



WASHINGTON STATE NEWSLETTER

NOVEMBER 2008 LATE FALL EDITION

SSWLHC ADVOCACY, PRIORITIES, ISSUES & ACTIVITIES

- **Friday, November 7, 2008**
 SWEDISH MEDICAL CENTER, GLASER AUDITORIUM, FIRST HILL CAMPUS
"BEYOND THE DIAGNOSIS: UNDERSTANDING AND RESPONDING TO PATIENTS' SPIRITUAL NEEDS IN CANCER CARE"
 SEATTLE, WA
- **WEDNESDAY, NOV. 19, 2008**
 SSWLHC WEBINAR—10:00—11:30 AM
"BEHAVIORAL HEALTH IN PRIMARY CARE" FOR REGISTRATION, CONTACT www.sswlhc.org
- **TUESDAY, DECEMBER 2, 2008**
 2008 LEGISLATIVE ADVOCACY FORUM
 8:00—NOON
 CANCER LIFELINE, SEATTLE WA
 6522 FREMONT AVE. NO., SEATTLE
- **SATURDAY, JAN. 31, 2009**
 NASW "LASW/LICSW LICENSURE PREP"
 HIGHLINE MEDICAL CENTER
 BURIEN WA

SSWLHC LEGISLATIVE FORUM SCHEDULED FOR DECEMBER 2, 2008

Cassie Sauer, MSW, returns as the featured speaker to the annual SSWLHC Legislative Forum that will take place this year on Dec. 2, 2008, from 8:00 AM to noon at Seattle Cancer Lifeline. Cassie will provide a WA State legislative review and will discuss anticipated Health Care Bills. Cassie, is the Washington State Hospital Association Vice President for Communication and a member of the WA Chapter, SSWLHC. This Seminar topic will present a timely discussion, based on the outcome of the current gubernatorial and State House and Senate election.

Also participating in this Forum will be Washington Citizen Action Network, the State's largest grassroots community organization working on social, economic and racial justice issues. Washington CAN is working toward a guarantee of quality, affordable health care for everyone.

The Legislative Advocacy Forum will provide 3 Social Work CEUs, appropriate for the WA State licensure requirements. Cancer LifeLine is located at 6522 Fremont Avenue No., in Seattle. Free parking is available.

LYNN BEHAR, MSW, PHD ESTABLISHES ONCOLOGY PRACTICUM SCHOLARSHIP

Lynn Behar, MSW, PhD, has established the Carol LaMare Practicum Scholarship in Oncology Social Work that is awarded annually to two second year MSW graduate students who have demonstrated a commitment to Oncology social work. In addition to the financial award Dr..Behar is available to mentor and support the recipients while they pursue their interest in this difficult clinical field.

A recent Carol LaMare award winner, Tiffany Lordon, MSW '07, was also recognized by the WA Chapter of SSWLHC as an outstanding student in the medical social work field and was awarded the 2006 SSWLHC scholarship. Tiffany's student practicum sites were Cancer LifeLine and Seattle Cancer Care Alliance.

Dr. Behar is a graduate of the UW SSW and a member of the WA Chapter, SSWLHC. She worked for many years as oncology social worker at Group Health Cooperative of Puget Sound. The Chapter thanks you Lynn, for your continuing support of students and their patients in this important growing practice area.

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ILLNESS MANAGEMENT AND RECOVERY (IMR)

AN EVIDENCE-BASED PRACTICE THAT CAN BENEFIT PERSONS WITH SCHIZOPHRENIA, BIPOLAR DISORDER AND MAJOR DEPRESSION

By Susan Gingerich, MSW and Kim Mueser, Ph.D

Background of the Illness Management and Recovery Program

The Illness Management and Recovery Program (IMR) is one of the five evidence-based practices identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop toolkits that could be readily available to mental health facilities providing treatment to persons with severe mental illness, including schizophrenia, bipolar disorder and major depression. IMR was developed based on a comprehensive review of controlled research on illness self-management (Mueser, K.T., Corrigan, P.W., Hilton, D., Tanzman, B., Schaub, A., Gingerich, S., et al. [2002]). Illness Management and recovery for severe mental illness: A review of the research. *Psychiatric Services*, 53, 1272-1284), which identified the following five empirically supported methods for illness self-management:

