THE COUNSELOR

Focus on: Effective Advocacy Approaches

President's Message

Happy New Year!

Thank you to everyone who attended our Fall Conference in November! It was such a wonderful experience interacting and learning with our counseling community. I would like to thank Brenda Hansen and the rest of the Conference Committee for their extraordinary efforts in making the conference such a success. I am also deeply appreciative of Summer Brown and Dr. David Kaplan, who each provided challenging and informative key note addresses.

I would like to take this opportunity to introduce you to ORCA's new Secretary, Sofia Jasani. Sofia is a student in the Clinical Rehabilitation Counseling program at Portland State University. She has previously worked for the Multnomah County chapter of NAMI as Education Program Director. Welcome Sofia! We are delighted to have you serving ORCA and the counseling profession.

The theme of this edition of *The Counselor* is Effective Advocacy Approaches. In this issue, you will find stories and guidance regarding client and professional advocacy. Advocacy is an essential component of our work as counselors, which is why advocacy is mandated in the American Counseling Association (ACA) Code of Ethics. One tool that I have found to be invaluable is the ACA Advocacy Competencies, which remind us that advocacy necessarily takes place at the client, community, and legislative levels.

This special edition of *The Counselor* comes at a time of multiple important advocacy issues impacting mental health providers and consumers in our state. Recently, Oregonians participated in a special election on Measure 101, which protects hundreds of millions of dollars in state funding, and potentially billions of dollars in federal funding, for the Oregon Health Plan. ORCA worked diligently to ensure the success of Measure 101, partnering with the Yes campaign and mobilizing members to recognize the gravity of the issue for our profession. With your help, Measure 101 passed, protecting Oregon Health Plan and health insurance premiums in the state, not to mention the job security of counselors and other mental health providers.

Concurrently, Oregonians have been grappling with the closure of FamilyCare. While the issue is complex and political, the closure resulted in the loss of over 300 jobs and the disruption of services of thousands of consumers. COPACT, the joint political advocacy group for ORCA and the Oregon Association of Marriage and Family Therapists, ensured that Oregon Health Authority has a viable plan in place for the transition of care for impacted consumers. We also disseminated information about the impact of the closure and shared advocacy opportunities with ORCA members.

I am grateful to the many ORCA members who got involved with these important issues. It is our hope that the articles in this issue will provide additional ideas regarding how counselors can support the success of our clients and our profession.

Sincerely,

Joel Lane, PhD, LPC NCC

President, Oregon Counseling Association

In This Issue:

Effective Work with Refugees……3
Confidentiality & Advocacy……6
The "You Poor Thing" Voice……8
2017 Conference Update……11
Adjunct Tx: Trama Informed Yoga?……13
Concrete Strategies for Healthy Youth……15
How to Best Serve Those Who've Served……17
Get Involved!……18
COPACT Corner: Don't Take It for Granted……19
Call for Articles……21
Election Announcement……22

Oregon COUNSELING Association

The Counselor is the quarterly newsletter of the Oregon Counseling Association

Volunteer Staff

Moira Ryan, Editor

For information about advertising or submitting articles, contact editor@or-counseling.org

Membership Info

Information about ORCA membership may be obtained online at www.or-counseling.org

Advertising Policy

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The Oregon Counseling Association will not knowingly engage in activities that discriminate on the basis of race, gender, color, religion, national origin, sexual orientation, disability, or age.

LETTERS TO THE EDITOR:

The Counselor (like any good counselor) welcomes your feedback and, in the interest of intellectual rigorousness and learning from one another, encourages dissent and debate. If you would like to have your comments or Op-Ed published, please email editor@or-counseling.org with the subject line LETTER TO THE EDITOR. *The Counselor* retains all rights to publish and edit these comments for clarity and space.

CORRECTION:

In the last issue ("Counseling the Person with Legal Blindness"), we incorrectly printed a definition of legal blindness. We should have defined that condition this way: "Legal blindness is defined by the Social Security Administration as a state in which 'vision is 20/200 or worse in the best eye, with correction (usually glasses) or by field of less than 20 degrees.' A Low Vision person fits the first part of that definition, their vision is fuzzy. They cannot recognize faces or read standard print." We apologize to article author Deb Marinos for the error.

A.7. Roles and Relationships at Individual, Group, Institutional, and Societal Levels

A.7.a. Advocacy

When appropriate, counselors advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients.

(from the 2014 ACA Code of Ethics)

A Full Circle: Thoughts on Effective Work with Refugees

by Kalindi Kapadia, LPC

When I work with immigrants and refugees, I often think of my late aunt Pragna's words: *Human immigration is the basis of human evolution. It is how we evolve as a species. It is how life flows*. I was in my early teens at the time and had scarce knowledge of global events, human psychology, or the capacity of our own species' ability to persecute and consume its own soul. Twenty years later, those words feel heavy, laden with the pain, suffering, blood, and tears of millions who have escaped trauma and persecution. Some for being gay, some escaping the threat of honor killing for loving someone outside of their caste and religion, poverty, quality of life, political unrest, war and genocide.

My work with immigrant and refugee clients has come full circle back to myself. Little did I realize my own privilege of being born into an upper middle class Hindu family in the middle of Mumbai and how disconnected I *really* was from the challenges in rural India. Despite my own struggle of being a lesbian in India, I woke up to the rude shock of how privileged I was that my family unequivocally had accepted me. Sure, there was plenty of news about honor killings, and persecution of gays in India, but in my mind *that happened elsewhere in those villages, far from me*. I find it ironic that I have learned so much about my own identity and my own privilege here in Oregon. It would be fair to say I have learned more about India and myself here in Oregon than in India itself. What I have found is that there is a parallel process – while I grapple with the realities of being a woman of color here in Oregon, I also now walk with a new understanding of my own privilege back in India. Both of those realities can co-exist in an integrative fashion. It is true that all our stories – no matter how different – bind us together. Tightly and inexplicably, together. I feel honored to be the holder of the stories my clients have brought to me. I strongly believe that our role as counselors is to bear witness to the human story as a whole.

Almost every sixth adult in the United States is foreign born. Approximately 12 million immigrants are undocumented and approximately 60% have been in the United States for over 10 years (Baker & Rytina 2013). Working with this diverse population presents a unique set of legal, sociopolitical and clinical considerations (Sue & Sue 2016).

From a legal standpoint, laws governing immigration have been unfair. For example, until 1952 only White people were able to gain naturalized citizenship. This law changed in 1965 with credit going to the Civil Rights movement. Another policy called "Controlled Application Review and Resolution Program" (CARRP) makes it legal under certain circumstances (which the ACLU terms as over-broad criteria) to deny or delay citizenship and visas of people from Middle Eastern, Arab and Muslim countries. Some state laws specifically target immigrants, which essentially legalizes racial profiling. With regard to undocumented immigrants and the possible ending of Deferred Action for Childhood Arrivals (DACA), the implications for millions of immigrant families living in the United States are enormous. Adults who have been here since 2 or 3 years of age are facing the possibility of being deported to a home they have never known. The fear in this population is palpable. All of the above would need to be considered as part of the complex clinical landscape.

