

A World Divided:

How the Chemical Dependency Community Has Rejected the Mental Health Community in Washington



WASHINGTON STATE COALITION OF
MENTAL HEALTH PROFESSIONALS AND CONSUMERS

Advocates for Ethical Mental Health Care

www.wacoalition.org

Spring 2015

Chemical Dependency and Mental Health: A World Divided

by Laura Groshong, LICSW, Coalition Lobbyist

Two years ago the Legislature charged the Department of Health with creating an “alternative path” for licensed mental health clinicians to become chemical dependency professionals. For the past almost two years, seven meetings have been held by the DOH Chemical Dependency Advisory Committee to try to write rules to

implement this charge. Along with Coalition board member Abby Smith, LMHC, and WSSCSW Member Lara Okoloko, LICSW, I have attended or tracked these meetings to create standards that would be congruent with the clinicians who already have the right to treat chemical dependency conditions in their scope of practice but have

been restricted in doing so. They have been some of the most contentious and demeaning—to mental health clinicians—meetings that I have participated in for the past 20 years.

When the chemical dependency professional category (CDP) was created in 1996, there

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Coming Events

Suicide Assessment and Treatment

July 11, 2015
Sept 11, 2015
Oct 24, 2015
Dec 5, 2015

See Page 7

Code Fried, Part 2 June 12, 2015

See Page 5

Glaser Auditorium
Swedish Hospital
747 Broadway
Seattle

From the Chair

Happy Spring to all!

Hope you are enjoying the warming weather.

Welcome to all new members of the Coalition! And thanks to those who have renewed. Several of you have joined the Coalition at our recent Suicide Assessment and Prevention presentations. We are grateful to have you with us promoting and protecting quality mental health! Do check out some of the issues for mental health practitioners related to

**Sue Wiedenfeld, PhD
Chair**

chemical dependency treatment in the state (page 3).

We have heard from several Coalition members that they are not clear on the new ICD-10 and DSM-5 codes. In response, note that the Coalition will sponsor Laura Groshong and Tanya Ranchigoda in clarifying how to think about these issues on June 12 at Code Fried – Part 2. See more info on page 5.

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were no licenses for clinical social workers, marriage and family therapists, or mental health counselors. All CDPs at the time were required to work under supervision in state-licensed agencies; most of the CDPs were former alcoholics who had associate degrees. The concept of treatment was based on the "12-step" program of abstinence being the only way to stay sober. Co-occurring disorders were generally dismissed, as chemical dependency was seen as the primary disorder for

anyone with an addiction problem. This mindset has become increasing rigid over the past 19 years, with little or no communication between the addiction treatment community and the mental health treatment community.

The alternative to abstinence is "harm-reduction," a treatment approach that sees reduction of substance abuse as a valid goal and the inclusion of mental health problems as important to treat along with addiction. From a mental health

point of view, the chemical dependency field ignores the continuum of substance abuse and assumes all those with addiction are unable to reflect on their thoughts and feelings, or come to terms with the emotional conflicts that may underlie their behavior.

Recognizing the shift in the addiction treatment landscape, Dr. David Mee-Lee, Chief Editor of the ASAM addiction treatment placement criteria, writes, "with health reform, more services to persons with addiction will be delivered

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From the Chair *continued from page 1*

I recently met with the Kathleen Southwick, executive director of the Crisis Clinic, and a couple of their board members. We were discussing ways we can work together to address important mental health issues in the state of Washington. While we

all know about the crisis phone line, on page 5 you can read about some of the other important services they offer.

We are still in need of a couple new board members. If you have energy to spare, we would love to talk to you. Contact me directly at

swiedenfeld@me.com.

Welcome Joan Ward to the Coalition Board!

Thanks to all our Coalition members for sharing the commitment to quality mental health.

Sue Wiedenfeld, PhD
Coalition Chair

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Health Professionals and Consumers

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outside of a separate specialty treatment system for addiction and will be delivered inside of general medical and general behavioral health settings.”¹

Newly appointed Director of National Drug Control Policy (“Drug Czar”) Michael Botticelli calls the lack of integration of addiction care into mainstream medical care one of the “systemic challenges that have accumulated like a plaque over the decades.”² In a report on the ACA’s implications for behavioral health, the journal *Administration and Policy in Mental Health* writes, “Integrated care requires building a competent workforce composed of individuals who are effective at bridging the gaps between care systems.”³ It is vital that we create a practical alternative path to a CDP credential for licensed clinicians. It is licensed mental health clinicians with expertise in addictions who can bridge the gap between care systems.