- **Psychoeducation** is providing clients with information about their psychiatric disorder and its treatment and engaging in discussions about how the information applies to them as individuals.
- **Behavioral tailoring** teaches clients how to develop natural prompts in their daily routine that remind them to take their medication. For example, clients who take their medication in the evening and brush their teeth in the evening can attach their pill bottle to their toothbrush with a rubber band to remind them to take their medication as part of their regular routine.
- **Relapse prevention training** first helps clients identify situations that have triggered relapses in the past and identify early warning signs of relapse. Then clients are assisted in developing a specific plan for

- responding quickly to early warning signs and averting a possible relapse.
- **Coping skills training** teaches clients specific strategies for coping with persistent symptoms such as hallucinations, depression, and anxiety. Clients are encouraged to have more than one coping strategy for each symptom that troubles them.
- **Social skills training** teaches interpersonal skills through a combination of modeling, role play, and feedback. Improving social relationships can improve social support, which helps protect clients from relapses precipitated by stress.

A Description of the IMR Program

IMR is a curriculum-based approach to teaching illness self-management that incorporates the five strategies identified by the research. In the IMR program, it is critical to help clients establish motivation for managing their illness by first helping them explore the concept of recovery and what it means to them. The next step is to assist them to develop long-term meaningful goals based on their definition of recovery. Common examples of long-term goals set in IMR include getting a job, making friends, developing activities to do for fun, completing one's education, living independently, and getting a girlfriend or boyfriend. Long-term goals are then broken down into short-term goals, which are in turn broken down into manageable steps. The client's goals are worked on throughout the course of IMR and progress on goals is linked to the learning of information, strategies and skills for illness self-management.

IMR is organized into ten basic modules, which are listed below. Several sessions (usually between 3

ILLNESS MANAGEMENT AND RECOVERY (IMR), Continued

and 6) are spent on each module, with the entire program requiring nine to ten months of weekly sessions or four to five months of twice weekly sessions.

Module	Topic
1	Recovery Strategies
2	Practical Facts about Mental Illness (separate handouts for schizophrenia, bipolar disorder and major depression)
3	The Stress-Vulnerability Model and Treatment Strategies
4	Building Social Support
5	Using Medications Effectively
6	Drug and Alcohol Use
7	Reducing Relapses
8	Coping with Stress
9	Coping with Problems and Persistent Symptoms
10	Getting Your Needs Met in the Mental Health System

An additional optional module, "Healthy Lifestyles," was developed in 2008 in response to clients' interest in improving their physical health.

Because the research shows that psycho-education alone does not change people's behavior, clinicians use a combination of teaching strategies in IMR sessions, including motivational enhancement and cognitive behavioral strategies, to help clients learn the material and put the strategies and skills into action. IMR sessions involve a great deal of skill-building, including multiple opportunities for practicing and role playing. At the end of each IMR session, the client and clinician work together to develop a home

assignment to either take a step towards a personal goal or follow up on illness self-management material taught in the session or both. Home assignments are then followed up in the next session.

The IMR program can be provided in an individual or in a small group format (four to eight clients). IMR can be provided as part of the programming at a variety of settings, including outpatient clinics, community residences, day treatment programs, inpatient units, and on Assertive Community Treatment (ACT) teams. Sessions can be scheduled weekly or twice weekly, depending on the setting and on the clients' ability to concentrate and retain information.

The IMR Toolkit

The Illness Management and Recovery toolkit contains the following materials:

- Manual for practitioners with background and description of treatment methods,
- Educational handout for client for each module,
- Practitioners' guidelines for each module,
- Introductory videotape (15 min)
- Practice demonstration videotape with clinical vignettes for each module (3 hours),
- Information brochures for clients, staff members, family members and other supporters
- Fidelity scale,
- Group leader's session-by-session guide,
- IMR-Goal-Tracking Sheet,
- IMR Scales (outcome measures).

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IN FOCUS: LEADERSHIP PROFILE

RENA MERITHEW, BSW

Rena Merithew is one of the 'old guard', a director's Director. As Social Services Director at St. Peter Hospital from 1976 to 1995, a 390 bed facility in Olympia, WA, she built her department from one social worker (herself) to a Department of 32, who were practicing in every clinical department within the hospital. She has a strong background in clinical social work as well as management of projects and people. Rena earned a reputation as a results-oriented visionary leader as well as a skilled clinician.