(Continued on p. 4)

(A Full Circle continued from p. 3)

The role of a therapist while working with this population is somewhat adaptive and multifaceted in nature. The therapist may need to wear different hats. For one, it is important to stay abreast of current affairs and keep a keen eye on new laws that govern the legal status of. Partnering with legal professionals and coordinating client care can also be helpful. Taking the time to understand the current legal status of the individual will help immensely with building a therapeutic alliance so a clear understanding of the fear, anxiety and anticipation can be established. Counselors may find that providing psycho-education, advocacy and knowledge of community resources, such as agencies like Immigrant Refugee Community Organization (IRCO), resources for interpreters, and barriers to or ways of accessing institutional structures such healthcare, education and housing can be extremely helpful.

From a broader clinical standpoint, many immigrants and refugees find that seeking mental health treatment can be anxiety-provoking. What can be easily be misinterpreted by a therapist as *noncompliant* may be a lack of understanding of the process. Therefore, taking a lot of time to explain the process is key. When using interpreters, it's important to keep in mind that most are not formally trained in mental health and translations in this context could be rife with bias or distress at hearing the information disclosed. On the other hand, interpreters are often a source of comfort and support for the client, especially with language barriers and feeling understood. Sometimes interpreters are the only constant person clients see since case managers and counselors change (if working in an agency). However, it is still recommended that interpreters are oriented to the nature of the work being done in order to adhere to best practices.

It's important for therapists to consider that most immigrants come from countries that are collectivist in nature. This means that interdependency is valued over independence. Western capitalistic culture places an increased value on individualism, while collectivist cultures do not. This fundamental difference should be explored as it has far reaching implications for the quality of the therapeutic alliance between therapist and client. Extended family and community play a very important role in the health of many clients and involving family should be considered. In general, the practice of psychotherapy and counseling is primarily a Western philosophy and, therefore, inherently is influenced by Western thought. Having an operational understanding of that could prove beneficial for the counseling process. This area of practice can become rife with value-based conflicts, judgments, assumptions, and biases. Seeking regular supervision and consultation to clarify values-based questions that may come up for a therapist is highly recommended. In addition, many immigrants and refugees come from cultures with more defined gender roles and that is also a clinical consideration to be attended.

Human migration is the basis of human evolution. It is how we evolve as a species. It is how life flows.

There are numerous special considerations for therapists working with refugees that have escaped persecution. The experience of trauma being the foremost. Refugees tend to experience more stress than immigrants due to the nature of their circumstances and the acute threat they experienced which led to them fleeing for their lives. Some may have witnessed their families being murdered or raped, or they themselves may have been beaten and had near death experiences. One of the clients I worked with was threatened to be killed by his own family for marrying outside his caste – a term called honor killing, a practice still active in the more rural parts of India. Another client was tortured and beaten up by corrupt law enforcement for being gay. His family and the police worked in tandem by threatening to kill both him and his partner.

They both escaped India together, but got separated in the jungles of Columbia and now months later, he has not yet seen his partner and does not know if he is alive or dead. Post-Traumatic Stress Disorder (PTSD) is common in this population. However, not all suffer from PTSD and most can adapt well to their new home country given time and support. Complex grief and loss may be experienced due to abrupt separations and loss of their culture and homeland.

(Continued on p. 5)

(A Full Circle continued from p. 4)

Coping with the level of trauma and grief could prove debilitating for some.

Establishing an understanding of the narrative and *pre-migration* story (Sue & Sue 2016) of the refugee – assessing how their life was before they fled, the circumstances that led up to them fleeing, and where they find themselves now is extremely important. Exploring how they perceive their story is also key to the assessment process. Inquiring about their life in their own country and getting a sense of how they lived, what they did on a daily basis, people they were attached to could prove helpful. For example, one of my clients was extremely close with his mother. His mother had accepted him being gay but was unable to speak up for him against her husband. As such, my client has not spoken to his mother for over a year.

Attachment trauma of such nature should be a part of the assessment as that experience will need to be woven into the larger experience of traumatic grief and loss. The initial process of developing a narrative of a client's journey from their own homeland to the United States can help them develop a comprehensive view of their own story and landscape they have navigated and will be navigating. Exploring the client's own understanding from the context of their own culture will likely lend itself to providing culturally competent services.

In our current contentious political environment, visceral fear of immigrants and refugees has at times reached fever pitches. Negative stereotyping has further marginalized an already marginalized population. While the counseling profession has made great strides to become culturally competent as a whole, there is still much work for all of us to do in this area through learning, challenging and overcoming our own assumptions and biases. This area of practice, especially in the Pacific Northwest, is still developmental in nature due to the demographics of the region. Therefore, it is increasingly important that we as a counseling community come together and share our knowledge, ideas and resources and support each other in this complex work.

Kalindi Kapadia, LPC, CADC III blends western as well as contemplative, insight-oriented Buddhist teachings into her work. With over 14 years in the field of mental health and addictions, she's been fortunate to work with a very diverse population. She maintains a private practice specializing in working with dual diagnosis, LGBTQI, ethnic minorities, immigrants and refugees and people with cultural adjustment issues.

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February 23 ✱ 9-12 and/or 1-4
Existential Therapy
Bob Edelstein, LMFT

March 22 + 23 ✱ 1st Annual Conference!
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April 27 ✱ 9-12 and/or 1-4
CBT for OCD + Body Dysmorphia
Scott Granet, LCSW

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ORMHCE Consortium is approved by the American Psychological Association to sponsor continuing education for psychologists. ORMHCE Consortium maintains responsibility for this program and its content.

Advocacy & Confidentiality

by Aaron Good, LPC Intern

Like many counselors, I'm on some Facebook groups and e-mail lists where counselors submit requests for referrals for clients who perhaps don't fit into a counselor's schedule or require a specific type of insurance that counselor doesn't take. Many requests sound something like this: "I'm looking for a counselor for a 45-year old man dealing with grief over the death of his teenage daughter while also handling his high-stress job. Must have evening openings and be in-network with Providence and near his home in Sellwood or Woodstock area."

Was all of that information truly necessary in order to find an appropriate referral? Was it necessary to share age, specific location, and the exact issue the client is dealing with?

The ACA's rules for its own community forum contain a fairly restrictive interpretation of the ACA Code of Ethics: "It is not permissible to present aspects of a case on a counseling listserv or online forum even if the client's name is not given. Information shared by a client and clinical impressions must be afforded the same level of confidentiality as the name of the client. Describing a client's presenting problem, diagnosis, or clinical treatment approach through listservs or online forums – even if the client's name is not given – is a violation of confidentiality." (Click here for more info.)

There's also the concept from HIPAA that we can apply here, that of "minimum necessary disclosure," or, "what is the least amount of personal information I can share to achieve a goal." If the goal is to find a counselor for the man described above, we can eliminate much of the details from the original request.

So how could that imaginary referral request above have been made in a manner that obscures the client's information better? How about this: "I'm looking for a counselor in Sellwood or Woodstock, in-network with Providence with evening hours available, who's experienced with grief and loss in adults."

Aaron Good, MS, CRC, LPC Registered Intern is a counselor in private practice, focusing on career, purpose, and identity. When he's not seeing clients he works for Roy Huggins, consults on marketing and advertising for counselors, and builds houses for immigrant and refugee families.

