# Three Upcoming Events

WASHINGTON STATE COALITION OF
MENTAL HEALTH PROFESSIONALS AND CONSUMERS

Advocates for Ethical Mental Health Care wacoalition@verizon.net **Spring 2008**

## Summary of Registered Counselor Reorganization

**Laura Groshong , LICSW, Coalition Lobbyist**

The author wishes to thank Scott Edwards, LMFT, WAMFT Past President, and Adrian Magnuson-Whyte, LMHC, WMHCA Legislative Chair, for their help in preparing this document.

***Introduction***

2SHB 2674, called Modifying Credentialing Standards for Counselors, passed the Washington State Legislature on March 8, 2008, and was signed by the Governor on March 25. This bill will reorganize the registered counselor category, creating eight new regulatory titles and categories for the 18,500 individuals who were previously in the registered counselor category. The reorganization of the registered counselor category represents a huge step forward in the protection of people who use mental health and counseling services in Washington, a group that were never fully informed about the differences between the various state-sanctioned counseling and mental health titles. This bill represents thousands of hours of work on the part of licensed mental health clinicians, psychologists, chemical dependency professionals, registered counselors, the Department of Health, the Governor, the Legislature, the press, and consumers.

*(Continued on page 2)*

### Spring Events!

**May 17**
Saturday
9:30-12 Noon
**Psychological Trauma: Treatment and Perspective**

**June 4**
**Medication: When, Why**
Wednesday
7:00 to 9:00 p.m.

**June 25**
**Registered Counselors**
Wednesday
7:00 to 9:00 p.m.
**See Page 5**

## Summary of Record-Keeping Talk

**Laura Groshong, LICSW**

Steve Feldman, Ph.D., and I presented a 90-minute talk to about 26 Coalition members on January 30 about record keeping in Washington called "*You Say Potato, I Say Potahto: Clinical Record Keeping in Washington.*" Some legal and ethical requirements vary by discipline for record keeping in Washington; some are based on state and Federal laws. HIPAA is the Federal law that has the most impact on record keeping in Washington.

This presentation summarized the ethical and legal standards for clinical record keeping in Washington and sparked lively discussion as the various differences in standards became evident.

The table on page 7 summarizes the standards.

### Save the Dates

- Panel on Psychological Trauma: Treatment and Perspectives
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- The When and Why of Considering Medication
  June 4 / page 5
- Registered Counselor Reorganization
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## Registered Counselor Reorganization, continued from page 1

*Background on Registered Counselors*

The reorganization of the registered counselor category has been an active work in progress for the past two years. Many mental health clinicians and others concerned about protecting the public have been appalled by the 20-year existence of this category, which allowed anyone to pay $40 and take a 4-hour HIV/AIDS course to become a 'registered counselor'. The registered counselor category was created in 1988, because of complaints from a vocal group of many alternative counselors, including wiccans, spiritual counselors, voice dialoguers, flower-essence counselors, laughing-yoga therapists, and other counselors using dozens of other alternative methods that they needed a state-sanctioned category without any educational, experiential, supervisory, or examination requirements. Some registered counselors had a Master's degree in a mental health field, but chose not to become licensed because they could. Though it was not clear at the time, in creating the registered counselor category, Washington became the only state to give potentially untrained and uneducated mental health counselors a state-sanctioned title (Maine has since added a registered counselor category of about 200).

In April 2006, *The Seattle Times* ran a series on the registered counselors, "Licensed to Harm," which was nominated for a Pulitzer Prize and brought wide attention to the problems of a regulatory category which allowed anyone to use a title that implied they were qualified to provide counseling services. By 2006, the number of registered counselors had grown to approximately 17,000. The current number of registered counselors is about 18,500. A DOH Task Force and Work Group studied the ways to develop some standards for the registered counselors in more than 100 hours of meetings in the summers of 2006 and 2007. The changes below are the result of their work. I was a member of both groups.

*Changes to Registered Counselor Practice*

The changes this bill will implement are as follows:

1. **Registered Counselor Category -** the registered counselor category will end on July 1, 2010.

2. **New Categories -** eight new categories for anyone who was previously a registered counselor will begin on July 1, 2009. All registered counselors must be in one of the new categories by July 1, 2010 to have a state sanctioned title as a non-licensed counselor.

