

Frontlines

Newsletter of the Washington Association
Of County Designated Mental Health Professionals

Fall, 2002

www.wacdmhp.org

Volume . Number 2

President's Letter

Contents

President's Letter	p 1
Editors Note	p 2
Revisiting Protocols	p 3
Detention Statistics	p 4
Nominations	p 6
Website Upgrade	p 6
Bylaws Amendment	p 7
Job Board	p 7
Fall Conference	p 8
CDMHP Training	p 9
Dilemma	p 10

Being a CDMHP is certainly different on the west side of the state! If you hear a song by Britney in the next year entitled "Bed Broker", it was inspired by me. Having worked in Okanogan County for the past 7 years and never having a difficult time finding a bed, it came as a shock to me that I was going to have to detain to emergency rooms at hospitals and wait, search, pray, and cajole psych facilities for a bed or even to get on a waiting list! Does it border on unethical to place a mentally ill person in an ER where most staff don't want to bother with them or don't have the time to do so? And then after working in Thurston-Mason counties for a few weeks, I read in the newspaper that St Peter's E&T in Olympia won't be accepting involuntary patients at the end of 2003. Fewer beds everywhere - what do we do?

Make sure that someone at your RSN and the MHD knows how many detentions to emergency rooms or other places short of a psychiatric facility are occurring each month. The Executive Committee of the WACDMHP would like to know also. If we don't have concrete numbers, there is little any of us can do to even argue the need for an increase in beds in the state. If there is just one CDMHP in the state that would like to take this on as a research project, just let me know!

On the flip side, I would like to give my thanks and praise to all the people on the west side who have had to put up with my asking hundreds of questions to figure out how things get done in different counties other than Okanogan. I have met some wonderful people in Skagit, Thurston-Mason,

Whatcom, and Lewis counties who are doing great work as CDMHPs and CDMHP supervisors. The state of our art appears to be doing well from what I have experienced. But there is so much more to do! I will be contacting all of the counties in the next few months to try and get a range of salaries for CDMHPs across the state. I think this info will be very helpful, especially in union negotiations. I can't believe the low salaries some CDMHPs get paid for having life and death decision-making in their hands.

I would ask as many CDMHPs as possible to attend our Fall 2002 Conference in Olympia. This will be a conference where we will get to focus more on the systems and political questions that so impact our clinical care!

Feel free to contact me, or any of the WACDMHP Executive Committee, about any issues you feel we need to be aware of!

Matt Goodheart, President WACDMHP

God in His infinite wisdom made the fly, but then forgot to tell us why. Ogden Nash

WACDMHP Executive Board**President**

Matthew Goodheart
P.O. Box 326
Twisp, WA 98856
(509) 997-2185 home
matthewgoodheart@hotmail.com

1st Vice President

Ian Harrel
Cascade Mental Health
135 W. Main
Chehalis, WA 98532
(360) 748-6696 work
iharrel@yahoo.com

2nd Vice President

Tim Justice
Whatcom Counseling and Psychiatric Clinic
3645 E. McLeod Road
Bellingham, WA 98226
(360) 676-2220 wk
timju@bdsn.com

Secretary

Jim Salisbury
Whatcom Counseling and Psychiatric Clinic
Bellingham, WA 98226
highlyhog@aol.com

Treasurer

Gary Carter
Kitsap Mental Health Services
5455 Almira Drive.
Bremerton, WA. 98311
(360) 373-3425 Pager: (360) 478-1732
garyc@kmhs.org

President Emeritus

Scott Kuhle

Editor's Notes:

When Jim Jones informed the Executive Board last year that he wished to retire as editor of the *Frontlines*, the board members were stymied because they knew that they could not readily fill Jim's shoes. During the ten years that Jim was at the helm of the *Frontlines*, he has managed to consistently publish a quarterly edition of the highest quality. Anybody who has attempted to publish a newsletter on a regular basis knows the difficulty of finding quality articles and then having them submitted in a timely fashion in order to meet a deadline.

On behalf of the Executive Board and myself, I want to thank you, Jim, for the many hours of work and dedication that you have invested in the *Frontlines*. You have not only created a newsletter that has contributed to the vitality of the work of CDMHPs, but also is widely recognized in professional circles for its quality.

