



# WASHINGTON STATE NEWSLETTER

APRIL 2013  
WASHINGTON CHAPTER SPRING EDITION

**SSWLHC ADVOCACY,  
PRIORITIES, ISSUES &  
ACTIVITIES**

- **NASW WA CHAPTER**  
April 26-27, 2013  
Clinical Supervision Workshop  
Sanders Training Center  
Everett, WA
  
- **UNIVERSITY OF WASHINGTON**  
Gerontology Conference  
September 11-12, 2013  
"Working Together for Elder  
Friendly Futures"  
Seattle, WA
  
- **SSWLHC 48th ANNUAL MEETING  
AND CONFERENCE**  
October 2-5, 2013  
"Social Work: Essential to the  
Future of Health Care"  
Sheraton Philadelphia Downtown  
Hotel  
Philadelphia, Pennsylvania

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## VENDOR FAIR A ROUSING SUCCESS!! CAROL KUMMET SCORES HIGH MARKS WITH PARTICIPANTS

Carol Kummet, MSW, LICSW, MTS, presented this year's annual Social Work Month lecture at the 4th Annual Vendor Fair on Thursday, March 28, 2013. Her presentation of the topic: "Grief, Loss and Legacy: A Palliative Care Social Work Role", drew more than 50 attendees and an overall rating of 4.89 out of a possible score of 5.0. Comments included: "Fabulous!", "Fantastic", "Excellent speaker!", "I loved Carol's humor and genuine presence! Her specific case examples and examples of palliative care conference questions were great!" "I loved Carol's voice, her approach and passion is inherent to this presentation."



Carol Kummet, MSW,  
LICSW, MTS

"The speaker was honest and real!", "informal, down to earth style, talk/conversation

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## SOCIAL WORK LICENSURE: EXPECTED CHANGES

*By Angel Dawson, LICSW,  
Chair, SSWLHC Health Policy Committee*

The Society for Social Work Leadership in Healthcare, Washington Chapter (SSWLHC, WA) has participated in a multi-year collaboration with National Association of Social Workers, Washington Chapter (NASW, WA), Washington State Society for Clinical Social Work (WSSCSW) and other local stakeholder groups, that led to the proposal of House Bill 1213 regarding Social Worker Licensing.

1HB 1213 cleared its committee 16-0, and a companion Senate Bill 5725 was introduced on 2/8/13. Advocates believe the proposed changes will support social workers' abilities to obtain licensure, thereby enhancing the professional standard of care in our community.

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## ***Social Work Licensure Changes Proposed / Expected***

*Continued from Page 1*

The following changes to licensure are expected:

**Broadens the types of practitioners who can supervise social work licensure candidates** from Licensed Independent Clinical Social Workers to also include Psychiatrists, Psychologists, and Psychiatric Nurses and ARNP's.

**Clarifies that new rules implemented after an application is submitted for full licensure do not apply retroactively.** "Only rules in effect on the date of submission of a completed application of an associate for her or his license shall apply. If the rules change after a completed application is submitted but not before a license is issued, such new rules shall not be a reason to deny the application."

**Allows six one-year renewals of associate licenses** (increasing from four). This extension will give social workers seven years to achieve full licensure (LICSW) after they have declared the path by obtaining an associate license.

**Clarifies the continuing education required of associated licensees** (eighteen hours every two years, six credits of which must be in professional ethics).

**Clarifies that continuing education in suicide assessment, treatment and management is required of associate licensees** (once every six years, may earn CEUs).

**Clarifies ambiguous language about levels of licensure and the time required at the associate licensure level.** The existing section (RCW 18.225.090) states that an associate must have a "minimum of four thousand hours of experience, over a three year period...." This has been widely misinterpreted by licensure applicants and the Department of Health. The proposed amendment to the language is: "Applicants must be post-Masters for at least three years prior to being eligible for LICSW status. Applicants must also have a minimum of four thousand hours of supervised post masters experience." The language will now be changed to parallel the intent.

For further information,  
Contact Angel Dawson:  
[angel2020@gmail.com](mailto:angel2020@gmail.com)

## **SSI / SSD UPDATE**

**By Amber Wade, LICSW**

The following is a simplified overview of social security information. Taking a continuing education course is recommended! SSI/SSD knowledge is powerful and can mean the difference between financial stability for clients.