TL;DR :

I'm looking for a referral for a _____ (counselor/prescriber)
near _____ (downtown Portland/the Orange Line/Tigard)
who takes _____ (insurance company/sliding scale)
who works with _____ (trans* kids/Farsi speakers/weeknight hours)

Winter-Spring 2018

Professional Development Opportunities for Counselors

Please join us for courses and workshops in these exciting programs at PSU this WInter and Spring. Expand your skills in these critical areas of human services delivery! Please use the link below each program title for more information, including registration instructions.

Behavioral Healthcare Series
pdx.edu/ceed/behavioral-healthcare

Foundations of Motivational Interviewing
With Charles Smith
Fri 5:30–9:30pm Feb 23
Sa 8:30am–4pm Feb 24
10 contact hours

Social Security Disability Law
With Bennett Engleman
Fri 5:30–9:30pm Feb 9
Sa 8:30am–4:30pm Feb 10
10 contact hours

Medication Assisted Treatment
With Nickolas Reguero
Fri 5:30–9:30pm Mar 2
Sa 8:30am–4pm Mar 3
10 contact hours

Clinical Ethics: Best Practices in a Changing World
With Doug Querin
Fri 8:30am–4pm Apr 27
6 contact hours

Advanced Motivational Interviewing
With Charles Smith
Fri 5:30–9:30pm May 18
Sa 8:30am–4pm May 19
10 contact hours

Trauma-Informed Services Certificate of Completion and Workshops
pdx.edu/ceed/trauma

Integrating Brain Science into Trauma Therapy
With Greg Crosby
Fri–Sa 8:30am–4pm Feb 2 and 3
12 contact hours

Understanding Trauma and Crisis Response
With Ann-Marie Bandfield
Fri 8:30am-4pm Mar 9
6 contact hours

Organizational Resilience: Healing the Trauma and Empowering Your Business
With Patricia Davis Salyer
Fri 8:30am–4pm Mar 16
6 contact hours

Trauma-Informed Services Across the Lifespan
With Dawn Williamson
Fri–Sa 8:30am–4pm Apr 27–28
12 contact hours

Trauma-Integrated Clinical Supervision
With Julie Rosenzweig
Fri 8:30am–4pm May 18
6 contact hours

Integrating Narrative, Strength-Based, and Trauma-Informed Therapy
With Susie Snyder
Fri 8:30am–4pm Jun 8
6 contact hours

Understanding Secondary Trauma Through Brain Science and Joseph Campbell Hero's Adventure
With Greg Crosby
Fri 8:30am–4pm Jun 1
6 contact hours

Clinical Supervision
pdx.edu/ceed/clinical-supervision

Supervision for Social Workers
With Matt Modrcin
Fri 8:30am–4pm Feb 9
6 contact hours

Ethics and Legal Issues in Clinical Supervision
With Douglas Querin
Fri 8:30am–4pm Mar 2
6 contact hours

Clinical Supervision
With Lisa Aasheim
Fri–Sa 8:30am–4pm Apr 13–14
Th–F 8:30am–4pm May 10–11
30 contact hours

Trauma-Integrated Clinical Supervision
With Julie Rosenzweig
Fri 8:30am–4pm May 18
6 contact hours

Kathy Lovrien, LCSW, Mental Health and Addictions program manager
lovrienk@pdx.edu | 503-725-8165

Graduate School of Education
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Portland State UNIVERSITY

The "You Poor Thing" Voice: How to Change Your Tone

by Jana DeCristofaro, LCSW

At The Dougy Center for Grieving Children & Families, our peer support groups begin the same way every time. Each person is invited to say their name, age, who died in their life, and how that person died. *I'm Jana, I'm 43, when I was 15 my grandmother was hit and killed by a subway train and we never found out if it was an accident, suicide, or if someone pushed her. I'm Caden, I'm 7, my dad died of cancer. I'm Amber, I'm 12, my brother hung himself. I'm Sadie, I'm 4, and my mommy died because she was really sick.* In the everyday world, when we tell people someone in our life has died, the conversation usually takes an awkward turn. Even young children quickly learn to keep grief to themselves because it makes other people uncomfortable. As practitioners we can work to change this habitual silencing of grief.

One way to advocate for this is to create an environment of acceptance rather than sympathy. Almost every child I've met in my work is attuned to what they call the "You poor thing" tone of voice. Grieving people continually brace for gasps, platitudes, and people telling them how they should and shouldn't feel. When met with these reactions and expectations, grievers can internalize them as evidence there is something wrong with them and how they are grieving. We can support clients to dismantle these beliefs and recognize they have a right to feel and express their grief. We can also help them identify what they need - and don't need - from from family, friends, and school personnel.

It is vital to demonstrate that we are not afraid of their stories...

With grieving children and teens, it's vital to demonstrate we are not afraid of their stories and can withstand the intensity of emotions, thoughts, physical reactions, and questions they carry. To do this effectively, it's important to connect with our own grief experiences. By exploring these, we can identify our often unspoken assumptions and anxiety about grief. We will be better advocates if we approach these stories with curiosity rather than fear and reactivity rooted in our unexamined grief.

Another area where we can advocate for children and teens is encouraging their adults to be honest about the death. When adults try to protect children from the truth, they fill in the gaps with guesses that can lead to confusion, pain, guilt, and shame. We can work with adults to help them find the right words to say. In general, it's good to use clear, concrete language (Daddy's heart stopped working, Mommy took too many pills) and let children's questions guide what else to share. If children and teens trust they can ask questions and receive truthful responses, they are more likely to reach out to the adults in their lives for support.

Along with honesty, we also need to advocate for clients to be able to grieve in their own way. Grievers tend to be hard on themselves, whether for crying, not crying, being strong, being a mess, thinking about the person, or not thinking about the person. Grief is as unique as we are and even in the same family, we may grieve very differently. It's helpful to let children and adults know there is no right or wrong way to grieve, but the belief that there is a right way can lead to misunderstandings and disappointment. As a therapist, you can help families to acknowledge, celebrate, and supporting each other's individual ways of expressing grief.

(Continued on p. 9)

(The "You Poor Thing" Voice continued from p. 8)

As we delve into our personal grief experiences to uncover personal assumptions about how people should and shouldn't grieve, we can engage in a similar process using a societal lens, taking into account how culture and systemic inequities influence how grief is defined and valued. Consider what might happen if we grappled with these questions each time a client entered our office: Who gets permission to grieve in our society and who doesn't? Who is seen as grieving well/badly? Who gets access to resources and support? Who has the resources to care for themselves and others when someone has died? These questions don't have simple answers, but there is power in keeping them close as we work with and advocate for those in grief.

Jana DeCristofaro, LCSW is the Volunteer and Children's Grief Services Coordinator at The Dougy Center for Grieving Children in Portland, Oregon, where she coordinates bereavement groups for children, teens, and young adults. Jana has presented at the National Alliance for Grieving Children and the Association for Death Education and Counseling conferences and is the co-author of a number of chapters. Jana is also the host and content manager of Dear Dougy, The Dougy Center's podcast. She's also a speaker at ORCA's upcoming Professional Development Event, "Death, Dying & Grief." Register here.