Integrated care and licensed clinicians trained to treat co-existing disorders are vital for roughly half of the people with a substance use disorder who have a co-existing mental health disorder.⁴ People with Substance Use Disorders (SUD) are more likely to receive care from a mental health clinician than from specialty chemical dependency treatment. Of people with a SUD and a co-existing mental health problem, mental health care is three times more common than substance abuse treatment.⁵ Requiring licensed clinicians on the alternative path to work within CD agencies to gain their requisite experience is out of step with the future of integrated care and the weak link in the alternative path as it is currently proposed.

This artificial division of chemical dependency and mental health is hurting Washington citizens. There is a serious need for clinicians who understand both chemical dependency issues and mental health issues. At this time there are only a handful of professionals who are allowed to treat both conditions because of the antiquated division of the two groups that was enacted. Even directors of CD agencies acknowledge that there are not enough CDPs who pass background checks and are qualified. Nonetheless, the Advisory Committee insists that all LICSWs, LMFTs, and LMHCs should have to get 500 hours of supervision in a licensed CD agency and 1500 hours of supervised experience with CD clients. Additionally, all 15 hours of coursework must be taken at schools of higher education; none are allowed through continuing education, a barrier to getting the coursework required.

All the licensed groups that are being required to get extensive further training are actually allowed to treat CD conditions in their scope of practice, i.e., because addictions are part of the Diagnostic and Statistical Manual (DSM).

The Coalition is working to move outside the toxic environment of the Advisory Committee to develop reasonable standards for clinicians in private practice. We will keep you posted on this difficult and damaging situation. □



Laura Groshong

¹ Mee-Lee, D. What’s new and how to use The ASAM Criteria: Skill-building in implementing the new addition (Pg 8) retrieved from www.changecompanies.net.

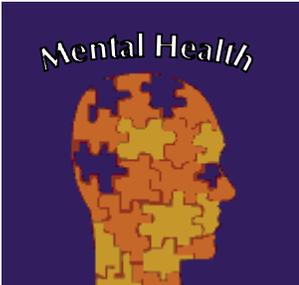
² Botticelli, M. (2015, February 9). The work before us: A message from Michael Botticelli. *The White House Blog, February 09, 2015*, www.whitehouse.gov/blog/2015/02/09/work-u

³ Croft, B and Parish, S (2012). Care Integration in the Patient Protection and Affordable Care Act: Implications for Behavioral Health. *Administration and Policy and Mental Health*.

⁴ Katherine M. Harris and Mark J. Edlund (2005). [Use of Mental Health Care and Substance Abuse Treatment Among Adults With Co-occurring Disorders](#). *Psychiatric Services* 56:8, 954-959.

⁵ Watkins KE, Burnam A, Kung FY, et al (2001). A national survey of care for persons with co-occurring mental and substance use disorders. *Psychiatric Services* 52:1062–1068.

HEAL-WA



The Coalition supports proposed State legislation (HB 1184), which would expand access to HEAL-WA to include LSWAIC's & LMFTA's. Currently, Social Workers, LMHCs, Psychologists, and a number of other professions are permitted to use the licensed resources on the HEAL-WA website, which is available at <http://heal-wa.org>. Although all of the professions that have access to the HEAL-WA website pay a fee as part of their annual license, we may not be clear about what it is or its potential benefits to our practices.

HEAL-WA is an "evidence-based health sciences health sciences portal." It provides access to a wide range of evidence-based resources for professionals, including journals, electronic textbooks, and some full text articles. The data base doesn't include access to the entire UW Health Sciences Library website, but it does provide access to a lot of useful information. It was developed by the University of Washington Health Sciences Libraries in response to legislation signed into law in May 2007.

When you visit the HEAL-WA website, you will find a tab labeled "toolkits" that links to a list of resources by profession. Among the topics/databases listed for Social Workers, Mental Health Counselors, and Psychologists are: Social Worker Reference Center, Social Work Abstracts, PychArticles, SPIRAL (patient information in Asian Languages), Medline Plus, PubMed, Health and Psychosocial Instruments, Substance Use

Screening and Assessment Instruments, resources for the ICD-9-CM and CPT codes. There are also many e-textbooks and online journals available. Once you set up an account you have access to all the resources of HEAL-WA, not just those most relevant to your profession. If you have questions or problems finding the information you seek, staff are responsive and helpful—contact information is on the site.

On April 9, the House of Representatives passed SSB 5870, a bill that will prohibit the use of conversion 'therapy' in Washington. This is a great victory for our youth and all citizens! This practice has caused great harm to LGBTQ youth by attempting to change their sexual identity. ☐

**Who Ya Gonna
Call !?!?!?!?**

**Coalition Helpline:
206-444-4304**

**Who's My Legislator:
1-800-448-4881
(State and Federal)**

**Legislative Hotline:
1-100-562-6000**

Classifieds

Office space to rent? Job opportunities, trainings and workshops? Coalition members, list your ad in our newsletter for only \$35! Please submit your ad to: Newsletter Editor, wacoalition@frontier.com.