**Social Security Disability (SSD)** is not dependent on financial need but on disability (except in the case of disabled children see #4). Think of SSD as tapping into your social security account early. Each working person pays into social security each month and can begin to collect from this fund at age 66. If you become disabled you start the payout early and it is based on how much and how long you have paid into it. You have to have worked at least 20/40 of the last pay quarters or 5/10 years. If your client hasn't worked in 6 years, they do not qualify for SSD. A person CAN actually be working so long as they aren't making more than \$1040 from the work (if they are getting disability from insurance that doesn't count). However, the administration will use the working as proof that they could possibly work more. The client should be considered by a physician to be unable to work for at least 12 months. There is typically a 5 month waiting period that starts from the date of application. Denials are typically delivered 60% of the time and the appeal process begins. This is the time to get a lawyer. Lawyers are paid a percentage from the settlement. The settlement will be back pay to the date of initial application. Appeals can take months to years but is worth it. Note, some government employees such as Amtrak have their own disability/retirement plans and do not pay into social security.

**Supplemental Security Income (SSI)** is for disabled persons who did not work 20/40 quarters and/or whose SSD is less than \$1040. Spouse income counts.

***Continued on Page 8***

## Social Workers and Advocacy: A Student's Experience at a Legislative Public Hearing

### The Experience

On February 1<sup>st</sup>, I travelled to Olympia to attend a public hearing to support HB 1213, the social work licensing bill. HB 1213 clarifies many aspects of the process of obtaining licensure in social work and supports those working toward licensure by recognizing the challenges of finding supervision (e.g. increasing the amount of allowed one-year renewals from 4 to 6).

Those of us who carpooled down together were Ann Allen, a leader in the NASW WA chapter, Keonna Moffett, a recent MSW graduate currently working toward her licensure, and two other social work students from Seattle University. At the hearing we met up with Lobbyist Bob Cooper who escorted us into an overflow room to await the time to speak out in front of the legislative members of the Health & Wellness Committee. There looked to be around 100 people that had arrived to support another bill, HB 1085, the single-payer health care bill. With NASW chapters across the US supporting single-payer health care systems, I was surprised that not only I did not know about this Washington State bill, but none of the others with me were aware of it either.

Once seated, Bob made a comment on the number of supporters he had joining him today (five of us). He reported that only 2 or 3 people usually join him during these hearings. Our time came up to testify and those of us speaking moved to the main room. Keonna gave an honest portrayal of the challenges of finding supervision and the enormously high cost of it. Representative Jinkins audibly gasped when she heard the number. Overall, Bob reported the bill would most likely pass and speaking out was important, but basically a formality. Although this was the case, I knew that many people and agencies had put in countless hours over many years to implement these changes to licensure.

### Advocacy: Case to Cause

As a student, I was afforded the opportunity to attend this hearing over those with full time jobs, but it reminded me of the need for advocacy. It solidified the importance of being an agent of change. As social workers, we have a unique perspective of needs and injustices. And, although many of us are unable to lobby in Olympia, there are other avenues for advocating change including calling local representatives or submitting editorials to newspapers. There is no doubt that many social workers are involved in policy, but it is always good to remind ourselves of our knowledge and experience and how it can make a greater systemic impact.

### The Challenge

The challenge is to determine your specific role as a social worker and to consider the much-debated viewpoint of case vs. cause or micro vs. macro work. Each role is important, however, and I would argue that both influence each other. Without one, we are denying an important part of our profession. My takeaway from this experience is to commit to at least one act or activity related to advocacy a year and to encourage other social workers to do the same.

