Frontlines

Newsletter of the Washington Association of Designated Mental Health Professionals

Autumn 2012

President's Letter

Dear sister and brother DMHPs,

There is a chill in this morning's air that foretells the coming of autumn.

We have been very busy since last fall. We had a great Fall Conference at Sun Mountain Lodge with a presentation on the Washington Death with Dignity Law on Thursday and a legislative update on Friday. The Association participated on the Protocols workgroup which resulted in new updated Protocols which were accepted by the Legislature and published this spring. The Association was well represented at several workgroups dedicated to addressing the Evaluation and Treatment bed shortage. In fact, we are still at the table of the Single Bed Certification workgroup which is working to create recommendations for consideration by the Department of Social and Health Services. The Association gave feedback on several bills that were considered in the 2012 legislative session. In June the Association held a day-long conference at the Behavioral Health Conference focusing on Traumatic Brain Injuries and a review of the new DMHP Protocols. Also the Association held 2 DMHP Boot Camps, one in Lacey and the other in Spokane this summer. There were DMHPs from 15 different counties represented. Based on feedback from previous Boot Camps, we included reviews of the Children's Mental Health Law RCW 71.34, the Adult Mental Health Law RCW 71.05, and presentations by the VA on working with returning Vets. The Association also facilitated the Quarterly DMHP Manager meetings this past year. And last but not least we have put out the Association newsletter. It has been a very busy year for the Association. I am very proud of all the work we have done, given that we are a volunteer organization.

The Association is currently working on the Fall Conference at Sun Mountain Lodge which will be held October 18 and 19. The presentation will be on Ethics for DMHPs all day Thursday and a review of the new DMHP protocols Friday morning, followed by a DMHP roundtable discussion. The Association is also working on updating the Association's website to enable us to host online trainings in addition to other future projects. It is our intention to make the website more meaningful and useful for DMHPs.

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Letter from David Kludt of DBHR

Greetings from Olympia & Spokane,

I was recently asked to speak to a class this fall at Washington State University. The class is "Introduction to Community Counseling." I have been asked to speak about the State's Involuntary Treatment Act and the role of the Designated Mental Health Professional (DMHP). So how does one go about explaining to young students what a DMHP does and more importantly what does it take to be a good DMHP?

I can speak easily to the involuntary commitment law, its history and the legal and ethical issues involved. I also can harken back (way back!) to my days as a DMHP and speak to the satisfaction one feels when truly helping an individual in crisis. I can also speak to the overwhelming sadness when explaining to the parent(s) of a young 18 year old that their son or daughter is experiencing their first psychotic episode.

So what makes a good DMHP? I recently had the opportunity to attend the retirement of a DMHP/ DMHP Manager that I have a great deal of respect for. Scott Kuhle served as a DMHP and Crisis Services Managers for 22 years at Palouse River Counseling in Pullman. To me Scott embodies so many of the qualities required to be a good DMHP. First and foremost Scott is a humanist with great compassion and respect for people! Without compassion and respect, intelligence, knowledge of the law and clinical skills will take you only so far. One of the other skills that I

believe is required to be a good DMHP is the ability to collaborate with community partners and see your role as part of the larger community. Watching a video tribute to Scott including people from law enforcement, community hospital, juvenile court and others reminded me of how big an impact a DMHP can have in their community! So when I speak to those students I will talk of the important role of the DMHP and I will talk about Scott and the many other "good DMHP's" that are serving our communities.

Work related to Single Bed Certification, DMHP Training and Access to information is moving along and by the time the next Frontline is published we should have more information for you on these issues.

Hope to see as many of you as possible at the Fall Conference at Sun Mountain. Until next time, thank you for the work you do and as always, be safe!

