What is happening to your practice as a result of the Volk decision?

WASHINGTON STATE COALITION OF
MENTAL HEALTH PROFESSIONALS AND CONSUMERS

Advocates for Ethical Mental Health Care www.wacoalition.org Fall 2017

Volk Continues: Recent Developments

Laura Groshong, LICSW, Coalition Lobbyist

The *Volk* Decision, which has had a major effect on mental health practice, is a project that I have been working on since the Supreme Court decision came down last December. Here is a summary of the work that the Coalition has done since last December:

- SB 5800, which would have overturned the decision, passed the Senate but failed in the House Judiciary Committee. The Plaintiffs' Bar, and their ties with Democrats, were the main reason for this failure.
- The 20-member Task Force of clinicians and attorneys, which has been working on understanding the legal aspects of the case, has been meeting since May, with Sue Wiedenfeld, PhD, Coalition Chair, and me, representing the Coalition.
- The $140,000 study being conducted by the University of Washington Law School on how the *Volk* decision compares with other state laws about the duty to warn and the duty to protect is well underway; the Coalition was consulted as a stakeholder. The report will be made in late November, following a meeting with all stakeholders.
- After the results of the Law School report are known, a plan will again be made for legislative action to overturn the *Volk* decision to the degree that it puts unrealistic responsibilities on clinicians for the violent actions of current and past patients.

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Coming Events

THE VALENCE OF *VOLK*: PAST, PRESENT, AND FUTURE

NOVEMBER 4 - SEATTLE
DECEMBER 9 - SPOKANE

9:00 TO NOON
8:30 REGISTRATION

PRESENTED BY
LAURA GROSHONG, LICSW
AND
FRANCES SCHOPICK, JD, LICSW

UW SCHOOL OF SOCIAL WORK
ROOM 305

https://nasw-wa.org/event-registration/?ee=191

From the President

by Sue Wiedenfeld, PhD

Members of the Coalition,

We have all been concerned about the *Volk* decision. In this newsletter lead article, you will find an update on the many efforts that have been made to protect clinicians from unreasonable liability. Do read Laura Groshong's article, which will update you on the current status of the *Volk* decision, how it affects each of us, and what we can do. Don't miss the chance to hear more at "Valence of Volk: Past, Present, and Future" this Saturday, November 4, from 9-12. See box at left for more information.

We are welcoming Stacey McFarland, LICSW, to the Coalition board!

If you would like to get more involved in politics, please do read the article on PCO's (page 6) and what it takes to become one. This is a great time for clinicians to take a greater part in political decisions in our state.

We are also including an article on how to go about

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Interested in Joining a Women's Therapy Referral Service?

Are you interested in being part of a dynamic cooperative of skilled therapists? WTRS is much more than a therapy listing service. We provide clients with what they need to have ownership of the process and to be able to have a conversation about therapy in an approachable, safe way. In this day of hundreds of online therapist websites and therapist listing services, we are unique.

The client-therapist matching process is the heart and soul of WTRS. Potential clients who contact the Service are invited to an in-depth, face-to-face interview with the Referral Coordinator, who offers education and guidance regarding finding a therapist who would be a good fit. Based on the client's needs, personality, goals, and values, the coordinator matches the client with three therapists, and the client has the opportunity to meet and interview each.

The Women's Therapy Referral Service (WTRS) was founded in 1976 in response to a growing need for feminist therapists. The service was established to attend to this need and continues to thrive. WTRS is currently made up of over 40 women from many theoretical orientations and experience levels. We range from therapists near the start of our careers to seasoned therapists who have worked for decades in the field. Membership provides well-screened, customized referrals, a community of colleagues, and the opportunity to be part of a vibrant community service.

If you'd like to be considered for membership in WTRS, please review the criteria for joining (**www.therapyreferral.org**, click on the About Us tab to access For Therapists Interested in Joining Us link). If these criteria describe you and you'd like to learn more, please contact WTRS at **wtrs@seanet.com** or 206-634-2682. ✧

WHO YA GONNA CALL ????

Coalition Helpline:
206-444-4304

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

or

Text your ZIP Code to
520-200-2223
for your Representatives' Names/Numbers

Try it! :)

Legislative Hotline:
1-100-562-6000

From the President

Continued from Page 1

joining The Women's Therapy Referral service. See page 2.