Upcoming Workshops for Counselors & Therapists

Center for Community Engagement at Lewis & Clark Graduate School of Education and Counseling

Friday, February 16, 9 a.m.-5 p.m. | 7 CEUs
Application of Dialectical Behavior Therapy when working in Grief and Bereavement **Elyse Beckman, LPC, MA, LPC, NCC**

Friday-Saturday, February 23-24, 8:30 a.m.-4:30 p.m. | 15 CEUs
Applied Suicide Intervention Skills Training (ASIST) **Leslie Rodgers, LCSW, and Kathy Wilson-Fey, MA**

Wednesdays & Thursdays, February 28-March 1, 7 & 8, 8:30 a.m.-5 p.m. | 30 CEUs
Clinical Supervision **James Gurule, MA, LPC**

Friday & Saturday, March 16 & 17, 9 a.m.- 4 p.m. | 12 CEUs
Clinical Art Interventions to Explore and Transform Grief and Loss
Maru Serricchio, LMFT, ATR

Friday, April 13, 9 a.m.-4 p.m. | 6 CEUs
Integrating Spirituality in Psychotherapy: A Path Toward Resilience and Transformation **Jessica Thomas, PhD, LMFT**

Friday, April 20, 10 a.m.- 5 p.m. | 6 CEUs
Psychotherapy for a Changing Planet **Leslie Davenport, MS, LMFT**

More at go.lclark.edu/graduate/counselors/workshops

Lewis & Clark Graduate School of Education and Counseling

February Training Highlight

21st Annual Columbia River Eating Disorder Network Conference
The Professional is Political: Eating Disorder Advocacy from Prevention to Palliative Care
Saturday, February 17, 9 a.m.-4:45 p.m.

Presentations Include:

An Evidence-Based Sociocultural Approach to Eating Disorders Prevention in the Age of Neurobiology: 10 Principles for a Bolder Model, *Michael P. Levine, PhD, Emeritus Professor of Psychology at Kenyon College*

Beyond the Basics: Medical Topics Important for Special Populations with Eating Disorders, *Jennifer L. Gaudiani, MD, CEDS, FAED, Founder and Medical Director of the Gaudiani Clinic*

Includes 6 CEUs, $175. Discounts for CREDN members, students and medical residents

Professional Development & Education presents:

"Death, Dying, & Grief"

Friday, February 23, 2018 @ 8 am - 5 pm or via Webinar
Mark Spencer Hotel, 409 SW 11th Ave, Portland, OR

6 CEs available (Cultural Competency included)

Speakers & Topics:

"Grief Basics & Cultural Components of Death" (3 CEs)
Anissa Rogers, Ph.D., LCSW & Melinda Laus, Ed.S., LMHC

"Working with Children and Teens Experiencing Grief & Loss" (2 CEs)
Jana DeCristofaro, LCSW, The Dougy Center

"Death in the Workplace" (1 CE), **Susan B. Zall, LPC, NCC**

Prices: (in person & webinar)
ORCA Member $130
Non-Member $180
Join ORCA now & attend $155
Students & Interns $100
Day of/At the door $200

Limited space available so register now:

www.or-counseling.org/PDE

The Oregon Counseling Association has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 2038. Programs that do not qualify for NBCC credit are clearly identified. The Oregon Counseling Association is solely responsible for all aspects of the programs.

2017 ORCA Conference Update

Keynote speaker Summer Brown's "Cultural Competence in a Multicultural World"

Our vision this year was to inspire thoughtful reflection around **Ethical Counseling: Embracing Diversity.** Thank you to our amazing speakers for sharing their messages with us, our Conference Committee Chair, Brenda Hanson, for making it all come together, and to our beautiful counseling community for coming out and making this event so special.

Breakout session led by Dr. Hanna Emma Acquire and her students from Western Seminary on the topic "Gender Differences in Spirituality with Traumatized Refugees"

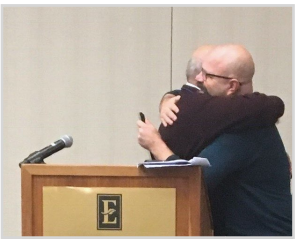
Dr. David Kaplan's "Deep Dive Ethics"

ORCA Conference Chair Brenda Hanson (R) with President-Elect Gianna Russo-Mitma and one of our fantastic sponsors

Wendy Curtis, COPACT President Elect, advocating for our profession

2017 Oregon Counseling Association Awards

Larry Conner Distinguished Public Advocate Award: Chad Earnst
Distinguished Service Award: Dr. Susan Bettis
Leona Tyler Award: Dr. Gene Eakin
Human Rights Award: Moira Ryan



Larry Conner: Over the past two years, **Chad Ernest** has served admirably as the president of COPACT. He directed us through many complex political decisions, especially during the busy 2017 legislature. He brought insight, wisdom and energy to the work.

Chad lives out of his values. He works hard for his family and his clients, and he cares deeply about our world. He is the kind of person who has thoughtful opinions about current events all around the globe, and he operates from a perspective of social justice. He also has taken the time to understand how the many pieces of our mental health system work together. This award is a thanks to a worthy man who did hard work on behalf of all of you and all of your clients and made the world a better place over the last two years.

*Compiled from *eight* nominations:* Since 1991, **Dr. Susan Bettis** has served as the Clinical Director of William Temple House. She presides over the hands-on education of new counselors while maintaining her organization's commitment to providing affordable therapy to Portlanders who need it most – without invoking shame. No one is turned away for lack of funds, and no one is asked to prove that they qualify for affordable counseling. Dr. Bettis contributes to the well being of so many in our community. Her streamlined internship program provides weekly seminars in concrete skills such as motivational interviewing, DBT, gerontology, psychopharmacology, and the neurobiology of addiction. She exhibits humane warmth, vast up-to-date scientific knowledge - and utter lack of ego - while gently supporting all who work with her toward being their best selves. Both in her position at WTH and during her 30 years of teaching (at just about every graduate counseling program in the region), Dr. Bettis has shaped and given confidence to generations of therapists. Imagine the ripple effect.

Lisa Aasheim: **Gene Eakin** has been in the counseling profession for over 40 years and in higher education for two decades. His advocacy and leadership hasn't been limited to just school counseling, though. Those of you from the rural areas and far corners of Oregon, you should know that Gene Eakin has been busy reminding leaders & educators of your needs for access to quality services, continuing education opportunities, and professional support. He makes sure that the underrepresented are present in spirit, even when they aren't present in person.

Lessons from Gene: Don't wait for an invitation. Ask for one. Then show up. When your voice isn't being heard, gather your to where the work is happening and be a part of it. Dr. Eakin is a leader who does the work. From the office of our state Representatives to the White House Convenings on Strengthening School Counseling, Gene shows up and does the work.