David Kludt, Program Administrator
Division of Behavioral Health and Recovery
(509) 227-2617

Introduction to the WADMHP Board

Allison Wedin 2nd Vice President, I accepted my first position in the mental health field almost 11 years ago in Lewis County as a crisis respite worker and filled many different positions along the way prior to taking on DMHP work. I moved on to supervise a Crisis Stabilization Unit in Thurston County and currently I am Program Manager of Crisis Services for BHR in Gray's Harbor County. I joined the WADMHP executive committee in 2007 and have served as secretary, treasurer, and currently 2nd Vice President. My favorite duties have been conference planning and serving in the past on the DMIO statewide review committee as a representative of WADMHP.

I am passionate about crisis work; both working with clients and leading others in this area of our field. We often stand in the fire with someone at their most vulnerable moment and I feel honored each time to be allowed to do so. These moments are full of potential and of opportunity. I joined WADMHP to support and be supported by other similar professionals, who do incredibly rare, important and taxing work. My hope for the future is for more DMHPs to join the association and become involved in trainings, conferences and advocacy at the state level. It takes a special combination of qualities and skills to be a successful DMHP. We are a small group with a unique role and it is important for our work that we continue to build a strong and respected professional organization.

Outside of work, I am blessed with good friends, family and an adorable wiener dog. This summer I am enjoying time at the river and driving with the top down.

Luke Waggoner Treasurer, I started my career in the mental health profession in 2001 working as a Mental Health Technician in a long term, locked psychiatric unit for adolescent males. Since then I have worked as a Case Manager with adults with chronic and severe mental illness, as a mental health aid in a therapeutic high school, as a residential staff in a residential program for adults with chronic and severe mental illness, operated a horticulture therapy program for mentally ill adults and provided individual and group therapy for adults. I began working as a DMHP in 2007 at the Dept of Human Services in Walla Walla. In 2008 I became the supervisor of the DHS Crisis Response Unit, in 2010 I became the Clinical Manager of Crisis and Jail Services and in 2011 the DHS Supportive Housing program was also brought under my purview.

I joined the WADMHP Executive Board in 2010 as the treasurer with the goal of being part of an organization that provides a voice for DMHPs at a state level and whose purpose is to provide training and support to DMHPs.

Beyond my work as a Manager and DMHP I have a passion for using and promoting the use of bicycles for transportation and showing the utility of cargo bikes and cargo trailers for transporting things from groceries to building supplies. During 2012 I have acted as the Social Director for Wheatland Wheelers Bicycle Club to plan and put on our twice monthly Ice Cream Social rides to share the love of cycling with people of all ages and ability levels. My other hobbies include backpacking, mountaineering, travel and reading.

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2012 Fall Conference

Ethics for DMHPs

At Sun Mountain Lodge

Thursday, October 18

07:30 am Registration and Breakfast
08:30 am Opening Remarks
08:45 am Ethics for DMHPs
10:30 am Break
10:45 am Ethics for DMHPs
12:00 pm Lunch & Business Meeting
1:30 pm Ethics for DMHPs
2:30 pm Break
2:45 pm Ethics for DMHPs
4:30 pm Adjournment

Friday, October 19

07:30 am Breakfast & Registration
08:30 am Opening Remarks
08:45 am Legislative Update and review of the DMHP Protocols with David Kludt & Robby Pellett
10:30 am Break
11:00 am Roundtable: The Future
12:00 pm Conference Adjourns
CEU/CME: 6 hours on Thursday, 3.5 hours on Friday

REGISTRATION FORM
Washington Association of Designated Mental Health Professionals
2012 Fall Conference
October 18 &19, 2012
Sun Mountain Lodge

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

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

Employer: County:_____Position Title:_____

WADMHP member_____ Non member_____

Registration fee: One Day Only $95. Both Days $160
Make check payable to WADMHP
Please note: Check or cash only

WADMHP Tax Identification Number: 91-1997711

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

Or contact Kincaid Davidson at (360) 676 – 5162

(Luke Waggoner) My hope for the future of DMHPs is that we can work in a state where resources for individuals with mental illness are as readily available as resources for individuals with cancer or heart disease.

