Frontlines

Washington Association of Designated Mental Health Professionals

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President's Letter

The state is reopening three units at Western State Hospital. I knew that would get the attention of any DMHP. For that matter, this would surprise most anyone involved in the mental health system. This past legislative session, funding was allocated to temporarily reopen three units at WSH to address the severe lack of available inpatient psycatric beds. The budget also includes increased funding for the development of inpatient Evaluation and Treatment Facilities and PACT (Programs for Assertive Community Treatment) teams.

The current state plan is to develop additional outpatient resources, then at the end of three years to again begin downsizing the state hospitals. Numerous state associations, agencies, and individuals repeatedly advocated for this funding during the past four years. These measures are all steps in the right direction. A very small amount of pressure has been lifted from this critical situation; however, people on 72-hour commitments are still regularly being committed to and held in emergency departments for extended periods.

Another change that occurred in the last legislative session seems to legally redefined Eastern State Hospital and Western State Hospital as facilities that serve only 90- and 180-day commitments or Least Restrictive Alternatives, in addition to state forensics programs. The reality of how the law will be interpreted remains unclear. The practice is that individuals are still being directly admitted to ESH on 72 hour holds. However, WSH continues to decline any 72 ITA's. This change in law is somewhat ambiguous at present. The DMHP Association will work on articles for both of these legislative items for upcoming editions of *Frontlines*.

In the last edition of *Frontlines*, I wrote about a lack of statewide training for DMHPs and no consistent safety training for mental health workers. The Mental Health Division has contracted with the DMHP Association to assist in organizing two Safety Summits (please see article by David Kludt on page 3) to begin the process of identifying statewide needs and to share best practice models as well as policies and procedures. It is unclear at present what the follow up to the Summits will be. What is clear is the State and the system as a whole are poised to attempt to move forward collaboratively toward needed change for safety of outpatient mental health workers.

Additionally, the State has again funded the DMHP "Boot Camps" (please see article by Gary Rose on page 19). The goal of these "Boot Camps" is to provide standardized training within the state for DMHPs. These types of activities serve to strengthen our profession and the Association is thankful to the State for again funding this training.

The DMHP Fall Conference is quickly approaching (September 21-22) and with that comes election of two new officers to the DMHP Executive Committee. Anyone interested in being involved in the Association may contact any of the current members of the Executive Committee – you can find our email addresses in *Frontlines* or on our website: www.wadmhp.org.

Ian Harrel

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"A true party-man hates and despises candour." -- Adam Smith (1723-1790) Scottish philosopher and economist

In the year 2006, the Lord came unto Noah, who was now living in the United States, and said, "Once again, the earth has become wicked and over-populated, and I see the end of all flesh before me. Build another Ark and save 2 of every living thing along with your immediate family."

He gave Noah the blueprints, saying, "You have 6 months to build the Ark before I will start the unending rain for 40 days and 40 nights."

Six months later, the Lord looked down and saw Noah weeping in his yard - but no Ark. "Noah!" He roared, "I'm about to start the rain! Where is the Ark?"

"Forgive me, Lord," begged Noah, "but things have changed. I needed a building permit. I've been arguing with the inspector about the need for a sprinkler system. My neighbors claim that I've violated the neighborhood zoning laws by building the Ark in my yard and exceeding the height limitations. We had to go to the Development Appeal Board for a decision.

Then the Department of Transportation demanded a bond be posted for the future costs of moving power lines and other overhead obstructions to clear the passage for the Ark's move to the sea. I told them that the sea would be coming to us, but they would hear nothing of it.

Getting the wood was another problem. There's a ban on cutting local trees in order to save the spotted owl. I tried to convince the environmentalists that I needed the wood to save the owls - but no go!

When I started gathering the animals, an animal rights group sued me. They insisted that I was confining wild animals against their will. They argued the accommodation was too restrictive, and it was cruel and inhumane to put so many animals in a confined space. Then the EPA ruled that I couldn't build the Ark until they'd conducted an environmental impact study on your proposed flood.

I'm still trying to resolve a complaint with the Human Rights Commission on how many minorities I'm supposed to hire for my building crew. Immigration and Naturalization is checking the green-card status of most of the people who want to work.

The trades unions say I can't use my sons. They insist I have to hire only Union workers with Ark-building experience.

To make matters worse, the IRS seized all my assets, claiming I'm trying to leave the country illegally with endangered species.

So, forgive me, Lord, but it would take at least 10 years for me to finish this Ark."

Suddenly the skies cleared, the sun began to shine, and a rainbow stretched across the sky. Noah looked up in wonder and asked, "You mean you're not going to destroy the world?"

"No," said the Lord. "The government beat me to it."

