FALL 2015 VOLUME 35 ISSUE 2

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WASHINGTON ASSOCIATION FOR DESIGNATED MENTAL HEALTH PROFESSIONALS

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WHAT'S IN THIS ISSUE?

Page 2: "Letter from Editor"

Page 6: Zen and the Art of Involuntary Detention –1988

Page 8: Detention statistics from 1991 and 1993 issue of Frontlines

Page 10: Upcoming WADMHP Conference– "Ethics"

Letter from the President

Greetings,

I hope everyone is enjoying this beautiful fall weather! As the year is heading towards an end, I can't help but wonder what changes may happen in our work by this time next year.

I recently covered a shift in our office. After it was over, I thought about how different the work is now from when I started. The risks are the same, the needs of the patients, families, and other systems are the same, but there are so many additional steps that occur depending on the outcome of each investigation. When I started doing this work, I would meet with the individual in crisis, gather collateral information, and if I the individual met criteria for hospitalization, I would look for a bed. I only wish things were so simple now.

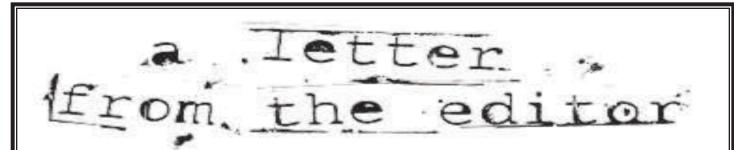
Recently, a very experienced DMHP in our office told me how hard it is to remember all the additional requirements added to the work in the last few years. She suggested flow charts be made to remember who to call, where to fax, and what to document for each possible outcome depending on the many variables of each investigation. DMHPs continue meeting with people who are in acute crisis on a daily basis, break the news of

our outcomes as gently as possible to families and other providers, and at times, put ourselves in less than safe situations doing our job. Now, we also have to remember to speak with the ER physician to determine whether or not they agree with our decision, notify the state if a person is found detainable but no bed is available, remember to notify family of their right to petition the court to have their family member detained, and document it all. We sometimes have to walk away from cases due to lack of bed availability, remember to fax petitions to court liaisons, and the office of assigned counsel, and don't forget to let your manager know that a patient went to King County so they can request phone testimony.

When all the new requirements and changes overwhelm me, I have to remind myself why I do this work. It's for the same reason we all do it. To make sure the most vulnerable get the help they deserve and to protect the individual who wants to live their life they way they chose. I remind myself and all of you not to forget that and in case you have not heard it lately, thank you for being one of the few willing to do it.

Sincerely,

Tiffany Buchanan



Dear DMHPs out there all over the state,

This is a very special issue of Frontlines. Partly because it is my first letter as editor that I have completed. But also because it has historical features. I wanted to have a chance to share how proud I am that I have been given opportunity to complete this newsletter twice a year. I myself have wished that we had more opportunities to communicate with each other and hear how we do our work across the state, especially right now with all the changes we have happening in mental health law, whether that be at conferences, through the website, or through

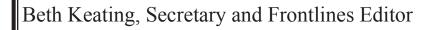


the newsletter. How is everyone doing with the changes?

I write this letter now as a way to help bridge any gaps between our counties with this newsletter. By asking you, my fellow DMHPs, to write me with suggestions of articles that would help us with our work, I hope to encourage participation and reduce that gap. Or, write me with reactions to articles we publish. Reach out!

This current issue is a "Throwback" Issue due to the inclusion of previously published work in Frontlines. As secretary, I have in plastic bins Binders organized with previous Frontlines issues dating back to

1988. It has been interesting reading. It is fascinating to see the changes that have occurred over the years in our work and the issues that were important to us back then. But I was truly humbled by how much has <u>not</u> changed. One of the earliest articles I was able to find, was one of my favorites. Partly because I believe it something we must all struggle with today. We are under even more pressure and our job continues to become more and more difficult, but somehow we continue to do it.





"MY TIME AT DMHP ACADEMY" Brittany Jensen, Crisis Supervisor, Clallam Co.