Agreeing to be interim editor, I am privileged to continue to play an active role in the association since moving on from President. I have committed to editing 3 editions.

The executive board, in trying to use association funds judiciously, has been tossing about some different ideas for the *Frontlines*. Printing and mailing costs are the major costs. The most obvious way to save money is to cut back from a quarterly newsletter to two or three times a year. It was thought that early fall and spring editions, prior to the conferences and workshops, and one in mid-summer might be sufficient. The board also discussed the possibility of not printing a hard copy, but just publishing the *Frontlines* on the website. Although change is often difficult, the challenge is to meet the needs of the membership. Please let the executive board members how you find it best to stay informed about our work and association news.

Please send articles, job listings, or other news to: Scott Kuhle, 340 NE Maple Street, Pullman, WA 99163, or Fax (509) 332-1608, or e-mail at skuhle@completebbs.com

WACDMHP Membership Application

Name: _____ Home phone: _____

Address: _____ Work phone: _____

City, State, Zip: _____ Job Title: _____

Employer: _____ County: _____

- I am currently a WACDMHP member and want to renew my membership
 I am not currently a WACDMHP member and want Full Membership (must be a CDMHP)
 I am not currently a WACDMHP member and want Associate Membership (All privileges except voting)
 Enclosed is a check for \$20.00 payable to the WACDMHP

Charge my Visa MasterCard for the amount of: \$ _____

Account Name: _____ Account number: _____

Signature: _____ WACDMHP Tax Identification Number: 923161171

Mail application to: WACDMHP/ PO Box 5371/ Bellingham, WA 98227

CDMHP Protocols Have Been Revised

Gary Carter

Few will argue the CDMHP job is easy, predictable, or well defined. It could be said that it should be, for the role is based on a law enacted some thirty years ago. But a quick review of the mental health law will effectively bring to an end that notion. Add state-wide differences in regional and agency resources and the diversity among individual county Superior Court rulings, and it is predictable: there will be considerable differences in how our job is carried out.

The Revision

The CDMHP Protocols then were written several years ago to bring statewide order and uniformity in our practice. In response to a legislative requirement, a nearly 10-month long process of reviewing and updating the Protocols has just ended. A final revised document will be published on the DSHS website in September 2002. Our Association was involved in this work and we thought some of the changes were worth sharing.

The Preface of the 2002 document declares the aim of the Protocols:

The 2002 Protocol Update is intended to provide guidelines to County Designated Mental Health Professionals on the process of administration of the involuntary treatment acts for adults (Chapter 71.05 RCW) and minors (Chapter 71.34 RCW) and in their role in the implementation of the criminal insanity statute (Chapter 10.77 RCW). It is also intended to assist consumers, advocates, allied systems, courts and other interested persons to better understand the role of the County Designated Mental Health Professional in implementing these laws. This Protocol Update also includes a significantly expanded Appendix, provided as resource material in the spirit of promoting best practice.

Also in the Preface are the areas that received the most revisions:

- ❖ Organizational and language changes to improve clarity;

- ❖ Statutory changes made after the initial 1999 publication;
- ❖ Enhancements related to:
 - Children and minors;
 - American Indians on tribal reservations;
 - Elderly persons, including persons with dementia;
 - Persons in jails and prisons;
 - Persons with substance abuse;
 - Foreign nationals;
 - Access to reasonably available history;
 - Less restrictive court orders;
 - Mandatory reporting requirements; and
 - Confidentiality.

The first edition of the Protocols included little or nothing on some of these subjects, most notably children and minors, elderly persons or those in group homes and less restrictive court orders.

The Process

Truly, the CDMHP Protocols document is, and will always be, a work in progress. Judging from how the session ended, I assure you that, even now, plans have been made by some participants to be involved in future review sessions. There is interest in further expanding the children's section, for example. Specific long-term providers have expressed their intention to be involved in future meetings so their voices may be heard concerning our responses to nursing home residents.