Beth Keating Secretary, I am one of the new editions to the WADMHP board as secretary starting only this past summer.

I began working in the Mental Health field in in Portland, OR in 2006 mainly working with children and adolescents who were survivors of complex trauma. I then moved for a couple years into the medical field providing individual and group therapy for children, adolescents, and young adults with eating disorders. At that time, I was excited to find the opportunity working with community mental agency, providing specifically crisis work. I moved to Pacific County in the far Southwestern corner of Washington in April 2011 and began working as a DMHP with Willapa Behavioral Health. I serve as one of two main crisis therapists in Pacific County and love working with individuals and other community agencies (i.e. law enforcement, hospitals, etc.) to help our clients who are in crisis.

Being a DMHP, is stressful, rewarding, and an adrenalin boost all at the same time. I am excited to be involved on the executive board and working to support other DMHPs as well as meeting others who can relate to my own work experiences in this rare position. I especially look forward to working at the state level directly with the law and possibly helping with future positive changes.

Outside of work, I enjoy outdoor activities such as hiking, camping, and learning about Pacific NW coast life. When indoors, I love doing painting and drawing of all varieties as well watching movies and getting lost in a good science fiction novel.

Robby Pellett President, I began my work in publicly funded mental health care later in my life. I graduated from Antioch University Seattle with a MA in psychology in 1994 and began working with children and families at Eastside Mental Health in Bothell WA. Later I worked as a contract therapist for DCFS in the Family Reconciliation Program which lead to being on the Children's Crisis Outreach Team in King Co. From there I was hired by Pierce Co Human Services as a Children's Crisis Care Manager and that led me to becoming a CDMHP for Pierce Co.

I have been a DMHP for over 13 years. It is work that I love and that I am proud to do. To meet a person who is experiencing the terror of a psychotic episode and tell them I can help them by putting them in the hospital and see the relief in their face is very rewarding, as is detaining someone who is a danger to the community or to themselves, in order to protect them and others. I believe that this work is 'right livelihood' which is important to me in the context of my faith as a Buddhist.

I hope that the Association can continue to support DMHPs across the state in direct and indirect ways.

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Tiffany Buchannon 1st Vice President, I began my career in mental health at Cascade Mental Health Care in Lewis County as a Child and Adolescent Case Manager after graduating from The Evergreen State College in 2003. I knew early on that I wanted to be a DMHP and knew that to really be able to do the job well, I needed to gain as much experience with as many different populations as possible. I have held positions as a Geriatric Case Manager, Adult Outpatient Intern, Jail Transition Specialist, Family Preservation Therapist, and finally, after graduating from Saint Martins University in 2008, I began working as a DMHP. In 2010, I accepted the position of Crisis Services Program Manager at Cascade where I managed multiple programs as well as a hospital diversion/semi-independent living unit.

Shortly after accepting that position, I was given the opportunity to represent WADMHP as a voting member of the Offender Re-entry Community Safety Committee which designates mentally ill individuals coming out of prison to receive assistance in transitioning and maintaining support in the community after release.

In 2011, I became a board member for WADMHP, first as secretary and now as 1st vice president. This has allowed me to advocate for DMHPs at a state level as well as assisting in providing education opportunities for DMHPs across the state. More recently, I accepted a position as House Supervisor for Behavioral Health Resources' Evaluation and Treatment Unit in Thurston County. I often do fill in DMHP work in Thurston County to keep my skills sharp and to help me be better aware of DMHP issues in my area.

When I'm not at work, I enjoy doing home projects with my husband, watching my daughter in theater productions, spending time with my pets, and riding and showing my paint horses.

Thanks Jami and Welcome Beth

The WADMHP would like to thank Jami Larson for her years of service on the executive committee. Jami joined us in 2006 and served for 6 years as 1st Vice President. During this time Jami was integral in conference planning and facilitation, planning DMHP boot camps and presenting on DMHP Protocols. We will miss Jami's experience and wisdom, wit and sense of humor. We wish her the best and our deepest gratitude as she moves on in her career.