I retell this story, not to bash the government or any group of individuals, but because I think that it offers a lesson of tremendous relevance. The war in Iraq is into its forth year, and this spring 6 retired military officers spoke out because active duty officers, by their oath of office, are not permitted to. Unfortunately, the mental health profession does not have retired officers who are able to speak up about the system. Although I am still in the active ranks of the mental health profession, I am going to make a bold statement: the system is broken.

I am not alone in my belief. Others in the field maintain that the mental health system is broken. It is not difficult to understand that a system which is being fought over by a number of interest groups is in serious trouble.

When a system is broken, or out of kilter, it is difficult to repair. An airplane is grounded when a warning light comes on indicating a possible problem. The light itself doesn't indicate the seriousness of the problem; it's an indicator to the crew that something needs to be taken care of before taking off.

The problem may be insignificant, but the plane doesn't depart from the gate because an insignificant problem can cause a chain of events that become a major problem after it is airborne. A small problem can set off a series of events that, either by themselves add up to a serious problem, or cause an overload to the plane's system so that eventually a major, or essential, component fails. It is believed that the malfunction of a screw device that controls the rudder was the culprit that brought down an Alaska passenger jet a few years ago.

A mental health system that is siphoning money away from front-end treatment is not healthy because eventually it is having to spend more money for the highest cost treatment for individuals, who have decompensated because they did not receive good care up front.

Dumping money into tail-end treatment, rather than front-end treatment, creates a downward spiraling effect that is similar to

PLEASE SEE **EDITOR'S NOTES** ON PAGE 3

David Kludt

Greetings from Olympia

Mental health workers safety remains a very high profile subject on many people's minds. In an earlier addition of Frontlines I indicated the Mental Health Division (MHD) intended, to work with other stakeholders, and hold a series of "Safety Summits" in the fall of this year.

I was fortunate to receive a small amount of Federal Block Grant money to assist us in taking a statewide and national look at issues related to community (out-patient) mental health worker safety. I have contracted with the Washington Association of County Designated Mental Health Professionals (WADMHP) to work with me on this important project. We will be having two (full-day) safety summits, one in Western Washington (Sept. 18th – Western State Hospital), and one in Eastern Washington (Sept. 20 – Pasco Red Lion Inn)

On Monday, June 26th, Ian Harrel (President of the WADMHP) and I held a conference call with approximately 20 other individuals representing community mental health providers, RSN's, Service Employees International Union (the union that represents some mental health agencies), State Representative Tami Green, and the Washington Community Mental Health Council. This planning group was used to help determine what the focus of the safety summit meetings will be. The group will also be doing much of the research as we prepare material to be presented at the safety summits.

The four topic areas that we will be focusing on are:

- Collaboration with other stakeholders.
- Training
- Clinical judgment/risk assessment
- Access to information & safety equipment.

The safety summits will provide participants with state and national information on these specific issues related to safety. In addition it will allow individuals to participate in small groups who will make recommendations on these topics.

What will happen after the safety summits? The WADMHP will take this information along with individual questionnaire responses and, provide a final report to the MHD. This report along with the other gathered information will be used by the MHD to look at possible changes to DMHP protocols and or ITA statutes (71.05 & 71.34). It will be used to look at best practices and to make recommendations regarding possible state wide training. Finally it will be used to help guide the MHD in assessing and looking at possible legislation aimed at increasing worker safety.

Unfortunately not everyone is going to be able to attend one of the safety summit meetings. If you are not able to attend we are still interested in hearing your opinions.

If you would like to complete a safety questionnaire please contact Louie Thadei at: thadela@dshs.wa.gov.

David Kludt
MHD/Program Administrator

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negative feedback in a sound system. As more money is needed, and spent, to provide inpatient treatment for individuals who have decompenstated due to lack of front-end services, the less there is available for case management, medications, and therapy that is necessary for monitoring symptoms and stability. Back-end spending is like a whirlpool in a river – it sucks everything down

One aspect of this unending sucking process, as more people are hospitalized, is the demand by policy makers for more quality assurance in order to determine what is going wrong. This attempt to assure accountability forces clinicians to spend so much time documenting what they are doing, so that they actually have less time to provide the very treatment and services that prevent hospitalization. When an inordinate amount of time is spent documenting rather than providing service, there are bound to be serious consequences for clients; this is often reflected in increased detentions and hospitalizations.

The broken system puts an enormous burden on DMHPs because they are responsible for evaluating and finding beds for the individuals who have been neglected by the broken system.

"Powers once assumed are never relinquished, just as bureaucracies, once created, never die." -- Charley Reese, Columnist

Scott Kuhle, Editor

Two sessions of training for DMHPs

Tacoma – September 11-15 Spokane - September 25-29

Vicki Bringman resigns from Executive Committee

On May 19th, Vicky informed the Executive Committee that she was formally resigning as Treasurer of the WADMHP Association. In her letter of resignation, she wrote, "I have had a wonderful time being involved with this organization, and think we have accomplished good things. I am now involved in other pursuits and must move on. Again, thanks for all the good memories and I hope to see you all again."