Adjunct Treatment: Trauma-Informed Yoga?

by Harry C. Dudley, PsyD

Photo by Moe Hunter

When you think of yoga, you likely get a vision in your mind of difficult postures achieved via youth, strength, flexibility, and willpower. In many western yoga classes, yoga's physical postures (asanas) are used as a means to get in a good work out or achieve some physical goal. Trauma Informed Yoga (TIY), also known as Trauma Sensitive Yoga (TSY), on the other hand, is an emerging practice that combines the centuries old traditional yogic practices with the findings of contemporary psychology and neuroscience. From my perspective, TIY is more consistent with the original definition of yoga, defined in Patanjali's Yoga Sutras (compiled around 400 CE): Yoga is that which stills the fluctuations of the mind.

Those who have experienced trauma can find health club yoga classes triggering, unsafe, or even rejecting. Indeed, I have heard many clients describe their previous experience of a standard yoga class as being very uncomfortable and as feeling that they "did not belong there" and "were not good enough to be doing yoga." In a TIY class, on the other hand, the teacher creates an environment that is inclusive and welcoming of students as they are, however they show up at that moment. The language used for instruction provides options and possibilities for different practices and levels of engagement and participation.

A TIY class incorporates physical postures, works with the breath, and uses a variety of meditative approaches with the intention of enhancing the student's self-knowledge, ability to self-regulate and tolerate uncomfortable affect. The emerging research is consistent with overall trends in the mindfulness domain – these practices cause changes in brain functioning. In addition to attenuating the symptoms of PTSD, depression, and anxiety, therapeutic yoga has also shown to have a beneficial impact on the management of chronic pain, diabetes, and insomnia, to name a few. Therefore, it is likely that some of your clients (maybe even you?) could benefit from TIY or a class that is taught from this perspective.

For the past ten years I have taught TIY classes, helped develop training and instructional materials, and have provided continuing education for Living Yoga, a wonderful non-profit that brings TIY into correctional settings, mental health facilities, drug treatment programs, etc. I have observed that a TIY class can appear very different than some of the fitness-oriented yoga classes. Students may each be manifesting the physical pose in very different ways, as the teacher gives many options (including doing nothing at all other than just being themselves and being there) and the language is much more invitational than offering specific directives. The pace is slower, and poses are held longer with an emphasis on taking the time to mindfully experience the sensation of the body in the moment. Attention to physical alignment comes from the perspective of safety and security, rather than striving to achieve the "perfect" pose. Attention to the breath is a consistent theme in a TIY class, and typically more time is spent in some form of meditation at the end of class. Indeed, I have taught classes that have been almost entirely pranayama and meditation. This meditation, such as yoga nidra, is carefully conducted in such a way as to enhance a sense of safety and integration rather than inadvertently reinforcing dissociation.

I would also point out that although I have used Sanskrit terminology in this piece, most of us who teach TIY classes minimize the use of such terms as it can be uncomfortable or intimidating for some, or simply irrelevant for others.

(Continued on p. 14)

(Trauma Informed Yoga continued from p. 13)

Some notable teachers have expressed concern about cultural appropriation and the need to decolonize yoga, and I value their contribution. I do find something illuminating about what these terms originally meant and how meaning has evolved, but on the other hand, the essential question is how to facilitate a healing experience for my student. So if simply saying "breath practice" is more beneficial than saying pranayama, then "breath practice" it is.

What should a counselor do when considering recommending that a client try yoga?

1) First, educate the client as to what TIY is and how it is different from a fitness-oriented yoga class. They may have had previous yoga experiences that were not empowering.

2) Next, if they are receptive, spend some time actually perusing websites of different studios that are convenient to them in order to find a studio and class that will maximize the chances for a successful experience. Encouraging them to try out a Level 2 vinyasa or hot yoga class, which may be great for some people, will likely be overwhelming for someone with complex trauma, and should be avoided if someone is in chronic pain. Even if a class is not explicitly labeled as TIY or TSY, descriptors can be helpful, particularly classes that are described as "restorative" or "gentle," and beginners should always start with a Level 1 class. Most importantly, cultivate your own knowledge of studios and classes in your area. Many teachers offer private sessions, and I encourage clients to go for private sessions, particularly if they have a physical injury and chronic pain.

Living Yoga also offers public TIY drop in classes through these partner studios: Unfold Studio (Saturdays 8:00-9:00am), The People's Yoga (Sundays 7:30-8:30am), Alano Club (specifically for people impacted by addictions and recovery, Sundays 2:00-3:00pm), Multnomah County's North Portland Health Center (Thursdays 11:30-12:30), and Multnomah County's Southeast Health Center (Fridays 10:30-11:30am). Donations are requested for studio space, but no one will be turned away for lack of funds.

Harry Dudley, PsyD, has worked in the mental health field since 1982 in a variety of settings. Since 1990 he has specialized in the field of forensic psychology. In 1993 he relocated from Manhattan to the Pacific Northwest and established a private practice where he primarily focuses on providing forensic and clinical psychological evaluations. He also provides psychotherapy to children, adolescents, and adults. He is a Certified Integrative Restoration – iRest Yoga Nidra Teacher, and uses iRest with individual clients, groups, and yoga classes.

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Concrete Strategies for Creating Healthy, Assertive Youth

by Gianna Russo-Mitma, ORCA President-Elect

The year of 2018 is here, but somehow, everyday feels like it's 1955. It has now been almost one whole year with a new administration, a new political climate, and new issues arising everyday. However, many of these issues have been all too familiar for many folks, and those issues are just coming to the surface for so many others. I'm talking about sexism.

With almost each day bringing "shocking" news of some male in power abusing women, folks are asking "Why didn't she say anything for 10 years? Why does he have to lose his career? Do we even know if this is true?" (I write the word *shocking* in quotations because this news is nothing new for the folks who have experienced this.) It's just another day of a man who *happened* to get in trouble. This is not the case for non-celebrities. Years and lifetimes go by without many women saying anything. And we wonder why. Maybe because we didn't ask: "Is she ok? How can I help? What systemic and societal issues are at play with this? What am I doing to help or hinder this issue?"

This is also certainly not the case when women of color come forward. There is still an imbalance of power in society in which women of different races are believed in different degrees with their sexual assault allegations. Even with the #MeToo campaign, we lost sight as a society that this movement was actually created in 2007 by woman of color Tarana Burke, and not a white celebrity.

While there is controversy about the #MeToo campaign (feeling guilt if we don't say something, feeling nervous that people will judge us if we come forward, wanting to stand up for women and share that it happens all too often, fear of normalizing and just "dealing with this part of society"), the helpful part was that the world realized that sexual harassment and sexism has happened to almost every woman unfortunately, and why it took so many disclosures to do so is not really progress, but this is the world we have for now, and progress can create change.

Many parents come into session and ask me questions from "Will this even harm them?" to "What can I do to protect my children from sexism in society?" As an advocate for youth in so many aspects of my career and life, I feel a duty and passion to work with youth on these topics because they are so impressionable with anything they hear, anything that is done or said to them, and they are aware of what is going on in society (more aware than many folks give them credit for).

Is this the world you want for your kids?

