

FRONTLINES

FALL 2016 VOLUME 36 ISSUE 2

WASHINGTON ASSOCIATION FOR
DESIGNATED MENTAL HEALTH PROFESSIONALS

Letter from the President

Dear Fellow DMHPs,

I hope everyone had a wonderful summer and was able to get some time away from work to enjoy the sun! Here at WADMHP, we have been very busy with several projects that we hope will benefit DMHPs across the state. I want to share what we have been up to as well as give credit where credit is due.

Our Fall Conference is just around the corner. If you have not attended one of WADMHPs conferences before, this is the one to go to. The presenters are excellent, the location is beautiful, the lodge is amazing, and our meet and greet in the hospitality suite is so much fun! We will have our hospitality suite open both Wednesday and Thursday evening this year and will have several different snack foods and beverages available. The topic of this year's conference is suicide assessment. 2nd Vice President Beth Keating has worked hard to find a presenter who can tailor this topic to the work we do and present the information through the slightly different lens needed for DMHP work. Along with the Fall Conference, we have been working hard to bring the DMHP Academy to you this winter and spring. Our first Academy week

is scheduled for December 5-9 in the Olympia area and our second Academy will be held March 7-10 in Yakima. For anyone who is newer in the DMHP role and has not attended one of these 40 hour trainings, get ready for an intense week. Come prepared to learn a ton of information that will clarify the questions you have as well as learn about DMHP safety, petition writing, the law, protocols, and many valuable tools that will make you a more confident, knowledgeable DMHP. I want to give a huge thank you to Carola Schmid for lining up our presenters.

I also want to note that Carola has made the first steps in working towards a language change in RCW 71.05.590 4(c) by contacting senators and legislators to inform them of how this language change is impacting our work. (Please see her email further on in this issue.)

Shelby Whitworth has taken on the huge role of managing our website. When WADMHP first decided to start a website, we did not know what all the upkeep would entail. We initially thought the maintenance would be simple and quick.



WHAT'S IN THIS ISSUE?

Page 2: "Effects of Shift Work on Professional Resiliency"

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Page 10: Upcoming WADMHP Conference— "The Clinically Suicidal Patient for DMHPs"

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The Effects of Shift Work on Professional Resiliency

By Leatha Goar, DMHP

Kitsap Mental Health Services



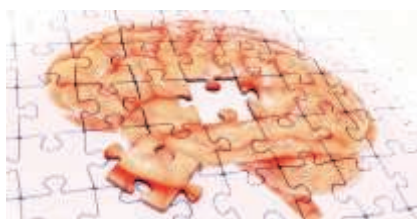
One of the factors to consider in DMHP work is the necessity to provide services 24 hours a day, every day of the year. To fulfill this need and to accommodate case load “swing” and overnight shifts are essential, but can take a toll on a person’s mental and physical health over time. An example of the effects can be found in a study that the US government conducted four years ago on air traffic controllers’ work schedules. This study is informative for DMHPs as air traffic control is also a high stress job that requires a high level of mental capacity, clear judgment and assessment in a stressful environment. Both jobs rely on one person’s ability to effectively

function within this stress to maintain the safety of others. What this study found was so profound that the FAA buried the report until the Associated Press released the findings of the study by filing a petition through the Freedom of Information Act. The study found that nearly 2 in 10 controllers had committed significant errors in the previous year – such as bringing planes too close together – and over half attributed the errors to fatigue. A third of the controllers said they perceived fatigue to be a “high” or “extreme” safety risk. More than 6 in 10 controllers indicated that in the previous year they had fallen asleep or experienced a lapse of attention while driving to or from overnight shifts. The reported impetus for the study was a recommendation by the National Transportation Safety Board to the FAA and the National Air Traffic Controllers Association to revise controller schedules to provide rest periods that are long enough “to obtain sufficient restorative sleep.”



