

AUTUMN
2024

SAMARITAN
NEWSLETTER



WHAT'S INSIDE

Samaritan
Community
2

News & Updates
3

Interview with
Jeffrey Sung
4-5

Therapist
Favorites
6

Fundraiser
Report
7

Samaritan
Center of Puget Sound

Reflection on Connection

By Reverend Scott Anderson, Board Member

It is Thursday and I'm keeping one eye on the clock. It is Trivia night! It is one of the favorite nights of my week. I am not as "religious" in my commitment to Thursday evenings as I am Sunday mornings—I am the pastor of a local congregation, after all—but the comparison sometimes feels uncomfortably close.

Ironically, I'm not very good at trivia. I enjoy the camaraderie and friendships. I am grateful for the sense of belonging we all seem to feel. But there's more to it than just an evening of gathering around good food, drink, conversation, and play. The experience is anything but, well, trivial.

Our team's name, evoking the memory of an iconic Seattle Seahawk running back, is *I'm just here so I don't get fined*. But we switch it up. We listen for odd lines or quotes and obscure references and keep a running list of alternates. *Gut Blow. Awe-Inspiring Vagueness. Clergy Related Injuries*. Some evoke dark humor. Atheist Prayer Warriors was one that captured something of the convergence of teammates: clergy, non-religious and formerly-religious.

One Thursday a year or so ago, we instructed our trivia host to really sell our name of the week, and he didn't disappoint. At that moment when it was time to announce team standings, in his best announcer voice he belted it out to the joyful surprise of our teammate: "Ladies and Gentlemen, the Reverend Jill Jones!" The venue exploded, and the atheist warriors among our team were some of the most genuinely exuberant in celebrating her recent ordination.

The Surgeon General has sounded the alarm about our fraying social fabric in "Our Epidemic of Loneliness and Isolation." No doubt there is an inverse relationship between the loss of trust in our institutions, and the rise in levels of loneliness, isolation, and desperation. And in faith communities, older generations are being replaced by younger cohorts less likely to be religious or feel the pressure to be. As writer Stephen Bullivant says it, people are dropping religion like they might drop a gym membership.

We have learning to do in our churches about the work core to our mission. Our congregation sees it as working the tension, or polarity, between *believing* and *belonging* that has always existed in faith traditions. For generations, we've held that right belief comes first. We are learning that this may not only be untrue, but ineffective. We are learning to leave our buildings and live life out among our neighbors in new ways. Listening. Learning. Partnering. Befriending. And we've been met with a spirit of goodwill, generosity, and love.

Companionship, mutual care that extends beyond the church walls, expressions of goodwill that go beyond charity. This is the new work of mending the world—the kind of stretching that works to prevent many clergy related injuries, to be sure.

The Samaritan Community

Clinical Staff

Kay Abramson, MS
 John Baumann, MA, MDiv
 Mary Kay Brennan, MSW
 Grace Carpenter, MS
 March Gunderson, MDiv,
 MEd
 Dan Kujawinski, MSW
 Natividad Lamug, MA
 Isaiah Lin, PsyD
 Karin Ogren, MSW
 Kristen Moss, DMin
 Matthew Percy, PsyD.
 Jim Ramsey, MA
 Beverley Shrumm, MC
 Kimberly Snow, PsyD
 Mary Stanton-Nurse, MA
 Gary Steeves, MEd
 Eric Stroo, MA
 Tita Subercaseaux, MS
 Neal Teng, PhD
 Deb Thomas, MS
 Carl Hilton VanOsdall, MA, MDiv
 Nathalia Mora Worms,
 MSW
 Katherine Yoder, MA

Counseling Locations

The majority of our counseling sessions have moved to our secure online platform since 2020. In-person appointments may be available at these locations:

Seattle

Main Office (Green Lake)

Bellevue

Bellevue Presbyterian Church
 St. Andrew's Lutheran Church

Bainbridge Island and Kitsap

Poulsbo First Lutheran Church

Spokane

First Presbyterian Church of Spokane
 Opportunity Presbyterian Church

Board of Directors

Rob Caudillo, *President*
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 Scott Anderson
 Peggy Hansen
 Doug LeRoy
 Richard Weyls

Leadership & Administrative Staff

Beverley Shrumm, *Executive Director*
 James Ramsey, *Director of Operations*
 Matt Percy, *Clinical Director*
 Eric Stroo, *Director of Community Relations*
 Anna Dickman, *Community Relations & Development Assistant*
 Jesse Dobner, *Admin Supervisor*
 Edna Bicksler, *Accountant*
 Hayley Frost, *Accounts Receivable*

Consultants

DeAmber Clopton, *Consulting Accountant*
 Jeffrey Sung, MD, *Consulting Psychiatrist*
 Jim Furrow, PhD, *Clinical Consultant*

Our main Samaritan Center of Puget Sound office is located at 564 NE Ravenna Blvd, Seattle, WA 98115

We can be reached by calling 206-527-2266

More information about therapists, locations and programs can be found on our website at samaritanps.org

General Updates

In-Person Therapy Appointments Increasing

As the community seeks its new post-pandemic normal, we have been pleasantly surprised to find that many of our clients appreciate the opportunity to meet in-person. Isolation has been a burden on so many, and we are glad when we can be a resource to help alleviate it. Continuing to maintain comfortable, safe facilities is essential to fulfilling our mission.