Lastly, the Coalition plans for 2018 include "Starting a Practice" as well as "Passing the Baton". In "Passing the Baton", we are hoping to offer an opportunity for clinicians later in their career to meet those who may be available to take referrals. Those who were at Interruptions and Endings (read about it in this newsletter, page 6) heard about some of these plans. Watch for more information in the new year.

Happy Holidays!

Sue Wiedenfeld, PhD
Chair, The Coalition

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, wacoalitionmhpc@gmail.com.

CONTACT US

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Newsletter
Published by The Word Shop

My Sabbatical Story

by Ellie Hochman

In May, I eagerly awaited Laura Groshong's training on "Practice Interruptions and Endings." At the training I was just one week fresh into my planned three-month sabbatical. Sue Wiedenfeld asked if I would write a reflection for this newsletter. The opportunity to have a vehicle for self-reflection and to share the practical clinical learnings intrigued me, and I did not want to pass up such a gift to myself and a way to give back to the clinical social work community. I am just giving you a very brief intro to my beginning process (below), and I hope to write more about the clinical aspects of this journey in a future article.

What led me to my decision to take a three-month sabbatical? you may ask. Compassion Fatigue! I have spent 35 years in private practice (still doing that), 31 years of parenting (this is a forever job) and, most recently, five years of intensive care taking of my aging parents who died within two years of each other at age 94. As the only local child (and being a social worker…need I say more), I was fully engaged in their daily physical and emotional needs that came with both the living and dying in their 90's. In short, I was exhausted. I needed time to regroup. This is not an uncommon experience for so many caregivers, and I honor the variety of experiences of those who have come before me in this process. Being both a professional empath and a personal caregiver creates a specific type of struggle to find a way to meet our own needs at these developmental times.

Social work and clinical practice provide models for helping clients move through the grief process, helping them look into old material that is left unprocessed, what rituals to suggest, and processing the importance of taking as much time you need to grieve. We, as healers, especially need that reminder. After losing each parent, I went back to work after just one week. I was keenly aware of the meaning and the imagined consequences of taking more time off from my practice. My intuition was clear that I needed to create a sacred clearing in my life to go through my own processing and to get some rest while not taking care of the needs of others. This came into direct conflict with my identity as a therapist, which had at its core a deep commitment to my clients and passion for my work. It took me three months to even consider the idea of taking a sabbatical. I knew that to rejuvenate I needed to grieve, play, do clinical reading, play, reflect on my life… and play some more.

I struggled with questions about leaving my practice for an extended amount of time. I researched the ethical issues related to "deciding to take time off". I thought

deeply about how clients would experience this decision. I examined how my economic privilege was making this a possible option for me, and I brought this to others to process. The questions were endless, and I could not find many therapists who had taken a "self-care/wellness break" from their practices. I did look at the East Coast tradition of therapists taking August off. That was mildly helpful. In the end, I answered as many of my questions as I could with the help of several amazing people in the community. I am forever grateful for their input and guidance.

With their consultation, I developed a plan on how to slowly reduce my hours. I developed templates to streamline ways to document this process in my chart notes. I processed how I would answer the questions that my clients would have. I figured out a way to have three months of emergency coverage for my clients who chose not to transfer care to other clinicians, either temporarily or long term. I learned about setting appointment dates with clients who expressed interest in returning to my practice when I came back. And I most recently learned about the wisdom of a slow re-entry phase when returning to work. (Side note: all my clients who needed continued care returned to my practice.)

There are so many complicated layers to process when making a decision like this. In reflection, in the beginning I thought that taking three months (and not having travel as a reason) was impossible to even consider. Now I know how really important it is for us to look not at "if" we can do this for ourselves, but how we can encourage each other more to make this a bigger part of our work-life balance throughout the many developmental phases of our lives. ✧

CONTACT US

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wacoalitionmhpc@gmail.com

Website:
www.wacoalition.org

Member Profile: Stacey McFarland, MSW, LICSW, BCD

Hi! I'm Stacey McFarland. I joined the Coalition Board a year ago, after previously serving on the boards of the Northwest Alliance for Psychoanalytic Study and the Washington State Society for Clinical Social Work. My interest in the Coalition stems from its advocacy around insurance reimbursement rate cuts and around mental health parity issues. The Coalition's multi-disciplinary membership and its emphasis on practical action in the face of a complexly shifting health care environment have drawn me to it, allowing for a greater sense of empowerment in what so often can feel a David vs. Goliath set up, especially for those of us working as private practitioners.