While DMHPs don't control air traffic, the lack of restorative sleep due to consistently working a shift that is out of sync with the time frame on which society is based can affect our judgment in the field, our physical health and our ability to process workplace trauma. An examination of our staff schedule in Kitsap County revealed a pattern in which all DMHPs had sufficient rest between shifts, as I'm sure the air traffic controllers' schedules did also. So why is there an epidemic of fatigue? The issue is not the number of hours allocated for rest. The issue is workers attempting to fit into a societal norm based on a Monday through Friday, 9 to 5 work week. While we are experiencing a change to a 24/7 world, the ideal has not evolved. Our advertising, social Add to this the necessity of covering holidays and you create a situation where workers are scrambling to match a schedule that is out of sync with their work, causing truncated rest as they attempt to engage in the patterns of their friends and family while enduring the disappointment of missing out on what is considered to be fundamental aspects of being in our society – holiday traditions,

family and personal celebrations, community events; all things that we rely on to maintain resiliency. When we look at what keeps us emotionally healthy in the face of the challenges of mental health crisis work, many of us rely on the interaction with family, friends and community to maintain a sense of normalcy and create experiences that enrich our being to counter the often negative and sometimes emotionally or physically violent incidents at work. When we don't have the opportunity to engage with others because we work at the time when the majority of social interaction occurs or are getting necessary sleep at those times, we become isolated from the positive aspects of our lives that keep us emotionally on track.



Attempting to truncate sleep to make up for being out of sync with

the societal timeframes puts our health at risk and as we see from the study above, puts our capacity to work effectively at risk. All these factors have the capacity to spiral on themselves and create dissatisfaction and disillusion within our lives. (Continued on page 6)

NEW BOARD MEMBER: WELCOME!!!

Lisa Westlund is a Licensed Mental Health Counselor and Designated Mental Health Professional with Clark County Crisis Services since 2007. She earned her Master of Arts degree in Counseling Psychology from Lewis and Clark College in 2006 and Master of Science in Correctional Administration from Western Oregon University in 2001. After earning her degree in 2001, Lisa began working for Marion County Psychiatric Services in Salem, Oregon learning about inpatient commitment, performing crisis assessments, and providing case management for State Hospital discharges. While working on her degree in Counseling Psychology, Lisa provided mental health and substance abuse treatment for a Domestic Violence Intervention Program, additionally evaluating Federal Prison parolees. Lisa has been a Certified Alcohol and Drug Counselor III since 2007. Since 2009, she has been the Operations Manager for the Chemical Dependency Training Consortium of the Northwest ensuring that low cost continuing education for professionals is offered through collaboration with Pacific Northwest Treatment Providers. Lisa resides in Amboy, Washington, where she enjoys tending to her farm that includes chickens, ducks, geese, rabbits, goats, and a mini donkey.



CONTINUED FROM FRONT PAGE....President's letter

We had some very tech savvy board members at that time who were able to post new information and remove old information or job postings quickly and easily. Fast forward to the current board who is not technologically inclined and the website has suffered a bit. To turn that around, Shelby is working closely with our webmaster who is able to quickly post and remove material, employment ads, and clean up out dated information. You will soon see current bills as they relate to our work and links directly to the bill itself. We also are committed to getting all job postings up within five business days of a request for posting. We envision a website that will quickly and easily give you the information you are looking for in a format that is intuitive. I would like to take this opportunity to welcome Lisa Westlund onto our board. She is filling the role of treasurer which was vacated earlier in the year by Robby Pellett. We are very excited to have her join the board and are looking forward to working with and getting to know her. There's more about Lisa in her bio on page 8.

Finally, I want to thank each and every DMHP for the hard work you do. We here at WADMHP are honored to provide the resources and training opportunities to help you learn the skills needed in your role as a DMHP as well as stay up to date with new information and law changes as they happen.

Sincerely,
Tiffany Buchanan

IT's ELECTION TIME AGAIN

Become Part of the WADMHP Board

“The following positions are up for re-election,”

President

1st Vice President

Secretary

Elections will be held at beginning of Lunch meeting on Thursday October 13th 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. 10th.

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

Write in Nomination:

Name _____

County Designation _____

Write in Nomination:

Name _____

County Designation _____

WADMHP Executive Committee

Tiffany Buchanan

President

360-528-2590

president@wadmhp.org

Carola Schmid

First Vice President

425-388-7214

1stvicepresident@wadmhp.org

Beth Keating

2nd Vice President/ Frontlines Editor

360-532-8629

frontlines@wadmhp.org

Shelby Whitworth

Secretary

509-838-4651 ext 3427

secretary@wadmhp.org

Lisa Westlund

Treasurer

503-805-0989

treasurer@wadmhp.org

Ian Harrel

President Emeritus

360-528-2590

presidentemeritus@wadmhp.org

The Effects of Shift Work on Professional Resiliency

Continued from page 3.....