If you choose to contribute toward the maintenance of our facilities, you can indicate "general operations" on your donation.

Seeking therapists in Spokane, Kitsap, and King counties!

If you are interested in joining our supportive team of mental health professionals, or if you know a qualified individual, resumes can be submitted to Executive Director Beverley Shrumm via:

E-mail: bshrumm@samaritanps.org

Mail: 564 NE Ravenna Blvd, Seattle 98115

Fax: (206) 527-1009

Staff News - Transitions

Farewell

Therapist

Rob Erickson

Rob concluded 25 years of service as a Mental Health Counselor in May of 2024. In addition to his clinical work with individual clients, Rob met with several Divorce Lifeline groups, seeking to assist folks in their adjustment through that difficult process. During his many years at the agency, he also maintained the grounds at the Ravenna Blvd. property, where the garden flourished in his care. His concluding message to colleagues was full of optimism: "I am off on a journey to unknown parts... It has been a good ride."



Welcome

Therapist

Karin Ogren

Karin has joined our team as a full-time therapist! A clinical social worker, she received her MSW from Seattle University, and her Bachelor of Arts from Whitman College. She has experience working with teens and adults with a variety of concerns such as life transitions, chronic illness, grief, and trauma. Karin accepts insurance through Aetna, Kaiser, Premera, and Regence. We value Karin's unique expertise and are thankful to have her on our team!



Bookkeeper

Somaya Frotan

Somaya has stepped away from her role as bookkeeper to pursue her new adventure of motherhood. We are happy to report that she and her new baby are safe and healthy! We wish her and her family well in this next chapter of their lives.

Bookkeeper

Edna Bicksler

Edna has taken the role of part-time bookkeeper, and not a moment too soon! She has over a decade of experience in bookkeeping, making her a great asset to our team.

Follow Us On Social Media



Interview with Jeffrey Sung, MD

Therapist Eric Stroo interviews Dr. Jeffrey Sung, our consulting psychiatrist, who is an experienced educator in the field of suicidality and suicide prevention.

Interviewer: Jeff, how did you become interested in the phenomenon of suicide as a focus for your professional work?

Sung: In our psychiatry residency training program at the University of Washington, we often worked with people with long histories of suicidality. And as can often happen in these settings, clinicians with the lowest level of training are often paired with the patients with the highest level of severity—people with very desperate and complicated circumstances.

Like other psychiatry residents, I had patients who died by suicide. And it had some deep shock associated with it. In the face of it, the response from and work with my colleagues and supervisors was extremely helpful and supportive.

And so I became interested in this question of how we as clinicians understand our responses, knowing that someone might die by suicide or that someone has died by suicide. In particular, I wanted to understand how our responses influence our ability to persist in the clinical work and still find some sense of meaning and purpose.

Afterwards when I started working for UW through a Health Care for the Homeless Network program, I continued to encounter patients with complicated circumstances, often with high levels of suicide risk. And over time, I grew convinced that it's possible to work with people who are suffering at that level if we are organized and structured with a framework in our minds so that we can sit comfortably and listen to a story with that level of pain.

Interviewer: Given this longstanding interest in suicide care, how have you seen the field evolve over the years?

Sung: Management of suicide risk has the goal of making sure people stay alive and can survive suicidal crises. An important shift in the field has been a move *beyond* a focus on assessment and immediate management, towards a focus on the *treatment* of suicide risk. Treatment of risk is working to develop a collaborative relationship so that patients can start to understand what contributes to their having suicidal thoughts and behaviors. Then they can recognize their own suicidality, intervene on their own behalf, and feel more confident in responding to their suicidal thoughts and urges with healthy coping strategies.

Interviewer: In your work as an educator in clinical suicidology, what messages do you believe to be the most important to convey?

Sung: Some of the best research in the field demonstrates the importance of connectedness as an intervention that can prevent suicide. By connectedness, I am talking about conveying general or specific messages of belonging, value, and hope. That might mean remaining quiet and reflective as someone tells the story of how they came to think about or attempt suicide. That's a way of conveying belonging, value and hope.