This lady is a taskmistress. As the St Peter Hospital Social Services Director, she required a great deal of herself, from leading new projects, to presenting at conferences and writing for publication. She was one of the first of the local directors to begin talking about standardizing employment interviews, developing questions on particular areas of necessary expertise and asking those questions across all applicants. While the standardization of interviews has become more accepted and used across many professions, Rena stood in the vanguard of those who felt that standardization provided a better look at candidates and assured more equitable treatment of all candidates.

Publications: Rena's writings on hospital social work were published at the National Society level. She was a member of the Editorial Board of "Discharge Planning Update", a professional journal of the American Hospital Association. She published several articles on discharge planning including "Networking with Nursing Homes", an article describing the benefits of developing a good relationship with nursing homes for reciprocal benefit; "Guide to Long Term Care", describing the various resources available in the Thurston county area for senior or disabled residents; "A Creative Solution to a Knotty Problem", an article describing the collaborative relationship established between the social work department at St Peter and the local DSHS financial unit to expedite discharge planning; "New Help for Hearing Impaired Patients", new hospital resources for pt's with hearing deficits such as closed caption decoders for patient TVs, cordless TV headsets, battery operated smoke detectors with strobe light for placement in a deaf patient's room and TDD for Patient rooms; and "Ethics Committees: Impact on Discharge", an article describing issues that are discussed such as the refusal of some physicians to follow their patients into nursing homes.

SSWLHC National Activities: Rena also held two different positions at the National level of the Society. In 1989, she was a member of the National Media Task Force, a group that focused on raising the status of Medical Social Work in Health Care and Hospitals. From 1990 to 1994, she served on the Editorial Board of "Discharge Planning Update", an American Hospital Association publication published under the auspices of the Society.

Education: Rena is a Northwest product. She was born in Tacoma, WA and attended Washington schools, graduating in 1962 from the University of Puget Sound with a BSW.

Early Career: Upon graduation, Rena began her professional career as a social worker for Lutheran Family Services in Tacoma. From 1962—1965 she provided direct social work service to patients and families of the Tacoma Lutheran Nursing Home and Good Samaritan Hospital Rehabilitation Center in Puyallup. She also monitored foster home placements for the agency.

In 1965, Rena went to work for Tacoma DSHS, Child Welfare Services, providing direct service to children, their families, and foster parents. In 1966 she returned home to devote her time to parenting three children, Trina Jespersen, 5/66, Jon Merithew, 7/68, and Amy Adams, 11/69. In 1972, she returned to work, taking a position as Parent Activities Coordinator in the Tacoma Public Schools. This allowed Rena to remain very central in the lives of her children. In 1974 Rena returned to the Tacoma DSHS Child Welfare Services where she worked until 1976 when her husband was hired at Employment Security Headquarters in Olympia. At that time she decided to apply for the newly listed opening, with 144 other applicants, at Olympia's St Peter Hospital (160 beds at the time). She was offered and took the position as Director of Social Services.

St. Peter, Olympia: From 1976 to 1995, St. Peter Hospital provided Rena with a great opportunity to develop a professional department in a system that had hardly acknowledged the need for social work up to that time. From a department of one, she developed a program employing a staff of 32. Rena organized the Social Service Department into three self-directed teams, built cohesive work units, cross trained staff and increased the efficiency of service delivery (measured by reduced length of stay). In addition, Rena spearheaded an 18 month project that developed a regional response to the American's with Disabilities Act, including research, documentation, education and compliance. The compliance strategy included Providence St. Peter, Providence Centralia, Mother Joseph Care Center and Sound Home Health. Through much of this growth, Rena stayed grounded in the clinical work by providing clinical backup to staff on all of the units.

In 1996, Rena left St. Peter and went to work for DSHS in a temporary appointment as a Program Manager in Aging and Adult Services. Her assignment? To develop a Hospital Partnership model for the six regions of the state. She worked with all the hospitals and conducted training and provided consultation to the six regional administrators through the duration of the project. In 1996, Rena also worked as a clinical social worker for DSHS Home and Community Services, helping the organization catch up with comprehensive assessments.

Rena returned to Providence St. Peter Hospital to work in the psychiatry unit in 1997 initially as the liaison to Western State Hospital and then in the position of Utilization Review Manager in Psychiatry, backing up the social workers at times. She returned to DSHS, DCFS in 2002 as a Program Manager for community resources and did this for 3 years until her retirement.

Retirement / Per Diem: Since 2005 Rena has been working "Per Diem" for Providence St. Peter Psychiatry in their out patient clinic, leading a senior group, doing some case management, and working about 130 hours/year.