3. **Associate/Trainee Categories -** five of the new categories are for candidates working toward a mental health license or a substance abuse certification. The new categories will become part of the RCWs which are the homes for the license being sought. The new titles are: Licensed Social Work Associate – Advanced; Licensed Social Work Associate – Clinical; Licensed Mental Health Counselor Associate; Licensed Marriage and Family Therapist Associate; and Certified Chemical Dependency Trainee. The only new requirement which may be put in place for these categories beyond the education, experience, and supervision requirements necessary for licensure as an Advanced Social Worker, Independent Clinical Social Worker, Mental Health Counselor, Marriage and Family Therapist, or certification as a Chemical Dependency Professional, will be Continuing Education. The continuing education requirement will be determined in Rule by the Department of Health.

4. **Agency-Affiliated Counselor -** one new category will be created for any registered counselor working in an agency licensed or certified by the state, including all agencies with DSHS oversight. The new title for this category will be Agency-Affiliated Counselor. The only new requirement which may be necessary besides the current supervisory and educational requirements in place for these positions could be Continuing Education. This requirement will be determined in Rule by the Department of Health.

5. **Certified Counselor and Certified Adviser -** two new categories will be created for registered counselors currently working independently who meet the new criteria for independent practice. The new titles for these categories will be Certified Counselor and Certified Adviser. There are several new requirements for these categories (below, #6-9).

6. **Certified Counselor Requirements** – anyone wishing to become a certified counselor must 1) have completed at least a bachelor degree in a counseling related field; 2) have 5 years of experience as a registered counselor with no actionable complaints; 3) have completed coursework in core competencies, ethics, Washington law, and risk assessment to be determined in Rule by the Department of Health; 4) pass an examination on core competencies, ethics, Washington law, and risk assessment to be developed by the Department of Health; 5) have the following language in their Disclosure Statement: "Any individual certified under this chapter is not credentialed to diagnose mental health disorders or to conduct psycho-therapy." and "The certification of an individual under this chapter does not include a recognition of any practice standards, nor necessarily imply the effectiveness of

*(Continued on page 4)*

## Grief and Mourning Reconsidered: A Clinical Conversation with Renee Katz, Ph.D. and Bev Osband, Ph.D.

Most therapists would agree that in one form or another, loss is one of the most frequently-cited reasons for seeking therapy. Death-related loss may be particularly challenging to the therapeutic relationship as it stirs such powerful countertransference responses.

On March 8, members of the Coalition convened to explore issues related to grief and mourning in a discussion facilitated by Renee Katz and Bev Osband. It became clear, as Renee asked participants to reflect on their basic assumptions about grief and mourning, that those gathered at the Good Shepherd Senior Center were no strangers to working with these issues. There was a shared awareness of the individual nature of the grief process that one cannot set a timetable for the evolution or resolution of grieving, that each of us expresses, experiences, and articulates our grief differently.

Together we explored the terrains of "normal" vs. "pathological grief," emphasizing, again, the individuality of the grief process and acknowledging that what might seem "pathological" to one person might be reframed as unsuccessful or maladaptive strategies to maintain and protect attachment.

Bev shared her own experience of the loss her daughter many years ago as a result of a bicycle accident, and her efforts to come to terms with her pain. In particular, she focused on how disheartening Freud's treatment of mourning in his 1917 paper, "Mourning and Melancholia," has so enduringly affected the psychodynamic and psychoanalytic responses to patients who are mourning. For Freud, the goal is to work through the painful feelings and to fully detach libido from the lost object. Failing this progression, means, in essence, falling into melancholia. Bev asked, "How can a mother fully relinquish her attachment to her lost child?"

As the group explored Bev's experiences and some additional clinical vignettes, the discussion broadened to include the awareness that even as death-related loss is a challenge in the consulting room, it is also challenging to deal with other types of serious loss. One participant spoke of grappling with the on-going need to integrate her own loss experience as the mother of a disabled child into her clinical practice, in essence the special kind of countertransference that comes with being a parent and therapist when one is dealing with one's own grief and mourning.

Renee offered an overview of some of the most current research on grief and mourning, summarizing various models that go far beyond the early stage models we associate with Kubler-Ross. In particular, she spoke about Stroebe's "Dual Process Model," looking at how the work is oriented toward the grief work involved, not so much is letting go of the deceased but rather in coming to a new relationship that acknowledges the death, but recognizes that the relationship endures in new ways even as one moves along in life. Renee briefly explored Martin and Doka's work, which demonstrates the differences between "intuitive" and "instrumental" grievers—i.e., the intuitive are more likely to be more expressive in their grief, to cry, vent, and to need and seek the support of others, whereas the instrumental grievers tend to modulate their feelings in less expressive ways, immersing themselves in physical activities, problem solving, or perhaps building a memorial or taking on a project that memorializes the deceased.