By Jeanese Hime, MSWc

Jeanese is a UW-Tacoma MSW student. She can be contacted at: [Jeanese.Hime@gmail.com](mailto:Jeanese.Hime@gmail.com)

## Spotlight on: **LAURA VAN DERNOOT LIPSKY, MSW**

*By Sara Crane O'Neill, MSW*



Sixteen years ago Laura van Dernoot Lipsky -- then a Harborview Medical Center Emergency Department Social Worker -- peered over the edge of a cliff while on vacation in the Caribbean. She marveled at the beautiful landscape and water, and then she wondered how many people had committed suicide here, and where an emergency helicopter would land, and how far it was to the nearest trauma center. She took an honest look at her herself and her work with traumatized individuals: once earnest and hopeful, she now felt competitive and desperate, like she could never do enough. She was emotionally and spiritually exhausted. She recognized she was near a psychotic break.

Laura began a slow process of reconnecting with herself, asking for help from teachers, healers, and loved ones. She changed directions to lead workshops for trauma responders on how to notice and transform their stress to thrive in their work or find new work if necessary. She founded The Trauma Stewardship Institute, providing consultation and day-long institutes nationwide for people mitigating the impacts of violence, injury, oppression, and devastation. At any given institute, 200-500 people fill the room.

I interviewed her recently to find out what she is observing about the field of medical social work and whether she has any suggestions for us.

"Folks doing medical social work are in very good company with all the other folks I'm working with," she said. "Whether it's ecologists, journalists, or prosecuting attorneys, what they're all facing is that they're being asked to do more with much fewer resources." In other words, there's too much to do, with too little support or funding. And it can take a toll on workers who want to bring their best selves every day but find the quality of their services slipping.

"Sometimes we workers become emotionally numb as a result", Laura says, "or we feel hopeless or helpless. We might hold it together while we're at work, but become impatient or aggressive at home. Our health might suffer, or our intimate relationships fall apart. We can even experience the very constellation of Post Traumatic Stress Disorder (PTSD) symptoms that our clients encounter."

At her institutes, when Laura describes these common reactions to exposure to trauma or suffering over time, someone inevitably responds with shock and recognition that Laura has described them to a tee. People often think they are the only ones. Avoiding isolation is the easiest first step towards taking care of ourselves, Laura says, so team up with other workers, join supportive groups, or attend secondary trauma and self-care workshops like through The Trauma Stewardship Institute.

Another key to sustaining ourselves is keeping a manageable pace. A hospital or medical center may be overwhelmed by work volume, but workers don't need to become frenetic. Especially for professionals like medical social workers who can't work beyond their hours, the mentality can become, "I just have to get through my shift," Laura says.

## LAURA VAN DERNOOT LIPSKY, MSW, CONT.

“People get in that headset--‘I don’t have time to pee during the day, if I took time to pee, think of all the things that may fall apart!’ I say that in an extreme way, but almost everyone I work with resonates with that experience on some level.”

Along with attending to our basic needs at work, Laura encourages establishing some mindfulness practices during the day. That may mean going into a supply closet or another private space to feel emotions or do some intentional breathing for two minutes. If we go eight to ten hours without these breaks, it’s difficult for our bodies to re-regulate afterwards. Our nervous systems don’t discharge the feeling of being overwhelmed very well and the stress accumulates over time, Laura explains, crediting therapist Peter A. Levine and his study of chronic stress and PTSD.

Workers also have a responsibility and opportunity to advocate for our workplace. We must have realistic expectations of ourselves, Laura says, and see clearly if our workplace is over-deployed. If we can’t do our work well, we need to communicate this lack of sustainability to our supervisor and perhaps our supervisor’s supervisor proactively, before anything bad happens to a worker or patient. It can be challenging to speak up. A workplace may expect toughness, and our larger culture tends to be more reactive than proactive. Many of us have been learned in our fields, ‘If you’re cool enough, tough enough, committed enough you are going to suck it up.’ That mentality is what The Trauma Stewardship Institute is trying to interrupt.

Laura realizes her messages can leave people feeling heavy and wondering, “Now what?” She illustrates it this way: most of us have had to seek outside support some time in our lives, or been on the receiving end of tragic news. When we hear from a professional who is truly present in the moment, and honors our dignity, they certainly don’t make the pain go away, but they can provide some small window of hope and possibility. If we are going to do this work, we need to be that window for our patients. “There is so incredibly much that we don’t have control over,” Laura says, “but one thing we do have control over is the degree to which we bring our exquisite quality of presence to what we are doing and how we are being at any given time. And that presence, we know, can actually transform trauma.”