There are so many things that we can do as therapists, parents, and role models of youth today. We can teach (and model to) our clients the proper ways to communicate, discuss sexism in both subtle and overt ways, how to treat others respectfully, and how to spread the concept of equity. So, listen up, you awesome counselors! Below are some easy, useful ideas of what to talk to parents about, and what to model to your clients (of all genders, races, and ages). As we know, youth develop fast, so the sooner we start this, the better:

- Instead of "gendering" things like toys, clothes, jobs, and activities, let kids play with toys they want to, rather than restrict their play and imagination to just pink or just blue (or what section of the store you found the toy in)
- When asking kids what they want to be when they grow up, don't start to give "gendered jobs" of the past, and start using terms like firefighter, instead of "fireman," or flight attendant instead of "stewardess", etc.
- Refrain from asking which "boys" or "girls" they think are cute in class because the language we use can send a heteronormative (non-accepting of non-straight couples) message

(Continued on p. 16)

(Healthy, Assertive Youth continued from p. 15)

- Avoid making jokes (even if you *think* your kid is out of earshot) about genders that are actually harmful (i.e. women belong in the kitchen jokes) or enabling unhealthy behaviors because of gender ("that's just what boys do"), or making any racial jokes as this shows races being above each other (why I have to say this in 2018 is beyond me); this is actually a part of rape culture (Rape Culture & Sexism)
- Teach that the word "no" is completely acceptable and they should use it when they want, especially when feeling uncomfortable. In fact, practice saying "no" more often because chances are, we sometimes don't say "no" at the risk of hurting someone's feelings or we want to be "polite"
- Teach and model healthy social boundaries: They don't have to hug people if they don't want to (and neither do you). Here is how to talk with kids about consent. Also, here is how to talk with older youth and adults about consent. Because unconscious does not mean consent, and sex is not to be expected for being nice or buying someone something
- Explain that we don't need to be or say "sorry" for things that aren't our fault, and don't be "sorry" because you think you are a burden (Ask yourself "why am I sorry?"). Teach to apologize for wrong-doings that are actually their fault
- Understand and teach that it is completely acceptable for ALL humans to have feelings and express them (yes, I'm talking about crying – boys do it, too)
- Do not victim blame. Don't ask what anyone was wearing if they have been assaulted, or what a woman's financial standing was, or what ethnicity she was. This also includes not slut shaming. A person's value has absolutely nothing to do with the number of sex partners they have. If you are confused about any of this language, look at any comments section of a news story about a woman coming forward about a male in power sexually abusing her
- Do not body or fat shame (toward others, your kids, or yourself). Place value on other human characteristics and not just looks (intelligence, athleticism, musical talent, humor, goals, strengths, etc.). As therapists and parents, we also have to work on not shaming our own bodies either (kids and teens mimic what you do, not what you say)
- Sexting: So many clients have told me how violating this feels. Teach youth that sending pictures of privates parts or mentioning private parts is assaultive and violates folks' boundaries
- Teach, model, and practice assertiveness– stand up for what you want, what you believe in, and what you will and will not accept from others
- Even though this one feels scary, work to correct others when they behave in an oppressive way (anything mentioned above). Your future self and your children will thank you
- Educate yourself and the youth around you on the Gender Wage Gap. Depending on when you read this article, for every $1.00 that white males make, white women are making about 77 cents, black women are making about 64 cents, and Latina women are making about 56 cents. Here is a video of kids explaining this concept– it so clearly shows that even with a wage gap, many of them think that women deserve this because that is what society has modeled
- And last, but MOST importantly: Understand your own privilege and power in society.

There are so many more ideas that we can utilize, but this article had to fit somehow! The main theme among these ideas is healthy modeling and starting it all right now. We can *teach* our kids 1,000,000 things, but what they learn comes from how they see us (and society) *act* and *react*.

If we work to better ourselves and strive for social justice and equity, our children will emulate this, and we can have hope for healthier generations to come. With powerful ideas, change can begin with people that believe in those ideas.

Now get out there and change the world!

Gianna Russo-Mitma, M.S., LMFT, is ORCA's President Elect. She has a private practice in Portland working with teen girls and self-esteem, and co-parents after separation and divorce. She teaches various classes as an Adjunct Professor at the University of Portland and at Portland State University.

How to Best Serve Those Who Served

by Bill Maier, LCSW

Treatment of individuals and families affected by military experience requires a special set of sensitivities. The military provides an environment outside mainstream culture. Combat dramatically reduces the similarities to civilian life. During military involvement the veteran may have been at life-time peak of responsibilities with valuable resources and life and death situations.

Current combat settings have required most veterans and their families to survive multiple deployments. Families with children are separated during important developmental stages. The combatants return home to partners who have learned to take on increased responsibility for managing home and family. The veteran can begin to feel like a stranger and find themselves withdrawing and isolating from family and friends. Each military and combat setting is unique as is the environment here at home. The family and the veteran have unique, pre-existing coping strategies for dealing with change. Readjustment work needs to pay attention to who is readjusting to what.

Our job, as mental health workers, is to provide knowledgeable arenas for these people to explore the changing connections to one another. The veteran living alone may believe it is easier to never be understood again. The family member may begin to isolate. Anxiety, depression and panic attacks are the issues they face most often. Of course, even bigger problems will ensue when anger issues and/or chemical dependence problems develop.

Beginning trainings to help you treat veterans and family members are provided by the Returning Veteran Project as well as consultation groups and peer support are also provided for our volunteers. Our advanced and state of the art trainings help push your skills to take advantage of your unique approach to psychotherapy. We have training relations with some of the most knowledgeable presenters in the world, as well as experts from the local community and the Portland/Vancouver VA Medical Centers.

The Returning Veteran Project would love to have you on our team of mental health and somatic providers committed to our mission: To provide free health and wellness services to post-9/11 war zone veterans, service members and their families in our Oregon and Southwest Washington communities. For more information please visit us at returningveterans.org.

Bill Maier, LCSW serves on the Board of Directors of the Returning Veterans Project and maintains a client-centered, developmentally informed private practice. He formerly created and supervised a program for the treatment of PTSD for the five tribes of the North Olympic Peninsula.

Empowering a profession, one counselor at a time.

Whether you're a student, intern, counselor, or mental health ally: If your job is to support the mental health of Oregonians, then we're here to support you.

Join us.

Oregon COUNSELING Association

Get Involved!

Reprinted from our Winter 2017 issue

by Kathleen Coleman, LPC

American Civil Liberties Union

"To defend and preserve the individual rights and liberties guaranteed to every person in this country by the Constitution and laws of the United States." The ACLU works through litigation, lobbying, and community empowerment.

Black Lives Matter PDX

This is a local chapter of the official Black Lives Matter, a forum intended to build connections between Black people and allies to fight racism, to spark dialogue among Black people, and to facilitate the types of connections necessary to encourage social action and engagement.

Immigrant and Refugee Community Organization

IRCO supports immigrants, refugees and mainstream community members to become self-sufficient. They strive in their programming, outreach, and education to foster understanding, compassion and communication between Oregon's established communities and newest arrivals.

NAACP

The mission of the NAACP is to ensure the political, educational, social, and economic equality of rights of all persons and to eliminate race-based discrimination.

Native American Youth and Family Center

"Guided by our elders and trusted by the community, NAYA creates a place for our people to gather together and live the values of our own unique cultures. When the Native community thrives so does the entire Portland region. NAYA provides culturally-specific programs and services that guide our people in the direction of personal success and balance through cultural empowerment."

