President’s Message

The New Year is always a time of renewed energy and this year is no exception. Your ORCA board and committee members have been diligently planning new events for the upcoming year. Here are just a few events they have been working on:

• Networking Event to be held Friday, January 30th at McMenamin’s on Broadway from 6:00pm -8:00pm.

• 2015 Fall Conference in Ashland on October 23- 24th. Dr. Daryl Inaba, president of Addictions Recovery Center will be our Keynote, Dr. Ofer Zur, a nationally known speaker will conduct a full day of ethics, and Representative Peter Buckley will be speak to us.

• P.S. graduate students—I hear an event tailored specifically for you is in the works too. Stay Tuned!

Make sure you keep up to date with what’s happening this year with ORCA: connect with us on Facebook, Twitter, and our listserv.

You will also want to stay connected to be “in-the-know” about what’s going on with COPACT. They have been working hard all summer and into the fall on the definition of networking adequacy. Their hard work paid off as they were successful in getting two principles into the proposed legislation: (1) that network adequacy must include different kinds of providers and (2) that there should be good geographical access to providers. They have also been working on the issues of reimbursement rates, and the integration of mental health care into primary care. They are doing a fabulous job and are impacting legislation that will impact how psychotherapy will be provided in Oregon for years to come.

In addition to the above, ORCA will be reinstating our mentoring program in 2015. The ORCA mentorship program is designed to connect counseling graduate students and early career counselors with more experienced senior counselors. The hope is that these connections will offer ongoing alliances that offer support and guidance, and foster professional development. More information regarding this program and how to participate as a mentee or mentor will be available in the next few weeks.

And last but not least, Matt Morscheck, our current Past President will soon be working on developing a slate of candidates for our 2015-2016 open board positions. Open positions for the upcoming spring election include president-elect and treasurer. If you would like to know more about the responsibilities of board members or if you are interested in serving on the board, please contact Matt @ pastpresident@or-counseling.org.

We have an exciting year planned ahead. I hope you take advantage of your membership by participating in the upcoming events. I also invite you to get involved: volunteer, donate to COPACT, write an article for our newsletter, submit a proposal to present at an event, and/or participate in the mentorship program. We are only as strong as our members!

I hope to connect with many of you this upcoming year!

Warmly,

Marney Hoffman, PhD
ORCA President 2014-2015
Mentoring in the Counseling Field

By Jenny Pugh, MA, LPCi

As ORCA renews its mentoring program this year, I have been reflecting on my journey since graduate school. I graduated from Lewis and Clark in 2013. Before graduating I interned for Morrison Child and Family Services. During my internship there I learned a great amount about being a professional in community mental health and a whole lot about myself as a counselor.

After I graduated I was hired and since then I have been working directly with and supporting each new group of interns that comes through our office. Supporting these interns, along with my position as the Graduate Student Services Chair for ORCA, has kept me in touch with students in our field and the unique perspectives they hold.

I find this process of mentoring keeps me more mindful of the process each of us as counselors are going through: the constant process of learning. As counselors we are always learning about people, the world, and ourselves. We must continuously integrate what we learn into our work in order to remain connected and effective. Students, being in the active learning process, are more acutely self-aware and bring a special perspective that is invaluable to our community. This fresh and humble perspective can be useful to remain open and flexible in our ever-changing field.

As I support interns and grad students, I have been able to reflect on my own growth since grad school. The times when I become comfortable, complacent, or jaded are the times I am most vulnerable to burning out and losing touch with my clients and myself. I watch interns, in perhaps the most uncomfortable position some of them have ever been in, and I realize that working towards being comfortable in our field is not always the best goal. The discomfort is what keeps us growing and learning. The goal is to be okay with discomfort, and remember that it means something.

As I reach out to graduate students to ask about their needs and how ORCA can support them, I have realized the variety of concerns and questions that arise throughout the different stages of grad school. The first year is about survival, of coursework and life. The second or third year professional anxiety sets in, and students are uncertain about their future. During internship students worry about their hours and their job prospects. Over the course of their whole experience they adjust constantly to new and shifting life perspectives and the major life changes that often result from those shifts. Throughout the entire process students need support and reassurance; they need connections and information. These are the things we as professionals in our field can give them, and the mentoring process, above and beyond the usual supervisory context, is important.

Being a mentor is not always easy, as it brings us face to face with the discomfort of giving feedback and reflecting on ourselves. When I am able to give specific feedback to a new counselor, they are able to be more aware of themselves and how they interact with clients. I provide mentoring by sitting in on intakes, editing mental health assessments, co-leading groups, and having clinical discussions with interns. We brainstorm together for interventions, think the best way to phrase a reflection, and review the simplest details of documentation. I am also able to provide mentoring by helping to connect students with professionals who have the information they need. By helping a student find the answer they need or an intern manage their anxiety, I am able to support new counselors and stay connected.

There are many reasons to find a way to mentor people in our field, and there are many ways to do that. However you choose to mentor or reach out to newer professionals, you can gain as much as you give and always keep growing. I am so excited to see ORCA renewing its mentoring program, pairing students and new counselors with professionals who can provide invaluable knowledge, and take some home as well.

Mentors Wanted!

ORCA is looking for seasoned clinicians to participate in our mentoring program. This is an opportunity to give back to the profession by providing guidance, support and encouragement to graduate students and early career counselors. Mentoring can be face-to-face or by phone and the relationships can be either short-term or for a longer time frame. The counseling mentor serves as a role model, resource and advocate, and stimulates the mentee to develop the skills needed for work in the counseling field. Mentoring is not supervision or therapy. The relationship is simply a “go-to” person when the mentee has a question. The power of the mentoring relationship lies in the building of self-esteem, confidence, and direction both personally and professionally through the sharing of ideas. The mentoring relationship can benefit both the mentee and mentor, because when we help others we ourselves are expanded and we grow through giving.