Unlike the first meetings in 1999, CDMHPs, their supervisors and representatives from various RSNs made up most of the work group. This round CDMHPs were out-numbered. When topic-specific sub-groups met, some groups had no CDMHP representation at all. Yet, because of the way the meetings were organized, all work done by the sub-groups was reviewed by the larger one and so was subject to a balance of views. As was the case this session, stakeholders from across the state will be invited to participate in the future and there is little doubt in my mind that they will be active in having their needs and disappointments heard.

It is my position that this involvement by other providers is good. In fact I think it is excellent. Yes, it is difficult to hear emphatically expressed misconceptions or generalizations about what we do

or are supposed to be able to do. Yet, equally, it is very rewarding to see the education and

(continued on next page)

attitude changes that occur after nine months of dialogue.

This positive outcome happened because the few CDMHPs that participated were seasoned, articulate, and dedicated to representing our practice. A special “Thank you” goes to Amnon Shoenfield, former director of King County’s CDMHP services, for the contributions he made this year and in 1999. He will not be at future sessions as his responsibilities in King County have changed. I am a bit anxious about the coming sessions, without him.

Also, I want to offer a “Thank you” to David Weston, of the Mental Health Division. He has a fine understanding of the law, the realities of our practice and has great skills in managing people and time.

Review Appendix A when you get the chance. You’ll find a complete list of the participants and where they are from.

The Future

Some of you may know that the role and importance of the Protocols is increasing. It is not just a reference guide for CDMHPs. Maybe it never was. Community providers have been reading it for years, trying to understand what to expect from us when they call. Clearly, the non-CDMHP Protocol participants had read the original document before the meeting and were there, at least in part, to see that the new document better reflected their needs and what they should expect of CDMHPs.

Additionally, the Mental Health Division (MHD) will be using this document as a guide in the future when they review individual offices across the state. Although we rarely see those programs reviewed now, my conversations with David Weston of the MHD indicate this will change soon.

By statute, the document will be reviewed and updated at least every three years. We had very little CDMHP involvement in the last round of monthly meetings as well as during the month-long public comment period that followed the group’s work. When the process starts again, and you hear a call for interested parties to participate, know that many consumer and provider groups will be first in line to have their voices heard. Your voice as a CDMHP, as an individual or as a representative of your agency and it’s region, is important in keeping the Protocols accurate and reasonable in its description of what we do or should do as CDMHPs.

Please do check out this document. Get to know it. It will be at www.wa.gov/dshs/mentalhealth/ in September 2002. Also, you might not know that our WACDMHP web address has changed to www.wacdmhp.org.

I hope you can agree, when all is said and done that even if our job is hard, chaotic and poorly defined, it’s a great job. But with the updated Protocols, it may, in fact, be a bit easier to do because it is a bit better defined.

This article was written and submitted by Gary Carter who co-facilitated the process with David Weston. Gary is a CDMHP at Kitsap Mental Health Services and Treasurer for the WACDMHP.

Statistics for Involuntary Detentions

The statistics for involuntary detentions in Washington have been published in the *Frontlines* for a number of years. It has been information that seemed to attract much attention from readers because they could make some comparisons about their detention rate with other counties of comparable size and in similar demographic areas.

Until this year the *Frontlines* was provided the number of involuntary detentions for each county. No longer is the Mental Health Division able to

provide the *Frontlines* the number of detentions in each county since it currently only receives the total number of involuntary detentions done in each RSN. The number of detentions in a county is submitted to its RSN. That information in turn is sent by the RSN to the DSHS/Mental Health Division, where it is compiled by RSN

In single county RSNs such as King, Pierce, and Spokane, the number in the report reflects the county. However, in RSNs with more than one

county, it is impossible, with the statistics provided the *Frontlines* by the Mental Health Division, to determine how many adults were involuntary detained in a specific county.

The data on the next page are the involuntary detentions in Washington for the Fiscal Year 2001.

Chart of Statistics for Involuntary Detentions

WACDMHP upgrades its website - New Domain Name

Recognizing the importance of being able to disseminate information quickly to its membership, the executive board has allotted funds for a domain name that will be easy for CDMHPs and others to access. There are many occasions throughout the year that information about legislation or other relevant issues, which impact the CDMHP's work, needs to be brought to their attention. For example, as the Mental Health Division, WACDMHP, and other stakeholder revisited the Protocols this past 8 months, there were issues that were being discussed which needed the input of CDMHPs (See Gary Carter's article Protocols).