Vicki will continue working at Okanogan Behavioral HealthCare in Omak, but in her words, "changing focus," as she is "moving in other directions than DMHP work." Vicki is Director of Chemical Dependency, Courts, Jail, Housing, & Hospital for Okanogan Behavioral HealthCare

In accepting Vicki's resignation, Ian Harrel, President, wrote, "Vicky you will be missed on the executive committee. Thank you for all of the work and time you put into being the treasurer and pitching in when needed such as putting on the Spokane conference. Your energy, knowledge, experience were helpful to the executive team and to the DMHP association as a whole. On Behalf of the WADMHP, Thank You."

Gary Carter has generously offered to fill the remainder of Vicki's term. Gary served as treasurer prior to serving 2 terms as president of the association.

2nd Vice-President and Secretary
Nominations for two positions

Two positions on the WADMHP Executive Board will expire at the end of this year and will be filled at the fall conference in Pasco. The open positions are 2nd Vice President, and Secretary. According to the bylaws of the association, the nominating committee is to have a slate of officers by September 1st. WADMHP 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 Sharon Nations, will need to be filled.

The position of Secretary is open. Scott Kuhle, who was appointed by the president to fill the position when Shelly Ray resigned, is not running.

The primary responsibilities of the 2nd Vice President are to plan the fall conference and assume the role of the president in his/her absence.

The primary responsibility of the Secretary is to keep the associations records and to record the minutes of the business of the executive board. All of the officers are expected to attend the four annual executive board meetings, and participate in the monthly teleconference calls. Each of these positions is a term of two years. Nominees must be a DMHP.

At the spring conference, the executive board appointed Gary Carter, Jami Larson, Ian Harrel, and Kincaid Davidson to the nominating committee. However, according to the association's constitution and tradition, members are encouraged to submit the names of candidates for open positions. Members are encouraged to use the ballot to send their nominations to: WADMHP Nominating Committee, PO Box 5371, Bellingham WA 98227

Once you label me you negate me. -Soren Kierkegaard, philosopher (1813-1855)

NOMINATION FOR WADMHP EXECUTIVE BOARD OFFICERS

Second Vice-President

Name: _____

RSN or County of Designation: _____

Secretary

Name: _____

RSN or County of Designation: _____

Submit your nomination(s) by September 15, 2006 to:

The WADMHP Nominating Committee
PO Box 5371
Bellingham, WA 98227

2006 Fall Conference planned for Pasco

Planning is well under way for an exciting conference to be held in Pasco, Washington on September 21th and 22nd Sharon Nations, King County Crisis and Commitment Services, has put together a two day agenda of presentations that are relevant for DMHPs and other mental health professionals.

The primary presenter for the fall conference is David Scratchley a PhD clinical psychologist practicing in the Seattle area.

Dr. David Scratchley is a leading expert in the field of addiction and mental health. Dr. Scratchley is currently assisting in the development of drug treatment services in community-based organizations in King and Pierce counties as well as in Northern California as part of a grant-funded project. He is a spokesman for a nationally recognized educational video series, including a new video on how children can cope with bullies called "*Gum in my Hair*."

In 2003, Dr. Scratchley received the prestigious John Horngren award for excellence in treatment in Washington State presented by the adolescent chemical dependency treatment providers. Dr. Scratchley serves on the board of the Matt Talbot Center. He has been acknowledged by 248 judges, including the Washington Supreme Court, for providing excellence in education regarding treatment and the brain.

Dr. Scratchley is the co-author of a widely used textbook on addiction. He is a well-known forensic expert witness on the relationship between addictive drugs and violent behavior. Dr. Scratchley was educator of the year in 1995 in the field of addiction studies for Washington State. His positions have included: Director of Operations at Children's Hospital for Cystic Fibrosis research, Clinical Director for Seattle Children's Home, Managing Director of Research for Seattle Children's Home, and faculty member at Seattle University from 1988-2002 in Addiction Studies and Psychology. His accomplishments at the Seattle Children's Home included planning, marketing, and funding a developmental pediatric center with funding from the Bill and Melinda Gates Foundation, and developing and marketing a mental health assessment center for children with a gift of one million dollars form the MacArthur Foundation.

On Friday morning, David Westin will present the legislative perspective on the secure detox programs. The program directors from the two trial projects, Chris Larson, Pierce County RSN, and Larry Van Dyke, North Sound RSN, will talk about their programs. The presentation will conclude with a panel of DMHPs discussing their experiences in their new role as DMHPs and DCRs(Designated Crisis Responders)

CEUs will be given for each of the two sessions. The custom is that the CEU certificates are handed out at the end of the conference, or the end of the day for those attending only the first day.