After an absence of several years being a DMHP, I was hired in Clallam County in June 2014. One of the first things I was informed of by my supervisor was the fact that DMHP Academy was being re-instated and that I would be attending one of the sessions. Since I had not attended an Academy when I was a DMHP in a former life, I was guite excited as she described what to expect. She told me to expect to learn how other counties manage the challenges of following the law and best clinical practices. She told me to expect to learn more about the subtleties of the laws and the intent behind them. She told me to expect to work hard and learn a lot. Her description, although accurate, was also not complete.



While I experienced everything she said, it is impossible to put into words the value of this experience. As a New DMHP Supervisor

and returning to DMHP work, I was coming in with a unique perspective. The DMHP association did a fabulous job of ensuring that we addressed the issues unique to DMHP work. The presenters were all knowledgeable and provided me much insight into some of the things that we all do, but that I really never knew WHY, or even thought to question until after this experience. Hearing the struggles of the DMHPS working in rural areas, similar to myself, and comparing that to the issues that are unique to metropolitan areas provided valuable insight into DMHP work in general, and why each county may or may not do the same thing. I took away many ideas and procedures which I have since tried to implement in my own county. Some have worked fabulously for us; others have not been as successful or helpful in Clallam County, but I know now what to build from.

As wonderful as the knowledge gained was, I don't see this as the most important thing I got from my time at the Academy, however. The most meaningful, long lasting impact was the ability to meet many great people, from all over the state, with whom I would form lasting bonds. Some of us are Facebook friends. Others I have contact with, personally or professionally, on a regular basis. When something comes up that I need to bounce off someone. I have contacts throughout the state that I can discuss and find out how they handle things. I went to the Spring Conference, and saw many familiar and friendly faces. Before the Academy, I felt like Clallam County was so isolated that we just had to deal with the unique struggles we face. Since the Academy, I now know that there

are people in the exact same situations, facing the same struggles, and have made connections that will last over time.



Review of 2015 Spring Conference in Vancouver, WA

-Jessica Shook, Treasurer

The Washington Association of Designated Mental Health Professionals held our spring conference June 17, 2015 at the Hilton Hotel Conference Center



in Vancouver, Washington this year. Twenty-five DMHPs, representing all corners of the state, gathered to learn and discuss legislative updates and working effectively with the Department of Corrections.

The change of venue was not appreciated by everyone – parking difficulties, an inconsistent wi-fi connection, and an accident on I-5 the day of the conference created havoc for attendees. Concerns and comments have been forwarded to our host, the Washington Community Mental Health Council. The spring conference is offered in connection with The Washington Behavioral Healthcare Conference every year.

In a discussion led by David Kludt, in his last conference as the Association's liaison to the state, legislative updates were of particular concern this year – changes to the single bed certification process (E2SSB 5649), the introduction of assisted outpatient treatment (HB 1450), and most notably, the passing of Joel's Law (SB 5269).

Dr. Bart Abplanalp, with the Department of Corrections, provided information for DMHPs regarding the process for evaluation and treatment of mentally ill offenders within the system, situations in which DOC can provide mental health treatment for offenders, and situations in which the involuntary treatment assessment process is required. DMHPs were also provided the contact information for the Warrants Desk in the Olympia office (360-725-8888). DMHPs who have questions about DOC record or community monitoring status for an individual they are assessing can call and receive information.

IT's ELECTION TIME AGAIN

Become Part of the WADMHP Board

"The following positions are up for re-election,"

2nd Vice President

Secretary

Elections will be held at beginning of Lunch meeting on Thursday October 15th at Fall Conference

We have two DMHPS interested but always are excited for more to get involved!

Email wadmhp@gmail.com if you are interested in being put on the list for running and which position or if you would like to enter an absentee ballot.

Nominations must be submitted by email by end of day Oct. 13th.

Nominations for WADMHP Executive Board Officers (cut and paste in email to submit with choice- name filled in if that is your choice)

2nd Vice President

Beth Keating, current Secretary and Frontlines Editor. She is currently Designated in Grays Harbor County.