Last, Renee noted that recent studies show that, whereas earlier research emphasized sadness and depression as the major affective responses to loss, current studies suggest that the dominant response is yearning and pining after the deceased. As the discussion concluded, there was a warm sense of openness among the participants, feelings of appreciation for what presenters Renee and Bev had brought as well as for the richness of what everyone present shared.

As a group, we left the meeting with the wisdom that mourning is not something to be finished (Gaines, 1997, p.568), but rather it is "the means by which human beings maintain the vital meaning of the lost relationship in their psychological and social lives" (Hagman, 2002, pp. 22-23).

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**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**

## Registered Counselor Reorganization, continued from page 2

any treatment."; and 6) have a written agreement with a licensed mental health clinician, or other individual qualified to be a consultant to be determined by the Department of Health, who will be a consultant responsible for determining whether a potential client is within the certified counselor scope of practice. Certified counselors must disclose the fact that they have a consultant in their Disclosure Statement.

7. **Certified Adviser Requirements -** anyone wishing to become a certified adviser must 1) have completed at least an associate degree in a counseling related field and a mental health internship; 2) have 5 years of experience as a registered counselor with no actionable complaints; 3) have completed coursework in core competencies, ethics, Washington law, and risk assessment to be determined in Rule by the Department of Health; 4) pass an examination on core competencies, ethics, Washington law, and risk assessment to be developed by the Department of Health; 5) have the following language in their Disclosure Statement: "Any individual certified under this chapter is not credentialed to diagnose mental health disorders or to conduct psychotherapy," and "The certification of an individual under this chapter does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment;" and 6) have a written agreement with a licensed mental health clinician, or other individual qualified to be a supervisor determined by the Department of Health, who will be a supervisor responsible for determining whether a potential client is within the certified adviser scope of practice. Certified advisers must disclose the fact that they have a supervisor in their Disclosure Statement.

8. **Certified Counselor Scope of Practice -** certified counselors may counsel and guide a client in adjusting to life situations, developing new skills, and making desired changes, in accordance with the theories and techniques of a specific counseling method and established practice standards, if the client has a Global Assessment of Functioning (GAF) score greater than sixty, as determined by the certified counselor and consultant to the certified counselor. Certified counselors must be trained in determining GAF scores as defined in DSM-TR-IV in ways to be determined by the Department of Health. Certified counselors may counsel clients with a GAF score of less than 60 if a client is referred to them by a licensed mental health professional or physician, but are prohibited from counseling any individual with a GAF score of less than 50.

9. **Certified Adviser Scope of Practice -** certified advisers may counsel and guide a client in adjusting to life situations, developing new skills, and making desired changes, in accordance with the theories and techniques of a specific counseling method and established practice standards, if the client has a Global Assessment of Functioning (GAF) score greater than sixty, as determined by the certified adviser and the supervisor to the certified adviser. Certified advisers must be trained in determining GAF scores as defined in DSM-TR-IV in ways to be determined by the Department of Health.

10. **Theory Base and Orientation** – all applications for agency affiliated counselor, certified counselor, or certified adviser must include a description of the applicant's orientation, discipline, theory, or technique.

11. **Advisory Committee –** a new advisory committee will be created which will advise the Department of Health on the certified counselor, certified adviser, and registered hypnotherapist regulatory categories.

*Summary*

2SHB 2674 creates eight new regulatory categories. There will now be eight new scopes of practice; new titles; educational requirements; supervisory/ consultation requirements; and coursework requirements and an examination for registered counselors who wish to work independently. No one

who has less than an associate degree in a counseling field will be allowed to join any of the new categories. There are four new associate categories for licensure candidates in mental health fields who have completed their Master's degree and one new category for certification candidates in chemical dependency who have completed their bachelor degree. There is also a new category for all registered counselors working in state licensed or certified agencies. Much of the implementation of 2SHB 2674 will be determined in Rule by the Department of Health. Applications for the new categories, will begin on July 1, 2009. The registered counselor category will be closed on July 1, 2010.

