baby: Reimagining the Maternal

(sung to the tune of traditional lullaby "Hush Baby")
By Danielle Baird, MSW, LSWAIC

Sweet little baby, it's okay to cry
Mama's gonna sing you a lullaby
And if your worries keep you up all night
I'll stay with you till the morning light

If you've eaten but hunger remains
I'll help you find a source that sustains
And if you say you're feeling full
I'll respect your body and honor your soul

If you learn I can't meet all your needs
I'll give you my blessing to harvest other seeds
And if you find yourself wanting more
I'll give you space to open other doors

If you are open to loving whom you may
I'll protect you as you find your way
And if your heart gets hurt, which it will
I'll hold you till you've had your fill

If you want to take things slow,
I'll remind you there's no hurry to go
And if you want to run like the wind
I'll race you to the very end

If you want joy and pleasure to reign
I'll help you find your way back again
And consider now the world you're part
You can trust me that it's safe for your heart

Sweet little baby, it's okay to cry
Mama will always be here with a lullaby

The devil is tall,

And clever enough not to be obviously good looking.
What his eyes see, what they take in, tell him all he needs to know.
And oh, the manner in which his eyes regard you…

It takes a long time to see past the looking.

The devil is accommodating.
He requires nothing.
Somehow you believe volition doesn't exist.
All behavior becomes seemingly spontaneous.

It takes a long time to acknowledge not choosing as a choice.

The devil knows what is missing,
And fills in the gaps.
The secret you secretly hold,
He meets it, casually, so easily.
You cannot believe no one has ever done it before.

The first clue should be how quickly you succumb.
The second, the wretched obsessiveness.
And when you start to question: "Is this real? Is this real?"
This should give it away. But it doesn't.

So badly you want to believe that you can be known completely.

-Jenny Pearson

WSSCSW Associates Committee

Events and Offerings

The Associates Committee provides resources and support for clinical social workers who are within five years of graduating from their master's program and/or are in the process of working towards clinical licensure. An annual Associates event and quarterly meetings are hosted by the committee for all Associates and students to attend.

Registration and additional event details will be communicated through the listserv and our website

Annual Associates Event: 1/26/17

"The Spectrum of Clinical Social Work"
Speakers from Various Practice Modalities; Networking; Food
University of WA, School of Social Work

Associate Quarterly Meetings: 12/5/16, 03/06/17, 06/05/17, 09/11/17, 12/04/17

Networking; Resource Gathering; Food
Giddy Up Burgers and Greens

Mentorship Program: Beginning September 2017

Mentorship groups facilitated by experienced clinicians for associate and student members, providing clinical and professional support, resources, and opportunities to build relationships with professional peers

~Recruiting Mentors For The Mentorship Program~

The Associates Committee is seeking two WSSCSW members to facilitate (separate) mentorship groups for associate members. This is a PAID position and a one year commitment. If interested, please contact one of the committee members below.

Associate Committee members:

Melissa Wood Brewster, LICSW: woodbrewster@gmail.com
Vicki Nino Osby, LICSW: vickino12@gmail.com
Melanie Walker, LICSW: melanie_walker@mac.com
Marti Hickey, LICSW: marti.hickeylicsw@gmail.com

Clinical Social Work Association Summit 2016

Karen Hansen LICSW, CSWA State Liaison

What happens when you bring together clinical social work volunteer leadership from twelve states across the country, add the board of the Clinical Social Work Association and give them a day to brainstorm and share common experiences? Read on.

The annual Summit of the Clinical Social Work Association (CSWA) took place the first weekend of October in Alexandria, VA. The CSWA is the national organization to which WSSCSW belongs. The CSWA advocates for the profession at the national level in Washington D.C. and coordinates the state societies across the country. This year, fourteen individuals from twelve states attended (there was also a representative from the Social Work Alliance for Psychoanalysis, Joel Kantor). WSSCSW's own Marti Hickey, our listserv moderator, attended the Summit to represent Washington State.

As in previous years, the purpose of the Summit was to showcase the work of the Association to the individual states in attendance, as well as to hear about the accomplishments and challenges of each of the state affiliates. The Clinical Social Work Board sponsored this day-long meeting to promote cross fertilization, mutual encouragement and awareness. The night before, an evening reception hosted by the Greater Washington Association for Clinical Social Work gave participants an opportunity to meet and socialize. The meetings took place at the Residence Inn, in Alexandria.