Code Fried, Part 2*: ICD-10 and DSM-5 Codes

A Presentation by Laura Groshong, LICSW and Tanya Ranchigoda, PhD, LICSW

On October 1, 2015, all the Diagnostic Codes that mental health clinicians use will be changed with the implementation of ICD-10-CM. These new codes are connected to DSM-5 and the new narratives for mental health disorders.

Learn how to make the necessary changes in your practice by attending this training, a continuation of the Coalition's efforts to educate its members and the mental health community over the past 5 years. Don't get "Code Fried"!

Our Lobbyist, Laura Groshong, LICSW, has been providing trainings on code changes for several years. Tanya Ranchigoda, PhD, LICSW, has

been a lecturer at the University of Washington School of Social Work on DSM-5 for several years as well.

Washington State Coalition of Mental Health Professionals and Consumers hopes to see you on June 12, 2015; details in box above. Note CEUs (for Masters' level clinicians only) included! Attendees who are not Coalition members may join the Coalition at a reduced rate to receive the reduced conference fee rate.

To pre-register, send an email to Cynthia Stover, cynthiastover@hotmail.com. Pre-registration is recommended, but not required. ☐

**Code Fried, Part 2*:
ICD-10 and DSM-5 Codes**

June 12, 2015 (Friday)

**Swedish Hospital
Glaser Auditorium**

**747 Broadway
Seattle, WA 98122**

*** Don't think you have missed something recent; Part 1 was more than a year ago.**

How the Crisis Clinic Helps Mental Health Professionals

24-Hour Crisis Line: 1-866-4CRISIS

We provide emotional support and linkage to emergency mental health services 24/7/365 for your clients.

Mental Health Consultation 24/7/365

Professionals can consult directly with a Crisis Supervisor (MHP) on issues such as suicide, accessing county-funded emergency mental health services or psychiatric hospitalization. Call our Business Line at 206-461-3210, press 1.

WA Recovery Help Line: 1-866-789-1511

We offer statewide 24/7/365 support and resource information for people with mental health, substance abuse, or

problem gambling concerns.

King County 211: Dial 211

We are part of a statewide system that provides information and referrals to a wide range of health and human services. Help for your clients who may need basic needs services, financial assistance, legal assistance, or physical health care.

Mental Health, Suicide Assessment, and Intervention Training

We offer a range of CEU-approved trainings on various topics.

More Information at www.crisisclinic.org



It's Time to Renew Your Membership

The Coalition

of Mental Health Professionals and Consumers

P. O. Box 30087 • Seattle, Washington 98113-2087

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Your dues support the Coalition's efforts to preserve ethical mental health treatment. Your dues also provide funding that supports legislative efforts, continuing education programs, our website, a Helpline, the newsletter, brochures, and our on-line member directory.

Thank you for your continued support! It makes possible what we do. Please renew promptly. With this year's renewal, you will be included in our on-line directory.

Send this form to:

THE COALITION, ATTN: MEMBERSHIP

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- ___ Bipolar
- ___ Grief and Loss
- ___ LBGTQ
- ___ Learning Issue
- ___ Medical Issues/Pain Managements
- ___ PTSD
- ___ Relationships
- ___ Stress
- ___ Work/Career

SPECIALTIES

- ___ Elders
- ___ Adults
- ___ Adolescents
- ___ Children
- ___ Infants
- ___ Family
- ___ Couples

PREFERRED TREATMENTS

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- ___ Cognitive-Behavioral
- ___ Interpersonal
- ___ Eclectic
- ___ EMDR
- ___ Somatic Transformation

___ Please check if you do not want to be included in the directory

___ Please check if you are willing to volunteer for the Coalition

___ occasional time-limited tasks

___ I will help with political efforts

___ ask me about other needs you have

___ I will help with newsletter or membership (circle)

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Professional Membership:

___ \$65 ___ \$115 ___ \$250

Student Membership:

___ \$15 ___ \$25 ___ \$65

Consumer Membership: FREE!

Renew Online at <http://www.wacoalition.org/renew.php>

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THE COALITION

Washington Coalition of Mental Health Professionals and Consumers

~ presents ~

SUICIDE ASSESSMENT and TREATMENT

by Robin Shapiro, LICSW

Choose from four dates offered in 2015:

Saturday, July 11 | Friday, September 11 | Saturday, October 24 | December 5

**Meets WA requirement for 6 hours of training in Suicide Prevention
for psychologists, MD's, ARNP's, and master's-level practitioners.**

Robin is an experienced clinician, consultant, and author. Her presentation is practical, entertaining, and engaging—an excellent program at a great price. **Sign up today!**

Pre-register: wacoalition.org ~ Coalition members: \$140 ~ Non-members: \$150
At the door: \$160