*Join the Coalition*

Dues

| | |
|---|---|
| Member | $65 |
| Student | $15 |
| Consumer | Free |
| Organization | $124 |

CONTACT US

Email: wacoalition@verizon.net

Website: www.wacoalition.org

# Three Upcoming Events

**The Washington State Coalition of Mental Health Professionals and Consumers** invites **YOU**!!

## To the Panel Discussion Series of 2008 — Third Topic: PTSD

**WHAT IS IT?** A chance for clinicians to hear experts discuss cases and answer questions in the third in a series of topics: **Psychological Trauma: Treatment and Perspective.**

**WHAT IS IN IT FOR YOU?** An interesting and lively discussion, a great way to earn continuing education credits, and a way to spend a Saturday morning with friends and colleagues.

**WHEN? May 17** (Saturday) from 9:30 to 12 noon.

**WHERE?** The Wallingford Senior Center in the basement of the Good Shepherd Center, 4649 Sunnyside Ave N, Seattle 98103.

**WHAT?** The third panel discussion in the series: Psychological Trauma: Treatment and Perspective.

**WHO? Robin Shapiro, MSW, LICSW** and **Frank Kokorowski, MSW, LICSW.**

**2 CEUs**

| | |
|---|---|
| $40 | Coalition members |
| $50 | Non-members |
| $90 | New membership plus admission |
| $15 | Students |

**Pay at the Door**

**Join us** for this interesting morning!!

*Non-members Welcome*

Register at wacoalition@verizon.net
E-mail your name and phone

**CONTINUING EDUCATION UNITS** (PENDING)

**CME**: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of The American Psychoanalytic Association and the Seattle Psychoanalytic Society and Institute.

The American Psychoanalytic Association is accredited by the ACCME to provide continuing medical education for physicians and takes responsibility for the content, quality, and scientific integrity of this CME activity. The American Psychoanalytic Association designates this continuing medical education educational activity for 2 credit hours (1.5 credit hours for the Wednesday evening meetings) in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

**CPE**: This presentation also meets the requirements of WA 308-122-520 (Definition of Category of Creditable CPE).

**CEU**: This Workshop has been approved for 2 CEUs (1.5 CEUs for the Wednesday evening meetings) for Licensed Social Workers, Mental Health Counselors, and Marriage and Family Therapists by the Washington State Society for Clinical Social Work.

**Disclosure information** is on record indicating that participating faculty members have no significant financial relationships to disclose.

## The When and Why of Considering Medication

**Wednesday, June 4**
**7:00 p.m. to 9:00 p.m.**

Germaine D'Anniballe, MN, ARNP

1.5 CEUs
$35 Members
$45 Nonmembers

Good Shepherd Center
4649 Sunnyside Ave N
Seattle 98103

Non-Coalition Members Welcome
Invite Your Friends

## Everything You Want to Know about Registered Counselor Reorganization and Aren't Afraid to Ask

**Wednesday, June 25, 7 to 9 p.m.**

Laura Groshong, LICSW

1.5 CEUs
$35 Members
$45 Nonmembers

Good Shepherd Center
4649 Sunnyside Ave N
Seattle 98103

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## Changes to Sexual Misconduct Rules

**Laura Groshong, LICSW**

*In short, the standard for sexual misconduct will go from no sexual activity with a former patient for two years post termination to never having a sexual relationship with a former patient post termination.*

There has been a significant change to the rule governing what constitutes sexual misconduct for licensed marriage and family therapists, licensed mental health counselors, and licensed clinical social workers. As of April 19, 2008, the Department of Health will change the standard for sexual misconduct for LMFTs, LMHCs, LICSWs, and LASWs to the following:

**WAC 809-246-049**
Sexual Misconduct
(1) The definitions and prohibitions on sexual misconduct described in chapter 246-16 WAC apply to licensed marriage and family therapists, licensed mental health counselors, and licensed social workers except WAC 246-16-100 (3) and (4).

(2) A licensed marriage and family therapist, licensed mental health counselor, or licensed social worker shall never engage, or attempt to engage, in the activities listed in WAC 246-16-100 (1) with a former patient, former client, or former key party.

In short, the standard for sexual misconduct will go from no sexual activity with a former patient for two years post termination to never having a sexual relationship with a former patient post termination. There is variation in mental health codes of ethics about whether and/or when clinicians may have a sexual relationship with former patients without being exploitive.

This new standard in Washington is in line with social work codes of ethics. This standard will also apply to registered counselors, registered hypno-therapists, and chemical dependency profess-sionals.

Psychologists, psychiatric nurses, and psychiatrists still have the standard of permitting sexual relationships with former clients after two years post termination. The Boards covering these disciplines are likely to review their standards in light of the new standard that has been in place for other mental health clinicians.