Write in Nomination:

Name_

County Designation_

Secretary

Brittany Jensen, Crisis Supervisor with Peninsula Behavioral Health and Designated in Clallam County.

Write in Nomination:

Name_

County Designation_

WADMHP

Executive Committee

Tiffany Buchanan President 360-528-2590 president@wadmhp.org

Carola Schmidt First Vice President 425-388-7215 1stvicepresident@wadmhp.org

Wendy Sisk Second Vice President 360-457-0431 2ndvicepresident@wadmhp.org

> Jessica Shook Treasurer 253-697-8400 treasurer@wadmhp.org

Beth Keating Secretary/ Frontlines Editor 360-532-4357 secretary@wadmhp.org

Robby Pellett President Emeritus robbypellett@hotmail.com

Ian Harrel President Emeritus 360-528-2590 presidentemeritus@wadmhp.org

"Zen and the Art of Involuntary Detention" -Chip Barker, Frontlines, Summer 1988

So CDMHP's are important powerful people to my way of thinking. We chase the apparition of reasonable likelihood of harm" around at all hours of the day and night with the charge and intention to make a difference in the lives of people who under the best of circumstances we barely know. Quite laudable.



A lawyer friend of mine asked me recently what this "difference" was and, who could see such a difference - as though differed or it were the Emperor's New Clothes. I was caught in the tautological snare we mental health types often find ourselves in when someone who speaks another language asks for a translation of "what's really going on here?"

"Well, he no longer presents a reasonable likelihood of harm to himself or others but he will more likely than not become dangerous again if he doesn't continue to with treatment."

"So you are saying that he is no longer mentally ill because he is no longer reporting a desire to behave in ways you attribute to people you call mentally ill. Yes, I see now, you've made it so clear!

"Er...r..yes...that's right."

This discussion stirred my frequently denied doubts about the efficacy of what we do and if, in fact, we make a "difference" worth making very often. I resolved to find out something more about this "difference" and began to ask some ITA clientele if they could describe how they experience something else as different after evaluation and detention.

"I feel better and don't want to die anymore."

"I don't know."

"I'm living somewhere else now."

"Well, things don't seem so hard now."

So this inquiry proved to be no easy task for several revealing reasons. Since our work has political overtones more obvious to some people than others, "news of a difference" for ITA clientele becomes a loaded issue. Is it more advantageous to conceal or display difference in order to qain leverage in the Social Control negotiation between us? Which reported "differences" would serve their interests best? Does psychosis exaggerate the experience of "Sameness" and/or the experience of "difference" to the point of making differences are verifiable and which pure fantasy?



My good intentioned anecdotal survey was in deep design trouble. I decided to change my tactics and ask CDMHP's about the "difference." Surely my colleagues are clear thinkers about this Do we make a noncherished jewel of our art!

"I'm happy when they go on and get treatment."

"They stay alive and don't hurt anyone else."

"They move out of town."



"They get clever, afraid, realistic... (choose one) about the law and stay out of the Involuntary system." Again, clear nonconsensus about the "difference" our encounters with fellow citizens facilitate. Feeling frustrated, I tried to think about the implications of the results of the sophomoric emotional intensity investigation.

Do we make no difference at all?

(Not likely since these encounters usually change difference that makes

me in some brief or lasting large or small way certainly create a permanent bureaucratic paper trail accessible to believe I have reconcile thousands.)

difference, as in the effect of hitting guard rail when skidding on the the investigation matrix, highway? That is, are we a feedback mechanism signaling momentary alarm reminds me in "Steps To of impending danger then, An Ecology of Mind" ... after impact, not a significant memory remains at all?

(This may be closest to the intent of ITA legislation, but ignores completely the interpersonal dimension of the negotiated outcome state ... " and, "To persist, of the encounter.)

Do we make idiosyncratic differences in each and every situation that are barely definable and far from catalogable?

(This may be the most agreeable description but garment in search of the really begs the guestion of the nature of the "difference.")