Both of the presenter's topics are appropriate for both new and veteran DMHPs, other crisis workers and first responders.

The Executive Board will meet on Wednesday, September 20th in the reception suite at the Red Lion Inn. David Kludt, the Mental Health Division's liaison with the association will attend part of the meeting. The executive board meeting is open to all members.

The Benton County MHPs will host a hospitality gathering in the reception suite on Wednesday evening at the Red Lion Inn at 7:00 in the hospitality suite. The membership due for the Washington Association of Designated Mental Health Professionals is included in the price of the conference. The fee also includes a subscription of the *Frontlines* newsletter.

To make your room reservations, call the Pasco Red Lion at: 509-547-0701

The hotel registration includes breakfast on both days of the conference for participants who are registered at Red Lion Inn. Lunch is included on Thursday as part of the conference registration fee. Cancellations are subject to a $15.00 handling charge. No refunds will be provided after September 8, 2006.

Send your conference registration to: WADMHP c/o King County Crisis and Commitment Service, 900 4th Avenue, Suite 625, Seattle, WA 98164.

For further information or questions regarding the conference please contact Sharon Nations at 206-240-6569

Attend the 2006 WACDMHP fall Conference in Pasco

Addiction, Drug Abuse and Mental Illness: Differentiating the Effects of Psychoactive Drug Use from Psychiatric Illness.

David Schratchley, PhD

Psychophenomenology of the Lived Experience of Persons with Schizophrenia in the Post-Psychotic Phase of Recovery from Psychosis

Mary Moller, PhD, ARNP

Abstract

Psychosis is a frightening, and often traumatic experience that creates disrupted cognitive function and leaves an uncertain aftermath. This phenomenological study answered the question "What is the lived experience of persons with schizophrenia in the postpsychotic adjustment phase of recovery from psychosis?" Nine participants, aged 21-37, actively participating for at least one year in a first-episode treatment program, described re-engaging with ordinary life activities after experiencing a psychotic episode and becoming diagnosed with schizophrenia, and their efforts to move forward with previous life goals.

Psychophenomenological methodology (van Kaam, 1987) was used in the analysis of 542 participant responses. Fifty-one themes were embedded in emotional, interpersonal, cognitive, physiological, and spiritual components of the necessary and essential constituents of post-psychotic adjustment. A conceptual framework of the post-psychotic adjustment process (P-PAP) emerged as a dynamic four-phase progression from cognitive dissonance to insight followed by achievement of cognitive constancy that culminated in a return to ordinariness. Emphasis was placed on the post-psychotic intra-psychic processes of discerning the reality of others from the unreality of self, establishing and maintaining cognitive stability, and when to move forward with their lives.

A lengthy trajectory of 3-5 years post-initial psychotic episode was identified to accomplish P-PAP. This finding is consistent with first-episode outcome studies. Achieving pharmacological efficacy to consistently diminish symptoms after the first episode took six to twelve months. An additional six to eighteen months was required to master the process of being able to autonomously conduct reliable reality checks. Achieving this skill signaled the beginning of insight and was dependent on medication efficacy and ongoing support. After attaining insight, the process of achieving cognitive constancy included resuming normal interpersonal relationships and mustering the internal grit to consider re-engaging in age-appropriate activities related to school and work. This phase lasted one to three years. Ordinariness is marked by the ability to consistently and reliably engage in and complete age appropriate activities of daily living. This phase lasts at least two years. Four participants had entered this phase.

Factors that delayed postpsychotic adjustment included extended length of time to achieve initial pharmacological symptom management, absence of active family support, absence of use of active listening communication skills by treatment staff, effects of stigma on the ability to accept the diagnosis, and impaired cognitive ability to achieve insight into the diagnosis. Unmet initial individual mental health care needs that contributed to delayed postpsychotic adjustment included participant perceptions of treatment providers ability to emotionally engage in a therapeutic relationship and the absence of an early psychosis treatment program (EPTP).

Aspects of the EPTP that fostered P-PAP included actively connecting with the participant to create a sense of safety in all aspects of treatment through the use of psychoeducation; negotiation of all aspects of treatment with program staff which served to rebuild self-esteem and give participants a sense of control through a change in attitudes and beliefs; building on participants knowledge of salient symptom management strategies; promotion of hope through use of encouragement; and, overcoming stigma through re-engagement in the education and work arenas.

Treatment implications of the P-PAP trajectory, absence of cognitive ability to have insight, and absence of ability to achieve reality reorientation skills on the capacity to move toward ordinariness are discussed.

Dr. Moller presented on geriatric issues and care at Sun Mountain in 2003. She treats persons with chronic and persistent mental disorders in Suncrest, Washington.