I launched full-time into private practice in downtown Seattle in 2009, following a 10-year stint at the Redmond branch of Wellspring Family Services. After Microsoft employees and their families all the time on the Eastside, it was a pleasure to expand into working with people from a wider range of socioeconomic backgrounds and workplaces as found in the downtown corridor, though tech workers are still a major part of my practice.

My practice has always included working with seniors and caregivers, thanks to my start in mental health work at Elder Services in Spokane, WA, and then at Good Samaritan Mental Health's Older Adult Services program in Puyallup, WA. As a French major with a bachelor's degree from Wellesley College, I have always felt very fortunate that there was a hiring manager out there who was willing to look beyond the requested social sciences degrees to consider what I might have to offer. Minors in sociology and religion, I expect, may have helped. Regardless, I was given the opportunity to do in-home case management, nursing home consultation, treatment groups, and psychiatric home health, over this time, and I enjoyed tucking away tips about successful aging along the way.

It was graduate school that brought me to Seattle and the University of Washington in the late '90s. Having had the opportunity to assess and diagnose, I wanted to learn the science and art of treating mental health conditions. While I considered an MD, PhD, and other degrees to which I had been exposed, it was the Master of Social Work degree that won out because of its professional flexibility and the diversity of populations, settings, and roles it affords a practitioner to experience over a career.

A Washington native, I was raised with the windblown cows in Ellensburg until my teens and then graduated from high school in Spokane. Deciding on a college in the Boston 'burbs, I dubbed myself the "I-90 kid" and still expect that if that interstate extended over the Atlantic Ocean, it would have to pass through Aix-en-Provence, where I spent my junior year abroad.

My non-work interests include reading (a right proper pastime for a natural introvert), cooking, knitting, and making homemade batches of tonic water for ginned-up summer refreshment. I am a hot-spring lover, having enjoyed sylvan soaks in the mountains of Washington, Idaho, Montana, Oregon, and British Columbia, enjoying great conversations and the breaking of bread with fascinating people from all over the world and all walks of life. A lifelong cyclist and hiker, I've also had the privilege of traveling to far-flung lands, including France, Turkey, and

Colombia, to practice these sports. This past August, in fact, took me to Zambia, Botswana, and South Africa for up-close and personal encounters with leopards, lions, and bellowing elephants while on safari—the trip of a lifetime! ✧

If you are not getting Emails about our events, please Email us with your CURRENT Email address: **wacoalitionmhpc@gmail.com**. *This is the best way to get Coalition news.*

Volk Continues: Recent Developments, *continued from Page 1*

"The Valence of *Volk*: Past, Present, and Future" will be meetings sponsored by NASW, Washington Chapter, the Coalition, and the Clinical Society held in Seattle (November 4) and Spokane (December 9). This presentation will be made by Frances Schopick, JD, LICSW, and I, to explain *Volk* and how clinicians can protect themselves from the liability that it imposes. [Go to https://nasw-wa.org/event-registration/?ee=191 to register for Seattle, https://nasw-wa.org/event-registration/?ee=196 for Spokane.]

There is some disagreement in legal circles about whether the decision is a logical extension of Washington law, based on a 1987 *Petersen* case which applied to inpatient liability, or whether this is a new 'duty' to protect that overrides the '*Tarasoff*' requirement found in RCW 71.05.020. Many other states see *Volk* as a potentially huge increased liability, though no other states have passed a law, or had a judicial decision, like *Volk*. The Coalition will be working to make the decision one that allows us to so our clinical jobs without having to do the impossible, i.e., know when someone is likely to become violent, even after they have left our care.