Outside In

Outside In began in 1968, and has continually revised Homeless Youth Services and Medical Services to meet changing community needs. Their mission is to help homeless youth and other marginalized people move towards improved health and self-sufficiency.

Planned Parenthood

Planned Parenthood's mission is to provide, promote, and protect access to sexual and reproductive health care.

Q Center

The Q Center provides a safe space to support and celebrate LGBTQ diversity, equity, visibility and community building.

Raphael House

Raphael House of Portland is a multi-faceted domestic violence agency dedicated to ended intimate partner violence. They serve individuals and families of all backgrounds, cultures, ages, and sexual orientations.

Rural Organizing Project

Founded in 1991, the ROP is committed to social justice and human dignity, and cares about making rural Oregon's communities exciting and vibrant centers for democracy.

Unite Oregon

Unite Oregon represents decades of experience organizing immigrants, refugees, people of color, and low-income Oregonians to address racial and economic disparities and improve quality of life in our state.

VOZ

VOZ is a worker-led organization that empowers diverse day laborers and immigrants to improve their condition and protect civil rights through leadership development, organizing, education and economic opportunity.

YWCA of Greater Portland

The YWCA of Greater Portland's mission is to eliminate racism, empower women, and promote peace, justice, freedom and dignity for all.

Don't Take It for Granted

by Larry Conner, LPC

At the ORCA Fall Conference, COPACT distributed a written history that explained how there was a fifteen year challenging journey for LPCs and LMFTs to receive insurance reimbursement, which was finally achieved in 2009 with the passage of our Practice Act. During the Conference, I was amazed by how many people told me they had no idea there was a time when LPCs on Oregon could not receive insurance reimbursement.

Yes, for most of my career, I worked primarily on a cash basis. I chose to get a Masters in Counseling Psychology because I wanted the strongest clinical training I could find. I knew I would not receive insurance payments, but I assumed we would fix that later. It turned out to be much later. Please never take for granted how challenging it was for LPCs and LMFTs to practice on a cash basis, and how hard we had to work to achieve insurance equality with other providers.

Earlier this year, I received a call from the President and President-elect of the Washington Mental Health Counselors Association. They wanted to talk with me about my experience as the President of the Oregon Mental Health Counselors Association when we merged with the Oregon Counseling Association in 2013, which we did to cement stronger funding to pay for COPACT's lobbyist. They told me that, after 20 years, WAMHCA had lost the ability to pay for a lobbyist. They said they were deeply worried about the future of Mental Health Counseling in Washington. I was surprised by what they said because WAMHCA had been a powerhouse in the Washington Legislature for a long time. For example, Washington Mental Health Counselors achieved the right to receive insurance payments long before we gained that in Oregon.

After I hung up the phone, I was worried. If it could happen in Washington, it could happen here. Once a professional organization becomes aware of how a state legislature works, it is a terrifying prospect to not have a lobbyist in the state capitol. All kinds of bad things can happen if we do not have a lobbyist protecting us.

Why did WAMHCA lose its ability to pay for a lobbyist? Simply because Washington Mental Health Counselors became complacent and stopped being members of WAMHCA. Their funding base shrunk and eventually they could not pay their lobbyist.

I fear we may be heading in the same direction in Oregon. There are just over 3000 LPCs in Oregon. Only 331 are paying members of ORCA. There are just over 1000 LPC interns. Only 126 are members of ORCA. The way things are currently, only about 11% of potential members are in ORCA.

Thanks to you for your commitment to ORCA. You are the ones who keep the train moving. Where are the rest? I fear they are lost in complacency. They must assume somebody else will cover for them.

Psychologists and Social Workers are loyal to their professional organizations. The vast majority of them belong to their professional organizations, so their funding base for lobbying is secure. That makes them safe and effective in the legislature. They know how much their lobbyists do for them and their clients, and they sustain them by paying organizational dues.

So, this is what I invite all ORCA members to do:

Please ask your colleagues if they are members of ORCA. If they are not, inform them what ORCA does for them and tell them they are hurting themselves and their futures by not becoming members. Show them the history of COPACT (see following page). Tell them COPACT's lobbyist is paid out of ORCA dues. Without increasing the number of ORCA members, we may be facing the same issue WAMHCA is to our north.

Let's nudge all of our friends to get out of complacency and into action. Let's get out the word: we need more LPCs and LPC Interns in ORCA. Pass the word. Show them the COPACT History. Talk about the importance of attending the yearly Fall Conference and ORCA workshops like the upcoming Grief training. Keep passing the word…and don't stop.

Your ORCA Membership Dues at Work: The History of COPACT

After 15 years of hard legislative work, LPCs and LMFTs were able to get our Practice Act passed into law in 2009. The Practice Act does two things: it gives us the right to receive insurance reimbursement for our work, and it defines that LPCs and LMFTs are legally considered core providers of mental health services in Oregon, joining Psychiatrists, Nurse Practitioners, Psychologists, and LCSWs. Thus LPCs and LMFTs are at the table whenever a major decision is being made concerning mental health services in Oregon.

The Coalition of Oregon Professional Associations for Counseling and Therapy (COPACT) originated in 2010 to be an ongoing lobbying organization to represent both LPCs and LMFTs and to protect the Practice Act.

This is what COPACT has done for you since 2010:

2010

- COPACT worked to protect and strengthen the **Practice Act** and to amend any statutes that included social workers but not LPCs and LMFTs
- Passed **HB 3668**, which amended the Practice Act to allow 100 LPCs to hold onto their licenses.

2011

- Passed **HB 2217**, which extended the exemption from punitive damages in malpractice suits to include LMFTs and LPCs.
- Met with the Oregon Insurance Commissioner to address many years of mental health reimbursement rate cuts.
- Stopped a bill that threatened the Practice Act.

2012

- Worked on a failed bill to require insurers to be more transparent about how they determine reimbursement rates.
- Worked on failed independent mental health agencies bill that would increase the availability of internships.

2013

- Hired Maura Roche as COPACT's lobbyist.
- Passed **HB 2768**, which amended the Practice Act to make practice definitions more enforceable and better situated for health care reform. It also amended the LMFT internship section to allow the same amount of internship for LMFTs as LPCs
- Passed **SB 491**, which allowed teens to self-refer to access care from LPCs and LMFTs.
- Worked on **HB 2737**, which allowed independent mental health clinics to more easily bill insurance, which had the effect of increasing the availability of internships. The bill passed.
- Testified in support of a failed bill to require insurers to be more transparent in their determination of reimbursement rates.
- Helped with the merger of the Oregon Mental Health Counselors Association and ORCA to give COPACT a more secure funding base.

2014

- Hired lobbyist Elizabeth Remley following Maura Roche's retirement.
- During the short legislative session, set up an efficient structure to evaluate bills.