And we are excited to welcome Beth Keating to the Board. She joined us this summer to become our new Secretary when Tiffany took Jami's place. Please say hi when you see her at Sun Mountain Lodge this October.

WADMHP Board Elections

At the Fall Conference we will have elections for 2 positions on the WADMHP Executive Board President and 1st Vice President. If you have an interest in being a part of the WADMHP please let Beth Keating know by email at beth.a.keating@gmail.com. The Board will then contact you regarding your interest.

Some Parting Nosegays by Scott Kuhle

I have decided that it is time that I hang up my DMHP cap while I'm still at the top of my game. My worse professional nightmare is being at the hospital doing an evaluation, and halfway through the assessment having the medical staff call my agency asking for another DMHP because they think that I am the one meeting the criteria of grave disability under RCW 71.05.

My time spent working as a DMHP has been some of the most rewarding of my professional life. Through the years, I have learned much from my DMHP colleagues across the state, and, in gratitude to them, I want to take a moment to pass on some of that wisdom which has hopefully imbued my professional career.

On more than one occasion, I have spent my drive to the emergency department in the wee hours of the morning mulling just about every profanity in my lexicon, knowing that I was going to be seeing a frequent flier. Sometimes I was astonished at the degree of anger, frustration, and disappointment that I was having toward the person showing up again in the emergency department. However, by the time that I walked through the doors of the emergency department, all of that countertransference was put aside, and I had put on my professional persona.

Everyone has a story, and most of us enjoy telling our story. An effective crisis responder values the story of the patient/client. Although I may not have enjoyed some of the elements of a patient's story, I knew that what I was hearing was often coming from the inner most depths of the person, and recognizing that the story was not simply a novel, but a reflection of *who* that person was, I always wanted to treat the story with profound respect and dignity. In listening to the story, I realized that there were aspects of the story that were causing the patient on the gurney to have behaved in a manner that the other professionals who had been involved may not have understood. My role or obligation was not to make them understand, but rather to convey with profound sincerity to the patient that I understood and cared.

Answers and remedies

DMHPs are often expected by other professionals to have the immediate remedy for the situation that we have been called to take care of. I learned that it is a serious mistake to fall into the societal mindset that problems need to have an instant fix. A mature DMHP is able to leave his or her messiah complex at the door of the bay where the patient is being seen. Most of us have gotten into this profession because we have a desire to help people. Experience taught me that I was unlikely going to do more to help people in crisis than they were willing to do for themselves. When I found myself working harder than the patient, I backed off realizing that I was possibly doing little, if any, benefit for the person.

I have learned that people use words and phrases very differently. It is apparent that words change meaning across generational lines: how often do we hear women talking about their foundation wear or men discussing their trousers? Even people of the same generation often use words differently, and I think that an expert DMHP has a good sense about how the person being evaluated is using words. When the client said to the police officer, "I want to die," did he actually have any thoughts about suicide? Was a junior high student's comment to a peer that, "I'm going to kill you if you tell Jane that I like her,"
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a murderous threat? Other professionals - teachers, physicians, law enforcement officers – in the setting where the statement had been made may well have serious concerns having taken the literalness of the statement, and they are likely to have very different policies for dealing with the statements. The DMHP's role is narrow – to determine if the client meets the criteria of RCW 71.05. It was my experience that most of the time they did not.

I was relieved not to be in the punitive role doing my DMHP work. I left any needed punishment to law enforcement officers and others. My goal as a DMHP was primarily to see that the patient received what was in his or her best clinical interests. When there were issues of safety regarding others, my primary focus was still on the individual's needs. If the issues were not mental health related or psychiatric, then I left the disposition to others. That is sometimes difficult because DMHPs are often expected to solve any and all problems. It takes wisdom, humility, and courage to admit to not having *the* solution.