The upgrade of the website also affords the opportunity for members to communicate directly with each of the officers by e-mail.

The WACDMHP Bylaws and the members of the Executive Board can be found on the website. The website has updated information about the fall and spring

conferences and the two workshops, which the WACDMHP co-sponsors annually with Eastern and Western State Hospitals. The Protocols, which were completed in September, 1999, are on the site, and as soon as the revision of the Protocols, due September 1, 2002, is completed, they will be posted on the site. The site has a link to RCW 71.05 and 71.34.

The Job Board is a resource that both CDMHPs and agencies, looking to hire CDMHPs and other clinical staff, can use in their search. An agency can send an e-copy of the description of the job on the website e-mail system and the Web manager will put it on line.

Check out the web at www@wacdmhp.org and mark it in your favorites.

*There is a foolish corner in the brain of the wisest man.
-Aristotle, philosopher (384-322 B.C.)*

Nominations being accepted for two positions

Two positions on the WACDMHP Executive Board will expire at the end of this year and will be filled at the fall conference in Olympia. According to the bylaws of the association, the nominating committee is to have a slate of officers by September 1st. WACDMHP members at large may nominate individuals prior to or at the time of the election at the conference. The position of the 2nd Vice President, currently filled by Tim Justice, will

need to be filled, since Tim is retiring. Jim Salisbury will be running for his second term as secretary.

The primary responsibilities of the 1st Vice President are to attend the four annual executive board meetings and plan the fall conference. The primary responsibility of the Secretary is recording, publishing and maintaining the minutes and records of the organization. Both positions are two year terms.

NOMINATION FOR WACDMHP EXECUTIVE BOARD OFFICERS

First Vice-President

Name: _____

County of Designation: _____

Secretary

Name: _____

County of Designation: _____

Submit your nomination(s) by October 1, 2002 to:

The WACDMHP Nominating Committee
PO Box 5371
Bellingham, WA 98227

Regional Support Network	Number of Revocations
Chelan-Douglas	4
Clark	25
Grays Harbor	7
Greater Columbia	123
King	272
North Central	34
North Sound	185
Northeast	1
Peninsula	28
Pierce	159
Southwest	3
Spokane	176
Thurston-Mason	30
Timberlands	14
Statewide	1061

Adult LRA Revocations for the Fiscal Year 2001

These figures for adult LRA revocations were provided to the *Frontlines* by the Mental Health Division. As with the reporting for the statistics of involuntary detentions, the number of revocations are available only for the RSNs, and not for each county (except for single-county RSNs). This is unfortunate because it can be helpful for counties, in assessing their revocation policies, to have information about other counties of comparable size and demographics.

The JLRC, in its review and report on the implementation of legislation regarding revocation of LRAs, expressed concern about some counties not being proactive enough in revoking LRAs as mandated in the law.

JOB BOARD

The Rogers Counseling Center

Adolescent Chemical Dependency Counselor: Masters preferred, but not required. Must possess Washington CDP credential or be able to obtain one. Will manage adolescent intensive outpatient program, perform case management, evaluations, individual, group and family therapy

Occasional on-call duties. Salary \$30,000 + DOE. Great benefits in a beautiful valley with an abundance of recreation.

APPLY: The Rogers Counseling Center, 900 7th Street, Clarkston, WA 99403 Fax resumes to (509) 758-8009, Attention Anna. Open until filled. Equal Opportunity Employer

Amendment to the WACDMHP Bylaws

An amendment to the bylaws was proposed and approved by the executive board at the summer board meeting to permit Matt and all future Presidents of the association to serve as webmasters for the association's website. The proposed wording is: "The President shall have the responsibility for the maintenance of the Association's web site. This responsibility may be delegated." This amendment

will be voted on by the membership at the general meeting at the fall conference.