Or it might mean simply saying directly, "I'm so glad we're here. I'm glad we're talking about this. You're important to me, and I have hope that things will get better in your life. I want to work with you so that we have time to address the problems and pain in your life."

(Continued on page 5)

(Continued from page 4)

Interviewer: You have thought a lot about the role of faith leaders in caregiving for people considering suicide. What do you see in that?

Sung: One entry point is simply that as a faith leader, some of the people you are speaking with might be thinking about suicide or might have attempted suicide. Frame your language and your thinking to be welcoming and open, so that someone in your community would consider confiding in you. A great way to convey this openness is to have willingness to share your own personal experiences with mental health and mental health care, and those of others who have given permission to have their stories told. Are you seen to be open to talking about mental health conditions, about suffering, about suicidal thoughts and behavior?

As with clinicians, connectedness is critical. For faith leaders, that can mean acknowledging that you don't necessarily have immediate solutions to someone's problems. Facilitating connectedness means that even without solutions, you can still commit to joining a person on their difficult pathway. This is actually a very important and unique role that faith leaders can play—finding connection or communion in suffering, instead of isolation. Finding a way to have meaning and purpose in suffering rather than believing that one's pain is wasted. Finding a way to have hope versus despair, gratitude versus resentment. Faith leaders have these really amazing skills and a set of traditions to offer. When someone brings a problem that has no solution or no immediate solution, faith leaders can help grapple with suffering and enter into mysteries—to help find a viable pathway.

There is a resource that is supported by the National Action Alliance for Suicide Prevention: the Faith, Hope, Life campaign for faith leaders. It details different suicide prevention competencies that faith leaders can develop for prevention, intervention, and postvention.

Interviewer: If you could change some aspects of our US culture that exacerbate the rate of suicidal behavior, what comes to mind?

Sung: It's a great question. So many people in clinical and public health think about it, including the Surgeon General of the United States, Dr. Vivek Murthy. I recommend his recent reports about social media and youth mental health, and about social isolation and loneliness.

These reports bring us back to connection, the importance of relationships with people, family, friends, and the importance of social connection between individuals in different community settings. It fits together with the role of healthy faith communities as places where people have an organizational level of connection, where a person can form relationships with other people and then develop internal connections and beliefs.

Interviewer: Finally, Jeff, what sustains you personally and professionally, given this challenging choice of focus in your life's work?

Sung: Clearly, I think that the work is extremely meaningful—confronting these existential questions around finding a reason to go on when one feels that one has lost everything. Important, meaningful questions that need an answer at some point. In my own work, I've lost patients to suicide and I've had patients make amazing recoveries. And that actually helps me stay in the work, knowing that we need answers not only for patients to get better, but also for the people who survive the suicide of their friends and family members. Answers that can help all of us find community, meaning, purpose, hope, and courage in the face of profound pain and loss.

Sources referenced in this article can be found at samaritanps.org/news/resource-links/

Staff Favorites



Therapist Review of *The Quiet Girl*

One of the challenges and consolations of working as a therapist is developing the skill of observing people, observing life. That skill came to mind as I watched the beautifully observed characters and scenes in *The Quiet Girl*, a 2022 film adapted from the novel *Foster* by Claire Keegan. Set in rural Ireland, it tells the story of 9-year-old Cáit, a shy and largely neglected girl in a poor Irish farm family.

Given the privation and chaos of her family, Cáit is sent away for the summer to live with relatives, an older, childless couple. Over the course of the summer, innocence and kindness and patience prevail to work a transformation in the child. To call it a transformation might seem misleading because it occurs at an interior level, as Cáit is loved and affirmed for her own quiet, helpful manner. When a neighbor criticizes her for being so reticent, her fatherly relative gently defends her, attesting that she “says as much as she has to say.”

The action moves ahead slowly, simply, even sacramentally, and is sustained by an emotional quality that is deeply engaging. It is, at the same time, both pure and complex, as other dimensions of the story are revealed. The bonds of affection influence not only Cáit but her relatives as well, in ways that are wonderfully portrayed, gratifying, and uplifting to observe.

The Irish Gaelic dialogue of the film is subtitled. It won a raft of awards and was nominated for an Oscar in the category of Best International Feature Film.

Film review by Eric Stroo, MA

A Child Therapist’s Review of *Inside Out 2*

Most of us can recall times when anxiety is the primary emotion of the day (or night). When helpful, anxiety may remind us to check in with loved ones, watch out for danger, mail the taxes. At other times, anxiety can get stuck in a loop with intrusive imaginings of horrible outcomes.