Humor goes a long way, not necessarily in solving problems, but in living with problems. While I took my work seriously with an individual who had been involved in an event of tragedy, I was often reminded of Aristophanes', the Greek comedy playwright, comment that the greatest comedy often entails tragedy. I never laughed ***at,*** but often laughed ***with*** my patients.

In Conclusion

So many times I heard from the patient, "I was so stupid." "No you were not stupid because you're not a stupid person," was my sincere response. Then I would add, "However, the manner in which you tried to solve your problem in the moment was probably not the best way."

I can think of little that is any more demeaning than to call a member of my species a *loser*. There is no such thing as a *loser* in my book. We DMHPs are frequently working with individuals who are lost, but they are not losers. We are all on a life journey. My life sojourn has been pretty smooth, beginning from my nine months *in utero* through my teenage years, and up to my current time of life.

My journey did not start with a mother who was using ETOH during her pregnancy. My school years were not seared with the fear of going to school knowing that I'd be taunted or bullied. My adult life was not filled with rejection and abuse. A person with a history of abuse and terror needs neither my pity nor condescension. She or he needs my complete attention, kindness, and respect. If, as a professional, I am permitted to use the word love, then I will say that the person needs my love.

I think that the statement *there but for the grace of God go I* is incorrect. As I was with the broken person on the gurney, I saw some of myself in that person - I saw my own frailty and brokenness. Being with the person in that moment was an occasion to not only to see my frailty, but, more importantly, it was an opportunity to share a bit of my strength and goodness so that the person on the gurney saw that I was reflecting back a bit of his or her beauty and goodness. He or she was not a loser any more that I am.

Au contraire. That person on the gurney is a masterpiece - an imperfect masterpiece. My challenge as a DMHP was to see past the imperfection and discover the goodness of the masterpiece, revel in it, and try to make sure that the masterpiece received the care and love that it needed in the moment. Peace and Joy.
Scott Kuhle
June, 2012

Carolyn Williamson Scholarship

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

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.

To be considered for this gift a Supervisor needs to submit the name of a DMHP who will be attending the Fall Conference for the first time, by September 15 to the WADMHP president Robby Pellett by email at robbypellett@hotmail.com. The WADMHP board will pick the winning DMHP and will inform the DMHP's supervisor by September 20. At the Fall conference the winning DMHP will be acknowledged at the lunch meeting on Thursday October 18.

President's Letter continued

We will have elections for a new President and 1st Vice President at the Fall Conference. I will be stepping down this fall as the President of the Washington Association of Designated Mental Health Professionals. I have been honored to have a part in the Association, first as Vice President, then as President. We have gone through some tough times together, with efforts to erode our independent decision making authority, substantial cuts in community mental health services and an ever decreasing number of Evaluation and Treatment beds. The Association has continued to bring trainings tailored to the needs of DMHPs and has advocated for DMHPs though the Protocols workgroup, the Single Bed Certification workgroup, and access to information workgroup and the legislature. I am very proud of the work that the Association has done over the years.

Thank you for all the good work you do for the citizens of Washington State and the visitors to our state. Stay safe at all times, especially while you are on the job.

Robby Pellett
WADMHP President

Recent Changes in Legislation

Every year the legislature writes new laws that affect our work as DMHPs. The last couple of years have been no exception. In 2011, including the special session, the following bills were signed into law.

SB 5531 Reimbursing counties for providing judicial services involving mental health commitments

S**B 5105** Addressing the conditional release of persons committed as criminally insane to their county of origin

SB 5187 Concerning the accountability of mental health professionals employed by an evaluation and treatment facility for communicating with a parent or guardian about the option of parent-initiated mental health treatment

HB 213 Delaying implementation of certain provisions related to evaluations of persons under the involuntary treatment act

HB 1170 Concerning triage facilities

In 2012 legislation session the following bills were signed into law.