Rena considers herself fortunate to have her 3 adult married children and 8 grandchildren living in the area. Because of the close proximity she attends many concerts, games and parties involving the grandchildren. She has been a widow for 23 years. Daughter Amy has been a caseworker with DSHS, King Co., in Aging and Adult Field Services for the past 13 years. Rena belongs to 2 book clubs, a wine tasting club, attends bridge lessons, and a Bible study group. She also does deep water aerobics 3-4 times a week at The Valley in Olympia.

SSWLHC NEWSLETTER TO REDUCE SCHEDULE TO FOUR EDITIONS PER YEAR

YOU TOO, CAN BE INVOLVED!! PARTICIPATION EARNS CEUs! CONTACT US!

By Jacqueline Durgin, MSW, Editor

At the July SSWLHC Executive Board Meeting, the Board voted to decrease the number of Newsletter editions per year from six to four, effective with the January 2009 issue. This adjustment was necessitated in part, due to costs of printing and mailing, as well as the energy level and personal schedule of the Editor.

The Society has published a bi-monthly Newsletter consistently over the past eight years. Beginning in 2001, the Board, headed by Brian Giddens, MSW, Associate Director of Social Work at UWMC, decided that the Newsletter would make an ideal vehicle of communication of Chapter business and relevant social policy issues. It met its goals: becoming an excellent vehicle for marketing the Society's educational offerings and providing an opportunity for the Chapter Board and Legislative Committee to communicate with the membership.

There has been discussion of producing only an electronic version to reduce costs. In the editor's opinion, it is too easy to erase that email without reviewing the content of the Newsletter. A hard copy will probably remain with the member for at least a day or two, providing some opportunity for review. With the impermanence of the electronic copy in mind, the Board voted to continue producing the printed copy.

The Board invites you, the membership, to contribute to the Newsletter and to the Society, through a professional article describing an aspect of your practice, through Legislative initiatives that you would like the Society to support, through work on a committee (Education, Legislative, Scholarship, Membership and Newsletter) that could use your support.

For further information, please contact any of the Board members representing your area of interest.

Jackie: jackiedurginbeck@comcast.net

The SSWLHC Board will be considering Board appointments for additional Members at Large and a Scholarship Committee Chair.

Appointments under consideration include:

Member at Large positions (1). Responsibilities include attendance at the monthly telephone conference call, and occasional assistance at educational conferences sponsored by the SSWLHC,

Scholarship Chair: Responsibilities include advertising scholarship availability, reviewing applications, and corresponding with the winner. Attendance at the monthly telephone conference call is highly desirable.

The Board is also seeking members with interest in serving on the Education Committee. A series of three to four symposiums are developed by this committee each year, and assistance is needed in developing/marketing the symposiums with registration of attendees.

Interested?? Contact any Board member.

President: Kathleen Fellbaum, MSW

President Elect: Sandra J. Johnson, MSW

Past President : Diedrich Meinken, MSW

Secretary: Carole O'Brien, MSW

Treasurer: Erica Taylor, MSW

Communications Coordinator, Jacqueline Durgin, MSW

Members at Large:
Stacey Jones, MSW
Rena Merithew, BSW
Alice King, Student

Education Chair: Sandra Johnson, MSW

Membership Chair: Diedrich Meinken, MSW

Newsletter Editor: Jacqueline Durgin, MSW

Scholarship Committee: Sandra Johnson, MSW

Social Health Policy Chair: Lynn Carrigan, MSW

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SSWLHC ANNOUNCES 2009 NEWLY ELECTED BOARD MEMBERS FOR 2009



SANDI JOHNSON— PRESIDENT

Sandi Johnson, MSW is 2009 Chapter President. In the second of a three year commitment, Sandi leads the organization, and is at Swedish Cancer Institute: SandraS.Johnson@swedish.org.

KATHLEN FELLBAUM- PAST PRESIDENT

Kathleen Fellbaum, MSW completes her year as President and will now preside over the Membership Committee. She can be reached at kath@fellbaum.com.



SELENA BOLOTIN— PRESIDENT ELECT

Selena Bolotin, MSW is the newly elected President-Elect. A three year commitment, she will have responsibility for the Education Committee during her first year term. Selena can be reached at sbolotin@aol.ca

RENA MERITHEW- MEMBER AT LARGE

Rena Merithew, BSW, former Chapter President in 1981-2 is reappointed for a second year as Member at Large. Rena is retired and can be reached at rlm90@comcast.net.