So, now, what to do with all this. How do we maintain and develop that which keeps us happy, healthy and effective in our work? The schedules cannot change; so how do we change? In examining these questions with my team at Kitsap Mental Health, several suggestions and strategies were voiced. Those that worked overnight or late night shifts described meeting friends for breakfast or lunch to engage in positive supportive interactions. Finding social or hobby groups in the community that met on evenings off to foster creative or hobby interests was also suggested. Taking full advantage of time available before the start of swing shifts to do errands, attend appointments or take care of household chores to maximize free time on days off. Making schedule adjustments between individual staff members to accommodate having a specific day off to attend church or other spiritually enriching activities as a strategy to promote support for the soul. Trading shifts with coworkers to adjust the schedule to accommodate special events without taking leave time which impacts our ability to take extended periods of time off to rejuvenate. In point of fact, many of us who work in 24 hour services do not get as much time off as those who have a more conventional schedule due to having to cover holidays that others automatically receive. For example, if your agency allows ten paid holidays and 30 days of

leave a year, 24 hour services only gets the leave, not the holidays. This situation forces us to use leave time for events more than others who may plan them around holidays, thus reducing our total amount of time away from work to recharge and renew ourselves. Thus, we must be mindful of our needs and make every effort to think of ways of working within the confines of our unique work environment to foster our wellbeing. To assist in maintaining personal health and job resiliency we must be dedicated to finding the times within our complicated schedules to find adequate rest and the time to engage in those activities that support our wellbeing. For if our minds and bodies are not well nourished, we cannot be fully present for those who depend on us in times of crisis. Take care of yourselves.



SUICIDE: WASHINGTON 2016 FACTS & FIGURES

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Washington	1,119	15.18	22
Nationally	42,773	12.93	



On average, one person dies by suicide **every 8 hours** in the state.

Based on most recent 2014 data from CDC



Suicide cost Washington a total of **\$1,114,435,000** of combined lifetime medical and work loss cost in 2010, or an average of **\$1,164,509** per suicide death.

IN WASHINGTON, SUICIDE IS THE...

2nd leading cause of death for ages 10-34

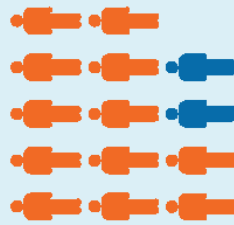
3rd leading cause of death for ages 35-44

4th leading cause of death for ages 45-54

7th leading cause of death for ages 55-64

16th leading cause of death for ages 65 & older

About six times as many people die by suicide in Washington annually as by homicide; the total deaths to suicide reflect a total of **22,069** years of potential life lost (YPLL) before age 65.



AMERICAN FOUNDATION FOR
Suicide Prevention

afsp.org



SENT TO GET RCW CHANGED...

Dear Senators and Representatives,

My name is Carola Schmid and I am sending this email in my role as 1st Vice President of the Washington Association of Designated Mental Health Professionals (WA DMHP). I am also the supervisor for the DMHPs in Snohomish County.

Concern:

As a result of Assisted Outpatient Treatment being incorporated into RCW 71.05 during this past legislative session, the entire section of RCW 71.05.590 was rewritten. There was a slight change in language (highlighted below) that has inadvertently left the door open for public defenders to successfully make a motion that a petition for revocation can only be heard by the court that signed the original Less Restrictive Order.

71.05.590 4(c) The designated mental health professional or secretary shall notify the court that originally ordered commitment within two judicial days of a person's detention and file a revocation petition and order of apprehension and detention with the court ("the court" being interpreted as the court that originally signed the order) and serve the person and their attorney, guardian, and conservator, if any. The person has the same rights with respect to notice, hearing, and counsel as in any involuntary treatment proceeding, except as specifically set forth in this section. There is no right to jury trial. The venue for proceedings regarding a petition for modification or revocation must be in the county in which the petition was filed.