My new favorite character, “Anxiety,” in Disney’s Pixar movie *Inside Out 2* captures through ingenious storytelling and images how anxiety can become an orange, googly-eyed, energy drink-chugging whirling dervish within all of us. Although Anxiety is center stage, *Inside Out 2* shows a whole cast of emotions working in the mind of a young girl, Riley, helping her navigate the challenges of entering puberty, starting high school, and trying out for a spot on the school hockey team. Joy, Sadness, Fear, Anger, and Disgust return from the original *Inside Out* cast and are joined by new emotion characters Anxiety, Ennui, Embarrassment, and Envy. These emotion characters provide a behind-the-story metaphor of how emotions influence thoughts, behaviors, moral character, and self-development.

While the emotions are inside a teen girl’s mind, do not let age or gender differences stop you from watching. I expect everyone can relate to what it feels like to have Envy take the levers, Anger stomp its feet, or a bright orange Anxiety zoom into the scene—helpful or not. The movie provides powerful metaphors to help understand how emotions work in daily lives.

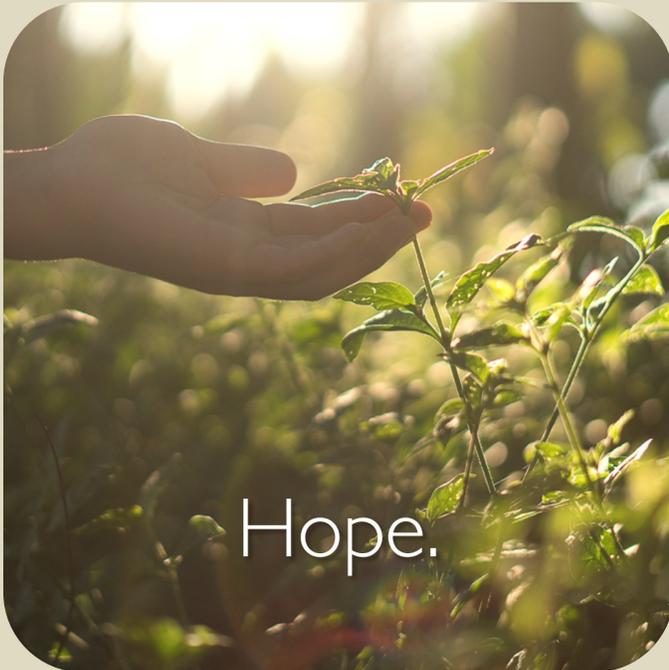
For those of you who have waited patiently for in-home viewing, *Inside Out 2* is streaming now! I hope you enjoy this fun way to reflect on how emotions impact all of us.



Film review by Deb Thomas, MS

Fundraiser Summary

In June we focused our community and development efforts on a fundraiser. We produced and distributed greeting cards with bookmarks inside, sent out emails, and made social media posts. We were encouraged to find that both new and returning donors participated!



Donations accumulated through the fundraiser:

\$8,580

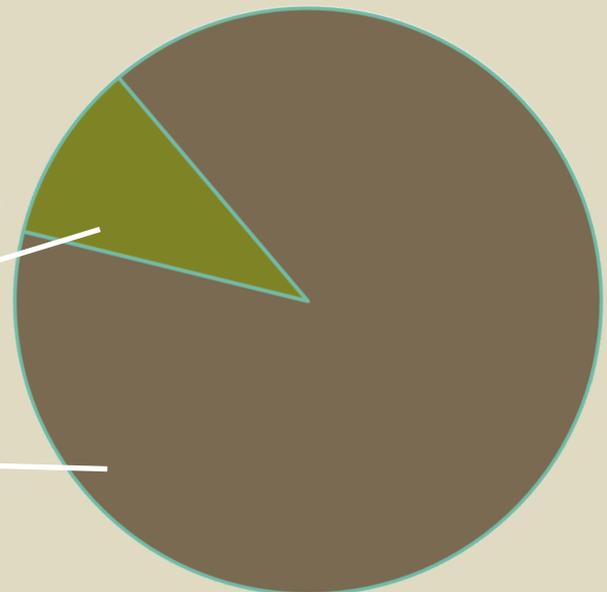
Donations ranged from \$25 to \$3,500

10%

of donors were **new to us**

90%

of donors had **donated before**



Your generous support provides access to therapy for those who cannot afford it, and for those who are underinsured.



Samaritan

Center of Puget Sound

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Samaritan Center has maintained a strong presence for over 60 years, facing the headwinds that have challenged and grounded many nonprofit agencies in our community. That we continue and grow is a tribute to our clinical and administrative staff, and to the faithful support of our friends: clients, fellow professionals, donors, and volunteers. *Thank you.*

We want to hear from you!

Ask questions or tell us what you think by email:

contact@samaritanps.org

You can also view our website here:

www.samaritanps.org

If you prefer to call, our phone number is:

(206) 527-2266

Samaritan

Center of Puget Sound

Regional Leadership in...

- Counseling That Integrates Mind, Body, Spirit, and Relationship
- Testing and Assessment for Clergy
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