So, poor design or no, I'm continuing my search in the jungle, like Stanley for Dr. Livingston. I'm convinced that an encounter of between two virtual strangers regarding the use of police power cannot not make a "difference." I want to find "news of a

a difference" in the way I work.

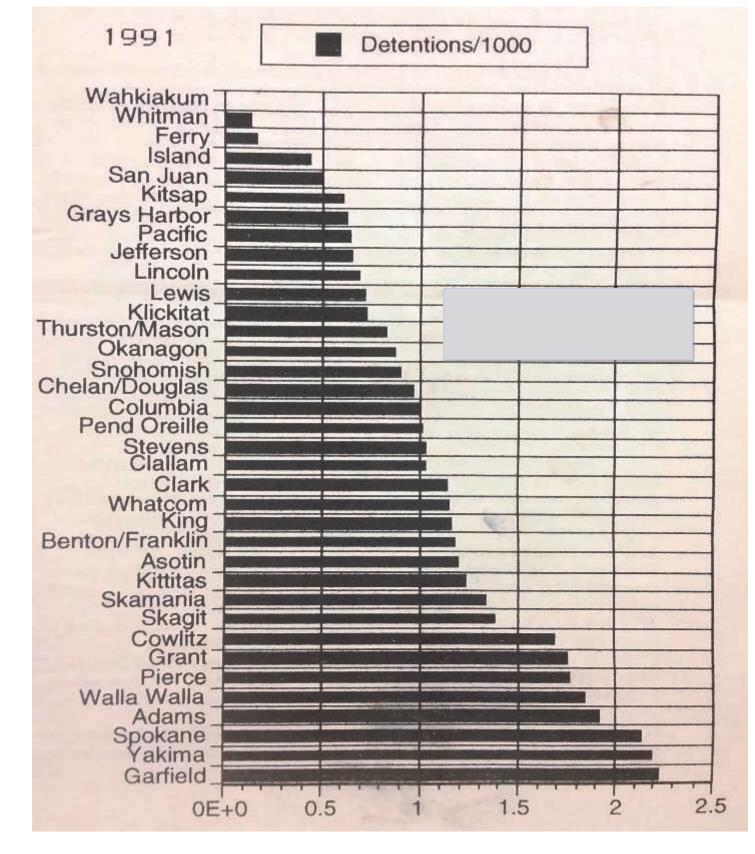
While it is seductive to myself to the many dilemmas of the work and know well how to assess the relative influence of the elements common to these beliefs stifle my growth. Gregory Bateson things undergo drastic change, but we become accustomed to the new state of affairs before our senses can tell us that it is new ... it is a non-trivial matter that we are almost unaware of trends in our changes of the new must be of such a sort that it will endure longer than the alternatives."

I'm hopeful that I will find other curious colleagues peeking under the hem of the Emperor's pattern of "the difference that makes a difference."

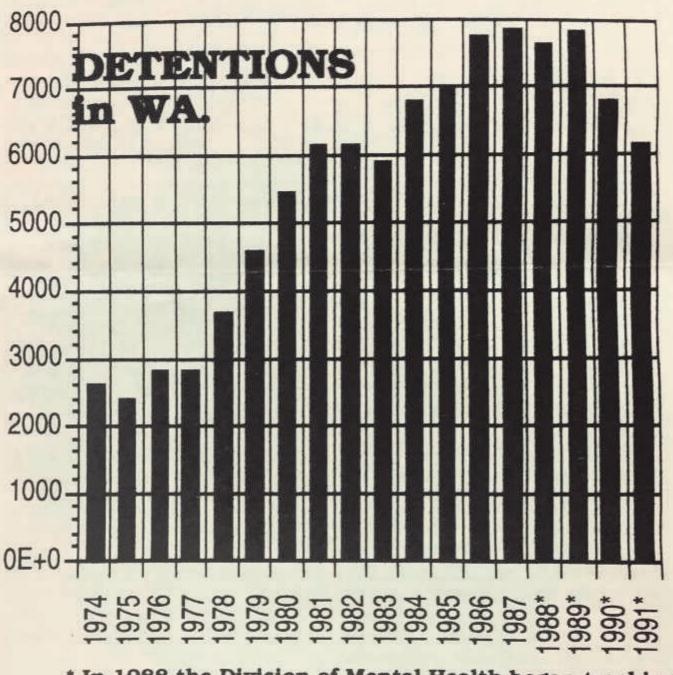


Detention Statistics

From the Past....