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Quotes and information in this article were taken from my interview with Laura van Dernoot Lipsky on 2/13/13, Laura’s radio interview with Ken Rose from his talk show “[What Now](#)” on KOWS Radio in Occidental, CA, recorded on 11/19/12, and Laura’s radio interview with [CBS Radio Seattle](#) with Lee Callahan from 10/12. Both radio interviews can be accessed at <http://traumastewardship.com/listen-watch/listen/>.

Want to learn more?

Laura’s next daylong institute is April 8th in Tacoma. There are additional upcoming institutes in Portland and New York City. For details and to register, go to [traumastewardship.com](http://traumastewardship.com). The Trauma Stewardship Institute is also on Facebook.

Laura’s and co-author Connie Burk’s book *Trauma Stewardship: Caring for Self While Caring for Others*, came out in 2009 and is available at [traumastewardship.com](http://traumastewardship.com) and (hopefully) at your local bookstore.

*Sarah Crane O’Neill, MSW is an Adoption and Foster Care Specialist with AMARA. Sarah has another passion, nonfiction writing. This is her second article for the SSWLHC WA Chapter Newsletter. She can be located at: [sarah.crane.oneill@gmail.com](mailto:sarah.crane.oneill@gmail.com)*

## Vendor Fair Draws High Marks from Participants

*Continued from Page 1*

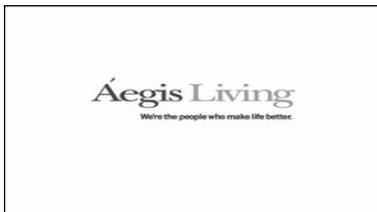
rather than a powerpoint presentation". There were many 'Thank you's' among the comments, "Thank you for giving us some language to use in regard to grief questions and patient choice", "Thank you for the overview of Palliative Care", "thank you for asking Carol to speak", "thank you for providing the Vendor Fair opportunity with the free CEU". Thank you for this work that brings us new resources.

The Vendor Fair drew social workers from many healthcare venues including nursing care facilities, home health and hospice, hospitals, cancer centers, and free clinics. Vendors, organized by Linda Fuhrman of Choice Advisory Services Incorporated, drew more than 40 participants from specialty hospitals, assisted living facilities, home care agencies, senior housing and service agencies, CCRCs and equipment vendors.

### THANK YOU TO



for the organization of the vendors for the Vendor Fair,



Aegis Living for providing the wonderful refreshments,



and A Helping Hand Homecare Agency for their continuing support of this important venue.



Stacy Heinle, SSWLHC President Elect and Vendor Fair Chair, Gloria Johnston, MSWc and SSWLHC Scholarship winner, and Rachel Dieleman, Board and Education Committee Member.



Carol Kummet's Palliative Care Workshop draws a full house.

**President:** Open Position  
**President Elect:** Stacy Heinle, MSW  
**Past President :** Brian Giddens, MSW  
**Secretary:** Carole O'Brien, MSW  
**Treasurer:** Stacia Fisher, MSW  
**Communications Coordinator,** Jacqueline Durgin, MSW

### MEMBERS AT LARGE:

Angel Dawson, MSW  
 Rachel Dieleman, MSW  
 Gloria Johnston, MSWc  
 Nicole Matsunaga, MSW  
 Patricia Matteson, MSW

**Education Chair,** Stacy Heinle, MSW  
**Membership:** Brian Giddens, MSW  
**Newsletter Editor:** Jacqueline Durgin, MSW  
**Scholarship Chair,** Stacia Fisher, MSW  
**Social Health Policy Chair,** Angel Dawson, MSW

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## WE'RE LOOKING FOR A FEW GOOD BOARD MEMBERS!

### SSWLHC WA CHAPTER IS ACCEPTING NOMINATIONS FOR OFFICERS AND SUGGESTIONS FOR NEW BOARD MEMBERS AT LARGE

By Brian Giddens, LICSW,  
SSWLHC Membership Chair

The WA State Chapter of SSWLHC is preparing for the upcoming Board elections and appointment of new Board Members at Large. We are looking for individuals who are passionate about working in health care social work, who are leaders, or have leadership potential, and are committed to keeping our organization strong and relevant. If you are interested, or know of someone who may be interested, we would love to talk with you. The following board positions will be on the ballot, which will go to the general membership for a vote in May. All positions begin their term on July 1, 2013.