In addition to reviewing the accomplishments of the Board for 2015-2016, an hour-long training was offered by Laura Groshong, Chairperson of Policy and Government Relations, along with Margot Aronson, Deputy Director. The state of Kentucky, which was not represented at the Summit, called in by cell phone to attend this important training. The training reviewed key elements of what to consider when approaching state representatives and senators regarding legislation of interest to the profession of clinical social work. Key points included:

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CLINICAL SOCIAL WORK ASSOCIATION SUMMIT

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1. Develop coalitions that work across party lines

2. Be sure to talk to staffers, not just the elected official (they are often better informed on your issue)

3. Focus on no more than two bills at a time

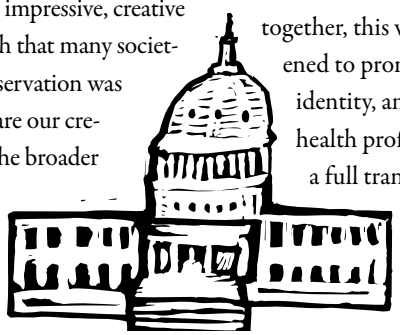
4. Clearly define your message: What exactly do you want to get across? Make sure the emphasis is not only self-serving, but for the common good of the citizenry

I addressed the important question of how state societies might promote diversity and better represent minority clinical social workers by distributing a summary of twelve steps that state societies can take to address this issue. These twelve steps include many of the things WSSCSW has been doing for a number of years. Several other states have been effective in addressing diversity, notably Pennsylvania, with its 825 members. For example, they have increased their membership numbers by having more levels of membership; retired, affiliates, students, transitional, regional, general, and fellow (over five years). Each category has a different level of dues. They have groups for special interests, such as social workers of color, social workers of private practice, etc., and have already completed the twelve steps on diversity that were promoted at the meeting! Their president, Patricia Isakowitz, showcased a society with the energy and success that we at WSSCSW aspire toward.

The Clinical Social Work Association is in the process of reviewing its work to provide a more diverse voice for the clinical social work profession. It was emphasized that attention to diversity was not only necessary ethically, but is critical in keeping our profession viable and relevant for the future. In the next few decades, even Seattle's population will be more minority than white. We must all work now to prepare ourselves for this thrust into the future.

The afternoon also featured time for each state representative to describe highlights from their year, and to offer comments and suggestions regarding how CSWA might become more effective with their organizational offerings. A common theme was the impressive, creative programming and outreach that many societies have developed. An observation was made that the more we share our creative ideas and solutions, the broader impact we can have as clinical social workers.

The end of the day featured a group excursion to the Kennedy Center for the Performing Arts. The group shared a meal and attended the play, A Curious Incident of the Dog in the Nighttime, based upon the book of the same name. This production won the Tony Award for 2015 and focused on the inner experience of an autistic boy in England. The group shared clinical and personal reactions to the play as they enjoyed the Kennedy Center. It was a great way to enhance professional relationships after a long day of hard work. It was the first time such an outing was offered at the Summit to enjoy some relaxation with the Board.



Most attendees of the Summit went away inspired, energized and validated in their efforts to promote clinical social work at home and at the national level. This is the purpose of the Clinical Social Work Association: to be a national voice for clinical social work. When the various state affiliates come together, this voice is clarified and strengthened to promote the profession's integrity, identity, and parity with other mental health professionals. If anyone would like a full transcript of the minutes of the Summit, please let me know and I can easily forward them to you.

DORPAT LECTURE

continued from page 3

Yoav Peck writes:

"Through shared prayer, song, circles of listening, active translation..we reach across gulfs and connect, inspiring profound hope in all present. While we avoid polarizing political declarations, we know that any political future must address the human needs of both sides, and we stand on the front lines of the struggle to return decency and compassion to our shared land. "

The Dorpat Lecture in Psychoanalysis and Society is an annual award to recognize those whose work applies psychoanalytic understanding to social problems. The recipient of the award is honored at an event in Seattle in which the work is presented to the greater community of clinicians and individuals interested in addressing social problems in local and global environments. The Lecture was created in memory of Theo L. Dorpat to honor his interest in this area. The lecture is free to the clinical community and to the general public, so please share this announcement with others.

7:30-9 pm at Town Hall, Seattle
Tickets available at Brown Paper Tickets to reserve a FREE seat
http://www.brownpapertickets.com/event/2697036

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

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NEW MEMBERS

The Membership Committee wants to welcome these new members (as of June 22, 2016). We look forward to meeting and getting to know each one of you.

Hayley Berra
Nidhi Berry
D. Michael Coy
Jose Leon
Katie Levy
Patricia Long-Brohm
(Laverne) Marie Moren
Sydney Sivertsen
Rebeca Valeri

NEW MEMBER PROFILE

We welcome anyone who has become a member in the last year to submit a profile and introduce yourself to our community!

DANIELLE BAIRD, MSW, LSWAIC

Since receiving her MSW in 2008, Danielle has focused on organizational development work for a patient education program at Fred Hutch. More recently she has served individuals through her private therapy practice in Duvall. With both organizations and individuals, Danielle helps people facilitate meaningful and intentional change processes. Her private practice specializes in grief and loss, cancer/chronic illness, and caregiver support. She is proud to serve her local LGBTQ+ community and privileged to play a small part in creating safe and sacred spaces for people of all identities, backgrounds and orientations. Outside of work, Danielle enjoys singing in a community choir, writing and reading

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.

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.