*But man, proud man,
Dressed in a little brief authority,
Plays such fantastic tricks before high heaven
As make the angels weep.
-William Shakespeare, poet and dramatist (1564-1616)*

2002 Fall Conference in Olympia

The WACDMHP Executive Board invited stakeholder representatives to address the association membership. It was thought that it would be helpful for CDMHPs to be provided broader awareness of the varied and, at times opposing, issues that affects their work. The presenters, each representing different areas, have been asked to respond in their talks to three questions: 1) what are their (the stakeholders') needs regarding our work; 2) what are the anticipated challenges given the current state of affairs, e.g., budgets; 3) what are the possible solutions given the partnership between CDMHPs and their entity?

On the second day of the conference, Michael J Finkel, Seattle Municipal Prosecutor, will present a workshop, Working with Courts of Limited Jurisdiction. This workshop will be a guide to the issues of working with defendants who have low-risk criminal charges. Historically, there has been a gap between CDMHPs and criminal courts. Often procedures have been based on local conveniences and culture, resulting in a frustrating process for all parties. CDMHPs understanding and ability to work with courts of limited jurisdiction is a critical issue in light of strapped mental health resources and the likely increase of more mentally ill persons ending up in local correctional facilities.

CEUs will be given for each of the two sessions.

The Executive Board will meet on Wednesday, October 2nd in the reception suite at the WestCoast Olympia Hotel. David Weston, the Mental Health Division's liaison with the association and Gary Rose, the RSN Administrators liaison with the association will attend part of the meeting. The executive board meeting is open to all members.

The hospitality gathering will be hosted by the Thurston-Mason CDMHPs in the reception suite at the WestCoast Olympia Hotel at 7:00.

The conference fee is \$125 for both days or \$65 for each day. This includes the membership due for the Washington Association of County Designated Mental Health Professionals. The fee also includes a subscription of the *Frontlines* newsletter, and breakfast and lunch on both days of the conference. Cancellations are subject to a \$15.00 handling charge. No refunds will be provided after October 1, 2002.

For further conference information, please contact Tim Justus at 360-676-2220. For registration questions, please contact Kincaid Davidson at 360-676-5162

REGISTRATION FORM

Washington Association of County Designated Mental Health Professionals

2002 Fall Conference

October 3, & 4, 2002

The WestCoast Olympia Hotel, Olympia, Washington

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Employer: _____ County: _____

Position Title: _____

WACDMHP member Non member

Registration fee: \$120

A check payable to WACDMHP is enclosed for: _____

Charge to my: Visa MasterCard for the amount of: _____

Account Name: _____ Account #: _____ Expiration date: _____

Signature: _____ WACDMHP Identification Number: 923161171

Mail registration form to: WACDMHP, PO Box 5371, Bellingham, WA 98227.

Free training in Eastern Washington Location to be announced

The Washington Institute of Mental Illness Research and Training completed its first five-day training program for CDMHPS in June. Twenty-five CDMHPs completed the 40-hour training program at Western State Hospital.

The Institute is planning a training series for Eastern Washington in November. In order to meet the needs of agencies and CDMHPS, the Institute is scheduling the training for 3 consecutive days, then a gap of two weeks, and then end with two consecutive days.

The training content will feature: 1) using cases to bring life to the legal issues; 2) using experienced CDMHPS as instructors as well as attorneys and other system partners as instructors; 3) increased focus on case investigations; and 4) increased focus on decision-making.

Dates for the training series are November 6, 7, 8, and November 21 and 22. The Institute has confirmed that the training will be at Eastern State Hospital. Another important preparatory scheduled for September is a stakeholders' meeting to ensure that Eastern Washington stakeholders' concerns are

addressed in the training series. Please contact Beverly Miller at the Washington Institute with your suggestions. For more information, she can be reached by telephone at 253-761-7562 or e-mail at beverly@u.washington.edu.

The Working Agenda

Day One:

Tour of relevant Eastern State Hospital units
Referrals and Investigations

Day Two

Legal framework and the Court Process including Less Restrictive Alternatives, Revocations, and Non-Emergency Detentions

Day Three

Risk assessment
Substance abuse and commitment
Suicidality

Day Four

Older adults
Developmental Disabilities

Day Five

The commitment system for children

Pioneer Center East Opens

In July 2001 the legislature appropriated funds for an involuntary chemical dependency treatment facility in eastern Washington. Pioneer Center East (PCE) opened a 40-bed facility and is accepting court committed chemically dependent individuals from the state. The initial commitment is for 60 days, with recommitment possible for an additional 90 days. The average length of stay, based on Pioneer Center North, is expected to be 75 days.