Problems:

- ∅ Five patients with significant health & safety concerns were released by King County Court in one week based on public defense successfully bringing forward this motion. There were definitely health and safety concerns for these patients.
- ∅ As a result, several hospitals are no longer accepting patients on petitions for revocation unless the order originated in their county because otherwise they run the risk that an individual in dire need of treatment will be released by the court.

- ∅ This has resulted in increasing the number of single bed certifications. For example, here in Snohomish County we had the option (and were often successful) of sending someone to Fairfax in King County even if the original less restrictive order was signed by Snohomish County Superior Court. This is true across the State and, as often, rural areas are the most affected.
- ∅ Additionally, this contradicts the mandate placed on DMHPs to exhaust statewide resources before placing someone on a single bed certification or walking away without detaining if that is not an option.

Proposed solution:

Please see below our suggested language change in order to remedy this situation and assure that we can provide the best care possible to people in a mental health crisis.

71.05.590 4(c) The designated mental health professional or secretary shall notify the court that originally ordered commitment within two judicial days of a person's detention and file a revocation petition and order of apprehension and detention with the court of the county in which the individual is currently located and/or being detained under a petition for revocation and serve the person and their attorney, guardian, and conservator, if any. The person has the same rights with respect to notice, hearing, and counsel as in any involuntary treatment proceeding, except as specifically set forth in this section. There is no right to jury trial. The venue for proceedings regarding a petition for modification or revocation must be in the county in which the respondent is being detained and the petition was filed.

Thank you for your consideration. Please don't hesitate to contact me with questions or comments.

Sincerely,

Carola Schmid



Clinical Assessment of the Suicidal Patient for DMHPs

presented by **Dr Julie Rickard, PhD**
at Sun Mountain Lodge in Winthrop, WA

Wednesday October 12, 7:30 PM

Hospitality Suite

Thursday, October 13

07:30 am Registration and Breakfast

08:30 am Opening Remarks

08:45 am SUICIDE ASSESSMENT

10:30 am Break

10:45 am SUICIDE ASSESSMENT

12:00 pm Lunch & Business Meeting

1:00 pm SUICIDE ASSESSMENT

2:30 pm Break

2:45 pm SUICIDE ASSESSMENT

4:30 pm Adjournment

Thursday October 13, 7:30 PM

Hospitality Suite part 2

Friday, October 14

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:

Dr. Julie Rickard is a licensed psychologist and is currently tasked with Integrating Behavioral Medicine providers throughout the Confluence Health system. Dr. Rickard's specialty is health psychology. She successfully managed chronic pain programs and worked collaboratively with Specialty & Primary Care Providers over the past 10 years. She is a consultant for health systems and medical providers with these difficult and challenging patients and travels extensively speaking on a variety of topics related to health psychology. Dr. Rickard also established a coaching practice on healthcare leadership development and medical provider excellence. The goal is to assist leaders and providers at all stages of their career with improving their practice, identifying barriers, and/or helping to make changes in a variety of areas. Dr. Rickard founded the Suicide Prevention Coalition of North Central Washington (SPCNCW) in 2012 following a surge of suicides. She has continued to be very committed to lowering the Chelan/Douglas County rates by training mental health and medical providers in suicide prevention strategies.

Carolyn Williamson Scholarship

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

The Scholarship still open...email use as soon as possible at wadmhp.org.

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 2016
Washington Association of Designated Mental Health Professionals

OCTOBER 13-14, 2016
Sun Mountain Lodge in Winthrop, WA

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work phone: (_____) _____

Employer: _____

Position Title: _____ County: _____

Email Address: _____

- Yes! Please email me future Newsletter and Conference information.
- No, please never contact me through email.

Registration fee: One Day Only \$

Make check payable to WADMHP

Please note: Check or cash only- through mail

Credit card only- online

WADMHP Tax Identification Number:

91-1007711

Mail registration form to:

WADMHP, PO Box 7817, Tacoma, WA 98406
Contact Gary with any questions at garyc@kmhs.org or (360) 434-5593

OR

Register Online at WADMHP.ORG!!



CALENDAR

JUNE TBA

wadmhp spring conference

OCTOBER 2017

wadmhp fall conference

winthrop, wa

FRONTLINES

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OUR PAGE

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Tacoma, WA 98406