**PRESIDENT-ELECT:** This position is a three year term. Year one is a learning year, stepping in for the President, when needed, and helping primarily on the Continuing Education committee. Year two is serving as President, which includes representing the organization at the continuing education events (2-3 per year) and the annual meeting, and facilitating monthly board meetings. Year three is the year that the position serves as Membership Chair, which involves monitoring membership, overseeing annual elections, and working with the board on member recruitment and retention strategies.

**SECRETARY:** This position is a one year term, attending and taking minutes for the monthly board meetings and the annual meeting.

**CONTINUING EDUCATION CHAIR:** This is a two year term, and the position oversees a committee that is responsible for all continuing education events. This includes developing topic ideas of interest to members, finding speakers and locations, and working with Communications to develop the marketing materials.

We are also looking for new Board Members at Large. These members are not elected but will be appointed by those who will be serving on the new Board. In addition, we are always looking for people interested in serving on our committees, which include Continuing Education, Communications (both print and website/social media), Membership, Scholarship and Social Policy.

If you are interested in running for a Board position, or serving on a committee:

Contact Brian Giddens at [bjiddens@uw.edu](mailto:bjiddens@uw.edu) for more information.



Brian Giddens, LICSW  
Past President and  
SSWLHC Membership  
Chair

We look forward to hearing from you!

## **'PEARLS' FROM SSI/ SSD WORKSHOP, CONT. FROM Page 2**

*Continued from Page 2, Column 2*

**Medicare** kicks in 2 years after being declared disabled by the social security administration. If the client has COBRA insurance from an employer and can afford to continue paying for COBRA out of pocket, they should stick with that until Medicare kicks in. Otherwise they can apply for Medicaid and will also have Medicare when it kicks in.

**For disabled children**, the family can only collect social security if the child is both disabled and the family makes less than \$1040 (number of people in the family raise this bar incrementally). **You should still file for disability with Social security for a disabled child even if you don't think they qualify financially**, because they may be eligible for other programs. Once the kid turns 18, they need to reapply for SSI, and the parent's income no longer matters and they will qualify for SSI at that time. The 18 year old will not collect SSD unless they have worked 20/40 quarters...

**Teri Flags : Terminally ill people are considered immediately qualified for SSD** (so long as they worked 20/40 quarters). You can help the client apply for SSD online and you should contact the local social security field office that serves the pt's area and get the fax number to send a letter from a physician certifying the patient's terminal status. You will need to assist with getting medical records and other items listed below. Many SS staff don't even know the rules. If the person on the phone gives you the run around, ask to speak to a disability supervisor who is familiar with the prioritization of cases. Mark down the day that you call/fax and who you have talked to. The day the info is received should be the day they are marked as approved, although the money won't come until they have gotten the paperwork done.

**Compassionate Allowances: Certain diagnoses are given expedited processing** (but not immediate) because they are likely to end in death.

Those diagnoses are: <http://www.socialsecurity.gov/compassionateallowances/conditions.htm>.

### **WHAT CAN YOU DO TO HELP THE CLIENT WHO THINKS THEY MAY QUALIFY?**

Do the initial application online with them. Then gather all the medical records from all of the hospitals/agencies that have provided care. If there are school records/court records etc that help indicate a mental or physical disability, those are also helpful. Submit a psychosocial assessment with these items that provides a full picture of who the patient is and what they have been through. You are helping to build a case for this patient to receive lifelong help. The less work left for the Social Security Administration to do, the more quickly an application is considered. If you will be working closely with this person ongoingly, you can apply to receive correspondence about the case, with permission of the client, and can therefore ensure that all necessary documentation is sent in a timely way.

### **Questions?**

See <http://assistdbtc.com/> and consider taking a course!

**SSWLHC WA CHAPTER  
Is now accepting applications for its  
STUDENT SCHOLARSHIP**

**Apply Online at:**

**SSWLHC.-WA.org**