History of Volk

The Washington State Supreme Court decided the case of *Volk v. DeMeerleer* (No. 91387-1) on December 22, 2016. The 2017 Legislature declined to undo the decision through legislation this session. The defendant in the case was a psychiatrist who had seen a very disturbed patient off and on over several years in Spokane; the patient had not mentioned intent to commit violent acts. The former patient then murdered two people three months after leaving treatment. The Supreme Court held as follows:

> "*We hold that Ashby (the psychiatrist) and DeMeerleer (the patient) shared a* ***special relationship****, and that special relationship required Ashby to act with reasonable care, consistent with the standards of the mental health profession, to protect the* ***foreseeable victim*** *of DeMeerleer…. The* ***foreseeability*** *of DeMeerleer's victim is a question of fact appropriately resolved by the fact finder*." (bold mine)

The Supreme Court overturned the trial judge in the case, holding that the judge was in error by using the standard in the *Tarasoff* case, which requires a licensed clinician to take reasonable precautions to protect only an *identifiable* victim that is threatened by a patient.

The Court instead relied on the case *Petersen v. State of Washington* (100 Wn.2d 421 (1983)), in which the Washington State Supreme Court found that Western State Hospital had a duty to take reasonable precautions to protect *anyone* who might be a foreseeable victim of a patient at Western State. It is important to understand that the *Petersen* case was decided in the context of inpatient treatment, while the therapist in *Volk* was a psychiatrist who saw patients on an outpatient basis. With the *Volk* holding, the Washington State Supreme Court appears to have created a new duty for outpatient clinicians: that a mental health clinician has a duty to take reasonable precautions to protect *anyone* who might foreseeably be endangered by the clinician's client—even individuals who have not been identified by the client.

The idea that an outpatient clinician can determine whether there is a "forseeable" risk of harm 1) to someone who has not been specifically mentioned to a clinician as a target of harm and/or 2) by a person who is no longer in treatment with the clinician is hard to fathom, but that appears to be the holding of the Washington State Supreme Court in *Volk*.

The case will now be returned to the trial judge to determine whether the individuals who were harmed by the therapist's client were "foreseeable" victims of the client.

Impact on Mental Health Clinicians

Due to the fact that the Washington State Supreme Court has decided to hold outpatient therapists to the *Petersen* standard, as opposed to the *Tarasoff* standard, we as clinicians need to consider what changes we may need to make to minimize our liability for patients who do not tell us they plan to harm a specific person, even if the treatment has ended.

Consultation is one of the best ways to protect ourselves from liability. When homicidal thoughts or actions are discussed, consultation should be considered, just as it would be when suicidality is discussed.

Clinicians should gather information on patients who may become homicidal (or suicidal; they are often related). Of course, there is no way to determine whether a patient is likely to become homicidal or suicidal when he or she is no longer in treatment, but making these assessments while a patient is in treatment is a best practice.

Please let me know if you have any questions about *Volk*. More reports will be coming soon. Contact: Laura Groshong, LICSW, lwgroshong@comcast.net, 206-524-3690. ✧

Quick! What Is a PCO, and Why Should You Be One?

The Coalition is happy to see there is growing political interest among mental health clinicians in the past year. We want to do everything we can to promote this interest, beginning with the most basic form of politics—the Precinct Committee Officer (PCO). Some of you may already be well aware of what it means to be a PCO, others less so. Here is your tutorial on what it means to be a PCO and how to become one.

The old saying, "all politics is local," probably comes from the concept of the PCO. There are 49 state districts in Washington and each of them is divided into precincts, between 50 and 100 per district, with an officer that runs each precinct. An effective PCO can have a significant impact on a given election.

You may not know that, if you become a PCO, you will be an elected official. Every PCO has to be elected by her precinct. There is usually not much competition, but there can be. To register to be on the ballot, fill out the form that can be found online or at your district office [or below]. Ideally, you will become a PCO prior to important elections, i.e., before 2018 when all state representatives and half our senators will be up for re-election. While the PCO is not directly connected to statewide or national elections, by calling precinct meetings the PCO can foster discussions that will influence these elections. These meetings are usually once or twice a year prior to election cycles.

There is usually a fair amount of support for PCOs from your district. There are typically monthly meetings that you do not have to attend but where you can get guidance from experienced PCOs and district administration.

The amount of work a PCO has to do depends on the make-up of her district. You must register as a Democrat or a Republican. If you are in a district that is mainly the party you register for, you will have more work to do, and vice versa. In general, a PCO is likely to have 100-200 voters to round up to vote. This is the primary task of the PCO—GETTING OUT THE VOTE! While this has changed a little since Washington went to mail-in ballots, I have been amazed how many people who didn't plan to vote will do so if the PCO shows up at their door. This task usually takes a couple of afternoons within two weeks of an election.