The program is comprised of a comprehensive range of services geared to treatment-resistant individuals over a longer treatment period of time in order to meet the needs of this population. Treatment is provided by an Interdisciplinary Team of licensed physicians, psychiatrists, nurses, chemical dependency counselors, case managers and other health care specialists.

The program, which includes a 5-bed assessment and stabilization unit; will offer basic living skills,

nutrition, health, recreation, and recovery lifestyle classes. Relapse behavior and, anger management classes as well as coping skill, grief and loss, self-esteem are part of the program. The program provides meditation, pain management, and relaxation exercises. Patients participate in groups for trauma survivors and on relapse and prevention behavior. Participants receive prevocational and vocational training. Treatment includes a discharge preparation group and comprehensive community transition planning.

For further information about PCE, contact Barry Antos, Senior Vice President, at 509-991-5028

We can be knowledgeable with other men's knowledge but we cannot be wise with other men's wisdom. - Michel Montaigne, essayist (1533-1592)

The Anniversary Dilemma

Anniversaries of tragedies can be difficult times for many people. For some, the anniversary date is a powerful reminder of loss. Family members and close friends experience the sadness, emptiness, and pain of a life which now only offers them a gaping hole in the fabric of life where there once was a vibrant and cherished person. For others, who may have tried to deny the tragedy's occurrence, the anniversary may break through their defenses and produce unexpected grief and feelings of despair. Some people believe that if they got through the first year after a terrible event happened the worst is over for them. They have lived through a year full of generally "awful firsts". For example, the first birthday without their family member or friend or the first Thanksgiving, Christmas, Hanukkah, or New Year may have produced poignant moments of pain for those left behind. Those poignant moments may pile up and produce their most serious impact during an anniversary time. The development of unexpected and intense feelings of grief can be overpowering for those who thought they had successfully denied their grief.

Still others see an anniversary of a tragedy as a milestone along the path to recovery. They hope that passing through the first anniversary will reassure them that a restoration of somewhat normal level of life activities is not only possible but that it is also close at hand. They realize that they have lived a whole year without their special person and they feel more confident that they can now make it through another. The doubts they once felt about their ability to survive without the loved one become less prominent.

Those who survived a tragedy, whether they were wounded or not, often find anniversaries bitter-sweet experiences. They are grateful that they lived through situations in which others perished, yet they feel intense guilt about the fact that others died. Intense feelings of terror and threat reverberate in their minds and hearts. Vivid dreams disturb their sleep. Anger and resentment toward those who caused significant changes in their lives predominate over calmer feelings. It is hard for anybody to feel the same around the anniversary of some significant tragedy.

Administrators of organizations, government agencies, and clergy in a wide range of congregations as well as family members and friends wonder what they should do to properly honor the memory of the dead while simultaneously alleviating the suffering of the living. ICISF has been asked for suggestions many times in the last few weeks as we approach the September 11th anniversary of the brutal attacks on America. The suggestions which follow may be useful guidelines for those who want to know what to do to deal with anniversaries of tragedies.

1. Each individual may deal with the anniversary of a tragedy in their own way. The first rule of managing the anniversary of a traumatic event is that there are few hard and fast rules. Some people need to visit the site of the tragedy, or a grave or a memorial site. Some will go to a place of worship and pray for their dead. Others will visit those who have sustained injuries or they will bring together friends and family for a quiet meal. Some need to express themselves in a public manner with other people while others need to manage the anniversary in a very private manner. No particular method of managing one's loss and grief is better than other methods. We all need to be understanding and tolerant of the methods people choose to deal with their grief. Their personality, culture and background may suggest to them different paths for the expression of their grief.

2. Public or private rituals can help people who are struggling with fear and loss. It is up to the individual to choose the rituals which will help the most. Many people need and choose a companion to accompany them through the rituals surrounding the anniversary. It is helpful to offer to go with someone if it appears that they may have to face the ritual alone. In some places a member of a local CISM team has been there through a ritual when no family member or close friend was available. If a person chooses to attend a ceremony by themselves, then that choice is respected.