SPRING 1993



* In 1988 the Division of Mental Health began tracking Detentions of Adults only.

The change in the type of data gathered beginning in 1988 has a relatively minor influence on the overall trend since minors have always made up a very small proportion of the number of total detentions. Two significant events fit consistently into the overall pattern: the 1979 expansion of the term "grave disability" and the passage of SB5400 in 1989 which created RSN's and expanded available community services.







presented by Tracey Crowder

at Sun Mountain Lodge in, WA

Thursday, October 17

07:30 am Registration and Breakfast 08:30 am Opening Remarks 08:45 am ETHICS 10:30 am Break 10:45 am ETHICS 12:00 pm Lunch & Business Meeting 1:30 pm ETHICS 2:30 pm Break 2:45 pm ETHICS 4:30 pm Adjournment **Friday, October 18** 07:30 am Breakfast & Registration 08:30 am Opening Remarks 08:45 am Legislative Update 10:30 am Break 11:00 am Roundtable: TBA 12:00 pm Conference Adjourns



CEU/CME: 6 hours on Thursday, 3.5 hours on Friday

ABOUT OUR PRESENTER:

Traci has worked in the healthcare field in a wide variety of practice settings for the past 28 years. Her interest in strengthening ethical practice through education and consultation was developed through her work in behavioral health agencies, hospitals, primary care offices, fitness facilities, and wellness clinics as a clinician, instructor, administrator, and consultant. In these roles, she has been responsible for Risk Management, Quality Management, Program Development, Education and Training, Medical Records, Information Technology, and Service Delivery. Additionally, she has participated in medical ethics committees, created educational programs, and served as a consultant relating to ethics and risk issues. She attended the University of Louisiana where she received bachelor's of social work and master's of science degrees. Drawing on her experience in various clinical settings and in healthcare risk management, for this course, she will present information on Washington state laws, ethics codes, models for addressing ethical dilemmas, and ethics case studies in an effort to illustrate how to integrate ethical standards with clinical practice.

Carolyn Williamson Scholarship

The Washington Association of Designated Mental Health Professionals is very proud to be able to offer this Scholarship.

THIS YEARS WINNER IS MATHEW of CLALLAM COUNTY (west of Lake Crescent)

Carolyn was passionate about seeking justice for the mentally ill. From 1995 until she retired in 2007 she served as the Pierce County Deputy Prosecuting Attorney in charge of handling civil commitment hearings. She also represented the petitions of DMHP's from across the state for patients sent to Western State Hospital on a 72 hour hold for many years. She was involved in a number of cases which were eventually brought to the State Supreme Court and that became a part of case law for involuntary commitment.

The Williamson family in honor of Carolyn's long time dedication to and support for DMHPs solicited funds to create this fund. The Scholarship Fund will offer a \$160 gift to one DMHP to attend the Fall Conference each year.

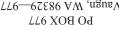
REGISTRATION FORM FALL CONFERENCE 2015 Washington Association of Designated Mental Health Professionals

OCTOBER 15-16, 2015 Sun Mountain Lodge in Winthrop, WA

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| Home Phone: () Work phone: () |) |
| Employer: | |
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| Yes! Please email me future Newsletter and Conference information. No, please never contact me through email. Registration fee: One Day Only \$ | |
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| Make check payable to WADMHP Please note: Check or cash only- through mail Credit card only- online | WADMHP Tax Identification Number: 91-1997711 |
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CALENDAR JUNE 15, 2016/ TBA

ENDA

OCTOBER 20-21, 2016