The benefits of becoming a PCO are getting to know your neighbors, exercise(!); and being empowered to influence state elections. We are currently in a state which has closely divided members of House and Senate. To help patients have access to mental health services—and oppose the terrible *Volk* decision, we will need help from our legislature. Become a PCO and help make it happen! ✧

Mental Health Clinical Practice: Interruptions and Endings

The Coalition cosponsored this presentation with the Washington State Society of Clinical Social Work on June 17, 2017. Our own lobbyist, Laura Groshong, LICSW, led everyone who attended through discussions of several of the issues related to cutting back a practice, temporary interruptions, and ending a practice, whether planned or sudden. The format included small groups, which were an excellent format for having attendees share their perspectives.

Laura brought forth many issues such as the nuts-and-bolts tasks of interruptions and endings as well as the emotional meaning for both therapists and clients. These issues were further explored in the groups. Laura also presented related legal and financial considerations, including a template for a professional will, which includes a plan for a person (colleague or executor) to act on your behalf to protect client records if illness or death were to render you unable to do so.

The presentation was very well attended, and the topic generated a tremendous amount of discussion throughout the day. By the end of the day it was clear that there were some folks interested in further discussing retirement, so a plan was set to arrange for those folks to meet separately. ✧

Retirement follow-up group to Interruptions and Endings.

- Likely meeting every 1-2 months
- First meeting Saturday, November 11, 9:30 a.m.
- Sue Wiedenfeld's home
  Call for directions 206-930-2343

PCO Declaration of Candidacy

Filing Data ***For Office Use Only***

Date _____ Fee Paid $_____ Filing No. _____ Precinct # _____

Paid by: ☐ Check ☐ Cash Staff Initials _____ Voter Registration ID _____

DECLARATION OF CANDIDACY
PRECINCT COMMITTEE OFFICER

1. I, _____, declare that I am a registered voter residing at:
(PRINT NAME AS YOU ARE REGISTERED TO VOTE)

_____ WA
(STREET ADDRESS OR RURAL ROUTE) (CITY) (ZIP)

that I am a registered voter in _____ precinct, that I declare myself a candidate for the position of Precinct Committee Officer for the _____ Party,
(DEMOCRATIC / REPUBLICAN)

to be elected at the Primary Election, and I am paying the filing fee of one dollar required by RCW 29A.24.091.

Further, I declare, under penalty of perjury, that I will support the Constitution and laws of the United States and the Constitution and laws of the State of Washington.

X _____
(SIGNATURE OF CANDIDATE) (DATE)

Contact Information: _____
(TELEPHONE NUMBER) (EMAIL ADDRESS)

_____
(MAILING ADDRESS, IF DIFFERENT FROM RESIDENTIAL ADDRESS)

2. Please print my name on the ballot exactly as follows:

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Join the Coalition

The Coalition

of Mental Health Professionals and Consumers

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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. You will be included in our on-line directory.

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THE COALITION, ATTN: MEMBERSHIP

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NAME _____ **Degree**_____ **Type of License** _____

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City _____ **State** _____ **ZIP** _____

PHONE **Work** (_____) _____-_____ **Email** _____

LOCATION OF PRACTICE

City _____

Neighborhood _____

SPECIALTIES

_____Elders
_____Adults
_____Adolescents
_____Children
_____Infants
_____Family
_____Couples

PREFERRED TREATMENTS

_____Psychoanalytic
_____Cognitive-Behavioral
_____Interpersonal
_____Eclectic
_____EMDR
_____Somatic Transformation

PROBLEMS TREATED

_____Abuse
_____Addiction
_____Anxiety/Depression
_____Bipolar
_____Grief and Loss
_____LBGTQ
_____Learning Issue
_____Medical Issues/Pain Managements
_____PTSD
_____Relationships
_____Stress
_____Work/Career

_____ **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)

Legislative District: WA: _____ National: _____ Don't know? Call 1-800-448-4881

I/WE can support the Coalition at the following level:

Professional Membership:

____ **$75 (Ally)** ____ **$100 (Advocate)** ____ **$150 (Activist)**

Student Membership: _____ $25

Consumer Membership: _____ $25

Renew Online at http://www.wacoalition.org/handleDirectoryInfo.php?action=renew

THANK YOU for supporting THE COALITION