3. Spiritually oriented memorial services can alleviate much pain. They should be carefully planned and presented. The more public citizens

who are likely to attend, the greater the need for these services to be non-denominational.

4. Clergy or chaplain personnel can be instrumental in planning out the details of a religious or spiritually based memorial service. By the way, we should not overlook groups that have run memorial ceremonies for years. Concerns of Police Survivors and the Veterans of Foreign Wars have run such ceremonies and can be good advisors.

5. Grief seminars and other educational programs can help individuals or groups. Note: if both an educational program and a secular or spiritual memorial service are planned to be connected to each other, the secular or spiritual memorial service should go last. The reason is that educational programs tend to open people up and bring their pain to the surface. Spiritual and non spiritual memorial services tend to "re-box" the grief so that hope of recovery is enhanced.

6. Non-religious ceremonies may help people to face the loss of their loved ones. Non-religious ceremonies include the blowing of taps, twenty one gun salutes, speeches, military honors such as aircraft fly-overs, the reading of the names of the dead and missing, moments of silence, tolling a bell, the placement of empty chairs on a stage, candle lighting ceremonies, etc. It is not unusual for these ceremonies to be combined with each other or with prayers and other religious or spiritual ceremonies according to the needs and wishes of the families and friends.

7. When remains have not been recovered, the families and friends tend to suffer much more. They lack a sense of completeness of the loss. The anniversary often enhances the sense that the loss is truly not finished for them. Doubts remain about the reality of the loss of a loved one. This has certainly been the experience of those who have had loved ones lost at sea or dead within the earth as in a mining accident. No doubt, those whose remains were not recovered after the collapse of the World Trade Center will be sorely missed by their relatives and friends. The relatives often have a need to go as close to the area where their loved one was last known to be. They grieve their loss there.

8. It is perfectly acceptable for people to respectfully inquire about a person or a family or group's well

being during the anniversary time. The sending of cards, flowers, or memorial wreaths is acceptable according to cultural practices.

9. It is not unusual for people to experience behavioral changes for several weeks before and after an anniversary. Withdrawal, angry outbursts, emotional tirades, crying spells, overwhelming sadness, lack of attention to detail, loss of interest in school or work activities and poor treatment of friends, co-workers and family members are fairly common around anniversary times. Grief does not get processed according to some pre set schedule. For some, the intensity of their grief reactions gradually lessens over time. Some people have found that the second or third anniversary is much more difficult for them than the first. Never tell a grieving person that they should be over it by now. Never tell them that they just have to let go and move on. Those words of "advice" will cause more pain. Understanding, patience, and gentle support are most helpful during these stressful times around the anniversary.

10. People who are experiencing grief reactions around anniversaries should not be treated as abnormal. We ordinarily do not refer people who are experiencing normal grief reaction. Anyone, however, who is experiencing particularly intense, difficult, long-lasting or significantly disruptive grief reactions should be offered or encouraged to accept professional assistance. We refer to professionals when a person is stuck in overwhelming grief which is interfering with one's ability to function normally in life.

Our thoughts and prayers go out to all who are suffering through an anniversary of a loss whether it is the attacks on America or some other painful experience. We hope for healing, peace of mind, and recovery for all who are in pain.

Jeffrey T. Mitchell, PhD, CTS
President, International Critical Incident Stress
Foundation, Inc.

Jeffrey Mitchell is the founder of the ICISF which provided training at the 2001 Fall Conference in Yakima. More information about the ICISF and critical incident stress can be found at its website www.icisf.org.

We could learn a lot from crayons: some are sharp, some are pretty, some are dull, some have weird names, and all are different colors...and they all have to learn to live in the same box.

WACDMHP
2002 Fall Conference

**Stakeholder^o Address:
(Concerns, Challenges, and Collaboration)**

October 3rd & 4th

WestCoast Olympia Hotel
Olympia, WA

Washington Association of County Designated
Mental Health Professionals
PO Box 5371
Bellingham, WA 98227

PRST STD
U. S. Postage
PAID
541
Pullman, WA