## How Psychiatric Medications Affect the Brain

**Susan Engman, PhD**

I was fortunate to attend the Coalition's event on "How Psychiatric Medications Affect the Brain, the Person, and Therapy" given by Germaine D'Anniballe, MN, ARNP, on March 19. The topic is relevant to my practice as a psychologist, and I must admit that my knowledge on the subject needed updating because changes in the medication world are rapid. Having the opportunity to learn more about psychopharmacology in a "user-friendly" manner was appealing to me.

The presenter was an excellent speaker and an expert in the area of the impact of medications on the person and therapy. She had a rich background of experience and was open and willing to share her expertise. As someone who both prescribes and does therapy, Germaine was able to integrate clinical therapeutic issues into her presentation on medications and their effects. After a fast two hours, I left with a significantly better understanding of brain physiology, how medications work, and some helpful case consultation. As a group, we felt this to be excellent training, and we all requested another evening with Germaine to continue the conversation and bring specific questions to her.

I recommend coming to the next event, no matter what your level of knowledge about medications and their effects.

I am grateful to the Coalition for sponsoring these educational experiences that are relevant to our practices. It is an opportunity to interact with multi-disciplinary professionals, network, meet new people, connect with others in the Coalition, and learn something new. Thank you, Coalition Board, for this excellent program.

## Comparison of Mental Health Disciplines in Record Keeping



| Discipline | Yrs. Retained (WA) | Yrs. Retained (Federal) | Ethical Codes on Record Keeping |
|---|---|---|---|
| **ARNP** | **6 yrs.** | **5 yrs. (Medicare)<br>6 yrs. (HIPAA)<br>30 yrs. (OSHA)** | (Amer. Nurses' Assn., (V.1)1994) Psychiatric nurse maintains client confidentiality and appropriate professional boundaries. |
| **LICSW/LASW** | **5 yrs.** | **5 yrs. (Medicare)<br>6 yrs. (HIPAA)<br>30 yrs. (OSHA)** | (NASW, Code of Ethics,Sec.1.07,1992, and CSWF, Codes of Ethics, Principle III, 1997) – CSWs maintain the privacy of current or former clients and the confidentiality of all material transmitted to them unless disclosure without written consent will prevent imminent harm; CSWs disclose the minimum information necessary at all times. |
| **LMFT** | **5 yrs.** | **N/A (Medicare)<br>6 yrs. (HIPAA)<br>30 yrs. (OSHA)** | (AAMFT Code of Ethics (2.2),2001) – MFTs do not disclose confidences except by written authorization, including information from one individual to another in a couple. |
| **LMHC** | **5 yrs.** | **N/A (Medicare)<br>6 yrs. (HIPAA)<br>30 yrs. (OSHA)** | (ACA Code of Ethics, (B.1.a)1996) – MHCs respect clients' right to privacy, avoid illegal/unwarranted disclosure of confidential information, unless imminent harm to self or other; must inform clients of legal limits of confidentiality. |
| **Psychologist** | **8 yrs.** | **5 yrs. (Medicare)<br>6 yrs. (HIPAA)<br>30 yrs. (OSHA)** | (APA, Code of Conduct, Sec.5.04-5, 1992) – Psychologists maintain confidentiality in creating, storing, accessing, transferring and disposing of records; disclosing of records without written consent shall occur only when legally required. |
| **Psychiatrist** | **7 yrs.** | **5 yrs. (Medicare)<br>6 yrs. (HIPAA)<br>30 yrs. (OSHA)** | (APA, Med. Ethics in Psychiatry, Sec. 4,2001) – Psychiatric records, including identification of patient, must be protected with extreme care; only disclosed with patient authorization or under proper legal compulsion. |
| **Registered Counselor** | **5 yrs.** | **N/A** | No official code of ethics – subject to Washington state privacy laws. |

## Suicide: What Happens to Those Left Behind?

**Blake Werner, PsyD**

On January 26, 2008, Donna James, PhD, and Robert Odell, MSW, LICSW, gave a presentation entitled "Suicide: What happens to those left behind?"

The presentation provided Coalition members insight into the emotions experienced by those who have lost a loved one, co-worker, or client to suicide. Robert called it "setting the bones straight" as he helped grieving employees deal with the loss of a co-worker.

Donna discussed her dissertation work interviewing professionals who have lost a client to suicide. There was ample time for Q&A as well as comments from those present as many us have been touched by these tragedies.

It was an excellent and thoughtful presentation.

**The Coalition** of Mental Health
Professionals and Consumers
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Seattle, WA 98103

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