2015

- Participated with the Oregon Insurance Commission work group as it created a bill to address how to define insurance network adequacy.
- Evaluated 88 mental health bills during the long legislative session,
- Supported **HB 2307**, which prohibits the use of Conversion Therapy on minors.
- Supported HB 2796, which set up licensure process for Music Therapists.
- Helped clarify and support **HB 2023**, which set up policies for hospitals when discharging mental health clients.
- Supported **HB 430**, which prohibits licensure boards from issuing a license to a person with a conviction for sex crimes.
- Supported **HB 2468**, which directs the Oregon Insurance Division to establish specifics for making provider networks more accessible for clients and providers.
- Supported **HB 832**, which allows for full reimbursement of mental health services provided in a primary care setting and opens that treatment setting to LPCs and LMFTs.
- Closely watched **HB 3347**, which makes it easier for courts to commit a mental health patient under the basic personal needs criteria.
- Kept an eye on **SB 901**, which requires insurers to directly reimburse an out-of- network provider who bills the insurer.
- Met with Senator Wyden's staff to lobby for a bill he sponsored in the US Senate to extend Medicare reimbursement rights to LMFTs and LPCs.

2016

- Throughout the year, met with the Insurance Commission work group that was trying to define what makes an adequate provider network.
- During the short session, kept an eye on a number of mental health related bills including **SB 1558**, which protects students' mental health records. This was an attempt to protect the privacy of survivors of sexual assault on college campuses.
- Met with the Insurance Commission to address how reimbursement cuts have a negative effect on access to mental health care for Oregonians.
- Met with the Oregon Health Authority to address increasing caseloads for therapists working in Community Mental Health Programs.

2017

- Evaluated 74 bills that had an impact on mental health services and LPCs and LMFTs.
- Protected the rights of LMFTs and LPCs to use art in their practices and to provide services to sex offenders.
- Supported Art Therapists in their successful effort to obtain state licensure.
- Successfully fought against legislative efforts to define required topics for continuing education training
- Closely watched a failed bill, which would have allowed clients to receive psychiatric medications from qualified and supervised psychologists.
- Helped develop and worked to pass **SB 860**, which creates a structure to evaluate mental health reimbursement reductions as potential violations of parity law. SB 860 may end over 20 years of steady reductions in mental health reimbursement rates in Oregon.
- Kept an eye on revenue raising strategies that would have increased taxes on all mental health related services. That effort died.
- Opposed an insurance company's new policy that would have increased out-of-pocket costs for clients. The company retracted that policy.

COPACT cannot do this alone. COPACT will continue to protect the interests of LPCs and LMFTs as long as you are able to give your financial support. Please donate at copactoregon.com/donate and maintain your memberships in ORCA and OAMFT. If you are interested in helping out directly, contact us at PublicPolicy@or-counseling.org.

Call for articles

Focus On: Grief and End-of-Life Issues

The Counselor, the quarterly newsletter of the Oregon Counseling Association, invites articles to be submitted for consideration for our Spring 2018 issue. This issue will FOCUS ON: GRIEF + END-OF-LIFE ISSUES as they relate to the helping professions and to communities in Portland and in greater Oregon.

The purpose of Spring's special issue is to share institutional knowledge, personal narrative, annotated resource lists, advice for the helping professions, photographic essays, manifestos, and similar around counseling folks impacted by these issues.

Here are some ideas we know our members would like to hear more about:

- I'm scared to broach the subject of death with my dying client. Should I? When should I not? How should I? HELP!
- When someone's recently experienced a loved one's suicide, what helps? What doesn't help?
- What resources are out there for seniors looking to re-build their community? What about LGBT folks or seniors of color?

Submission of articles, etc due by April 1, 2018 to editor@or-counseling.org

With the certain knowledge that diverse perspectives make for a more skilled, savvy, and effective environment - and with awareness of the various ways that ORCA is impacted by varied -isms, we're seeking to invite more diverse voices to participate in shaping ORCA's future work. We hope this includes new voices coming on to serve on our Board (if pursuing a career as a licensed professional counselor), or to participate in committee meetings or other events, as well as by shaping the voice of this newsletter.

Portland United Against Hate

Free and open to the public, this series of 15 workshops will provide attendees with the information, skills and resources necessary to support their actions in resistance to hate and bias. Online RSVP Required

Friday, March 2, 8 a.m.-5 p.m., Teresa McDowell, EdD
Recognizing and Responding to Hate/Bias: Counselors as Points of Contact and Agents of Change

Saturday, March 24, 1-4 p.m., Cheryl Forster, PsyD
"I'm Scared and Angry": Using Neuroscience and Intercultural Skills to Engage Effectively

Saturday, March 31, 9 a.m.-4 p.m., Jenn Burleton
Transgender in America: Looking Back and Moving Forward

Saturday, April 7, 1-4 p.m., Reiko Hillyer, PhD
The Origins and Mutations of Racism: Understanding History to Change the Future

Wednesday, April 18, 6-7:30 p.m., April Slabosheski, MA
Places of Remembrance: Legislation and Human Rights in the Third Reich and the U.S. Today

View full training schedule, including workshop descriptions, presenter biographies, online registration and more, at **go.lclark.edu/PUAH**

Additional Spring Trainings

April 27 Hearing in Silence & Listening Past Noise: Creating a Foundation for Advocacy at First Contact

May 4 Acting as Partners in Resistance to Ableism and Violence

May 12 Anti-Discrimination Response Training (ART): A Social-Emotional Learning Workshop for Active Listening

May 19 Connecting Across Differences: Moving Beyond Hate, Indifference, and Tolerance with Intercultural Communication

May 30 Knowledge is Power: Your Legal Rights in a Time of Uncertainty

This project is supported by the City of Portland, Office of Neighborhood Involvement and Office of Management and Finance, Special Appropriations for Portland United Against Hate. The content is solely the responsibility of the grantee and does not necessarily represent the official views of the City of Portland.

office of neighborhood involvement

Lewis & Clark Graduate School of Education and Counseling

ORCA Election Announcement

Make a Difference in the State and National Levels for Professional Counselors!

The Oregon Counseling Association will soon be accepting nominations for the elected positions of President-Elect and Treasurer.

The official nomination form will be posted on our website and on ORCA's Facebook page by early February. Nominations will be due by March 17th and members will vote during March and April, with election results to be announced in late April 2018. If you are interested in taking on a leadership role in your professional community, or have a colleague you consider up for the challenge, please considering making a nomination. Please see the description of positions below. Note that service in either position requires membership in both ORCA and the ACA.

President-Elect: The President-Elect will be chosen from the membership at-large and will automatically become President one year after taking office as President-Elect or upon the death or resignation of the President. The Past President will continue to serve in an advisory role for the following year. Primary duties of President-Elect include but are not limited to:

- Learn from the current President the role and duties of the President,
- Participate actively at ORCA Board and Executive Committee Meetings,
- Attend the National Conferences as needed,
- Support the mission of ORCA, which may include project leadership and policy development as delegated by the Governing Board or the President,
- Organize the yearly ORCA retreat

Treasurer: The scope of this elected office includes the primary responsibility of overseeing the management and reporting of the Association's finances as well as serving on the Executive Council. Primary duties of Treasurer include but are not limited to:

- Bank account maintenance,
- Financial transaction management,
- Budgets,
- Financial policies,
- Reports, taxes, and audits

If you have any questions regarding these positions or if you are interested in nominating yourself or peers, please contact Raina Hassan via email at pastpresident@or-counseling.org

Sincerely,

Raina Hassan ORCA Past President

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photo by Alana Ogilvie

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