CAROLE O'BRIEN- SECRETARY

Carole O'Brien, MSW begins her second, one year term as Chapter Secretary. Carole has been a Chapter member for more than 30 years. She can be located at carolemsw@hotmail.com

STACEY JONES- MEMBER AT LARGE

Stacy Jones, MSW, was appointed Member at Large in January 2008 with an interest in the Education Committee. She can be reached at Stacey.jones@providence.org



ERICA TAYLOR-TREASURER

Erica Taylor, MSW is completing her second two year term as Chapter Treasurer and is finishing our Federal application as a 501C3 organization. Erica is located at Erica.Taylor@va.gov

ALICE KING- MEMBER AT LARGE

Alice King as winner of the 2008 SSWLHC graduate student scholarship became a student member at large. Alice can be reached at: ALICEMEREE@YAHOO.COM



JACQUELINE S. DURGIN- COMMUNICATIONS COORDINATOR

Jacqueline Durgin, MSW, is re-elected to a one year term. She edits the Chapter Newsletter. She invites your input. You can reach Jackie at jackiedurginbeck@comcast.net

LYNN CARRIGAN- CHAIRPERSON, LEGISLATIVE COMMITTEE

Lynn Carrigan, MSW, is legislative watchdog. She writes position papers, produces the Legislative Forum, and keeps members informed. Lynn: ltc@u.washington.org.



ILLNESS MANAGEMENT AND RECOVERY (IMR)

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The original SAMHSA toolkit contained the first 7 items listed above, and the original written materials can still be downloaded at their website. Based on feedback from clinicians and clients, some additional materials were added to the toolkit. As of this date, SAMHSA is in the process of updating their website to include the additional items, which are the last 3 items from the list (the session-by-session group guide, the IMR Goal-Tracking Sheet, and the IMR scales) and the new module, "Drug and Alcohol Use."

SAMHSA's website is: <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/illness/>

At present, SAMHSA does not provide copies of the introductory videotape and practice demonstration videotape. However, at the Dartmouth Evidence-Based Prac-

tices Center website, one can order DVDs containing the IMR introductory video and a practice demonstration video. See the following websites: <http://dms.dartmouth.edu/prc/evidence/practices/illness/>

http://dms.dartmouth.edu/prc/pdf/ordering_ebp_dvds.pdf

Progress on Implementation

IMR has been implemented in many states, including clients from several different cultures (e.g., Hispanic, African American, Hmong, and Somalian), and has been adopted by mental health practitioners in other countries, including Israel, Australia, Sweden, Canada, Malaysia, Holland, Singapore, Tanzania, Japan, Great Britain and Holland. It has been translated into Spanish, Hebrew, Swedish, Arabic and Japanese. Work is currently underway to adapt IMR to serve special populations including individuals with homeless-



Susan Gingerich, MSW

Susan Gingerich, MSW, is an independent trainer and consultant based in Philadelphia, Pennsylvania.. She received her MSW from Simmons School of Social Work in Boston. Susan's interest in schizophrenia began when she worked in the emergency room at Harborview Medical Center in Seattle from 1981-1982. .

Kim Mueser, Ph.D., is a clinical psychologist and Professor in the departments of Psychiatry and Community and Family medicine at Dartmouth Medical School in Hanover, New Hampshire.

Susan and Kim have collaborated for over 20 years and are the co-authors of Illness Management and Recovery (sometimes referred to as Wellness Management and Recovery), a program for helping individuals with psychiatric disorders identify personal goals and learn strategies and skills that will help them achieve those goals. They have also co-authored four books: Coping with Schizophrenia: A Guide for Families (1994), Social Skills Training for Schizophrenia: A Step-by-Step Guide, Second Edition (2004), The Coping Skills Group: A Session-by-Session Guide (2005), and The Complete Family Guide to Schizophrenia: Helping Your Loved One Get the Most Out of Life (2006), which received the 2007 Ken Book Award from the New York Metro Chapter of the National Alliance on Mental Illness.

Susan and Kim are currently collaborating on a project with the UW School of Medicine to develop a model for integrating Illness Management Recovery within ACT teams. Susan was in Seattle in October presenting her research to the Behavioral and Justice Health Policy Grand Rounds at the UW.



Kim Mueser, Ph.D