SB 6328 Authorizing creation of a retired active license for mental health professionals.

SB 2536 Concerning the use of evidence-based practices for the delivery of services to children and juveniles

HB 2139 Concerning the establishment of new regional support network boundaries

HB 2366 Requiring certain health professionals to complete education in suicide assessment, treatment, and management.

There were also new laws addressing use of taxes for mental health care. Of the new laws I would like to bring to your attention SB 5187 HB 2131, and HB 2366.

SB 5187 has now become part of RCW 71.34 specifically 71.34.375, 377,379 and all of the 600s. This is the new laws regarding Parent Initiated Treatment, which is a less restrictive option to involuntarily detention of minors. It also allows for a court review of a DMHP decision to **not** detain a minor.

HB 2131 delayed implementation of parts of SB 3076 until 2015. A revised RCW 71.05.245 is noted to be effective beginning July 1, 2015.

HB 2366 addresses the requirements for training in Suicide assessment, treatment, and management for mental health professionals. The Association is planning to provide suicide assessment training at the Fall Conference at Sun Mountain Lodge in the next couple of years.

I would like to encourage all DMHPs to stay abreast of proposed bills by looking at http://apps.leg.wa.gov/billinfo/ and to let your local senators and representatives know your opinion regarding new bills. You are your area's expert on Involuntary Commitment. The Association will also post new bills that we feel may have an impact on our profession on the Association website.

Response to the article "Mental health system fails to meet the needs of public and patients"

As the President of the Washington Association of Designated Mental Health Professionals I would like to respond to the article "Mental health system fails to meet the needs of public and patients" by Doris A. Fuller and Gerald R. Tarutis that was in the News Tribune on August 21, 2012.
http://www.thenewstribune.com/2012/08/21/2262742/mental-health-system-fails-to.html#storylink=cpy#storylink=cpy.

I was deeply saddened by the tragedy that occurred at the Peninsula Market in Pierce County earlier this month. However, to blame the involuntary commitment process and the Designated Mental Health Professionals, is simplistic and short sighted.

In my position as the President of the Washington Association of Designated Mental Health Professionals, I have met many of the women and men who are Designated Mental Health Professionals across this state. They are often looked to as experts in their communities. They are dedicated professionals who take the responsibility of our detention authority extremely seriously while doing a difficult and dangerous job with compassion and understanding. They live daily with the burden of the knowledge that regardless of their detention decisions there will be tragedies. While the use of Designated Mental Health Professionals, as agents of the court to detain individuals for involuntary psychiatric care is not universally used across the United States, it is not the source of the problem with the mental health system here in Washington State.

I would like to point out that in Arizona there are no Designated Mental Health Professionals or their equivalent. Any responsible person, such as a social worker, teacher, family member or friend and has observed or is aware that the person could benefit from a mental health evaluation and is unable to convince the person to seek voluntary treatment, can submit an application for court ordered evaluation of an individual who may benefit from a mental health evaluation. In Colorado there are no Designated Mental Health Professionals or their equivalent. Police, therapists, social workers or medical doctors can detain a person for up to 72 hours for further evaluation and treatment. Also in Wisconsin, there are no Designated Mental Health Professionals or their equivalent. There it only takes 3 adults to petition for a person to be court ordered for an involuntary examination, but one of them must have personal knowledge of the conduct of the individual named in the petition. These are states where there are no DMHP, but this unfortunately, did not prevent terrible tragedies.

I believe we should judge ourselves as a society on how we treat our most vulnerable and ill and by this measure Washington State and the entire country fall short. I hope that with an educated legislative leadership, there can be increased financial support for a publicly funded mental health system focused on providing needed mental health services in the least restrictive setting. Of course there will always be the need for involuntary treatment. But we should be clear that no amount of involuntary commitment will avert all such tragedies in our community.
Robby Pellett WADMHP President

WADMHP

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