For more information or to participate as a mentor, contact Marney Hoffman, PhD, ORCA President 2014-2015: President@or-counseling.org
Returning Veterans Project Invites Licensed Professional Counselors to Join Us

Returning Veterans Project is a 10-year old nonprofit comprised of independent, community-based healthcare practitioners who offer free confidential services to Post 9/11 war zone veterans, service members, and their families. Our volunteers include: licensed and insured mental health professionals, acupuncturists, naturopaths and chiropractors, massage therapists and physical therapists.

RVP was created by Carol Levine, LCSW, in Portland, Oregon in 2005 as a conduit for professionals to give to veterans and their families, and for veterans to find health services in confidential settings. We believe it is our collective responsibility to offer support and healing for the short and long-term repercussions of warzone service on veterans and their families.

To create a supportive network of accessible community-based resources for our newest generation of war zone veterans and their families we ask licensed/insured independent providers to open ONE pro bono slot in their practice in order to offer free, confidential counseling or somatic services for Post 9/11 veterans, service members and their families across the State of Oregon and in Southwest Washington.

Today our volunteer healthcare network includes 174 licensed/insured independent practitioners volunteering time and care to those we serve throughout the Portland Metro area, Mid-Willamette Valley, Central Oregon, parts of Southern Oregon and Clark County, Washington.

The need and demand for our services grows each year. Over 57,000 Post 9/11 war zone veterans (and families) live in our state, which has one of the highest veteran suicide rates in the nation. RVP NEEDS YOU!

In 2013 the Oregon National Guard had the third highest suicide rate of all Guards in the nation (the first highest rate in 2011) and Oregon is one of only six states without an active duty base to support our service members, returning veterans and their families. Today 52,047 Post 9/11 veterans (and their families) live in our state, and another 30,000 are expected to return here over the next 3-5 years.

We’re now collecting client hour data for 2014, and expect our pro bono provider network this year alone to have delivered over 4,000 hours of free treatment to more than 400 Post 9/11 war zone veterans and 170 spouses/partners, children, parents, and other close relatives impacted by their veterans’ deployments and reintegration challenges.

To learn more about volunteering for RVP please visit us at: www.returningveterans.org and click on the ‘For Providers’ tab at the top of the page, or call us at: 503-954-2259.

To apply, click on the link for the Online Application Form. We will contact you after we receive your application to schedule you to attend our one-hour, New Provider Orientation. If your practice is more than an hour from the Portland area, we can conduct your orientation by phone.

Please note: To apply, providers must be licensed in good standing, or working toward licensure with a supervisor. You must also have current malpractice insurance and practice in a professional office space. Thank you!

Join the Returning Veterans Project Today!

WWW.RETURNINGVETERANS.ORG • 833 SE Main St., MB #122, Portland, OR 97214 • 503.954.2259
Many of us have anticipated ongoing changes within the military health system regarding a counselor’s right to practice independently for TRICARE, the military health insurance program. On July 7, 2014, The Department of Defense published the final rule establishing standards for counselor participation in TRICARE. The American Counseling Association (ACA) and National Board for Certified Counselors (NBCC), who have been active proponents of independent practice rights for counselors with TRICARE, are pleased to see that many of their recommendations have been incorporated in the final rule. The updated ruling, which went into effect August 18, 2014, significantly improves the interim final rule that was announced earlier in December 2011.

Summarizing the background of the ruling, licensed mental health counselors have previously been required to provide services for TRICARE under the supervision of a physician. In an effort to improve the efficiency and effectiveness of the procedure of the supervision process, the Department of Defense conducted an independent study of credentials, preparation, and training of those who practice as licensed mental health providers. The study determined that states vary in their training program and prerequisites for licensure. As a result, it was recommended that mental health counselors meet specific training, education, and experience requirements in order to be certified as a TRICARE provider. Counselors were granted an initial transition period of three years to meet the necessary requirements.

One highlight of the final rule is that the end date of the transition period was changed from December 31, 2014, to December 31, 2016. Counselors now have a total of five years to meet the criteria for certification as a TRICARE Certified Mental Health Counselor (TCMHC). During the transition period, requirements to provide services for TRICARE include the following:

- Possession of a master’s degree or higher from a mental health counseling program with CACREP (Council for Accreditation of Counseling and Related Educational Programs) accreditation and passage of the NCE exam (National Counselor Examination for Licensure and Certification) (OR)
- Possession of a master’s degree or higher in counseling from a regionally accredited institution

Another outcome of the final rule includes indefinite continuation of the supervised counselor status. The interim final rule proposed to terminate this provider type. In an effort to provide members with choices of providers and to provide a continuity of service, the final rule removes the expiration date and extends the Supervised Mental Health Counselor (SMHC) status indefinitely. The SMHC will be allowed to continue practicing under the supervision of a TRICARE authorized physician.

As of January 1, 2017, a mental health counselor who desires to practice independently under TRICARE will be required to apply for certification as a TCMHC.

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Criteria for certification includes the following:

- A state license in mental health counseling at the clinical or the highest level available in states that have tiered licensing
- The passage of the National Clinical Mental Health Counseling Examination (NCMHCE)
- A master’s or higher level degree in counseling from a program in mental health or clinical mental health counseling program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Completion of the requirement related to the hours of supervised clinical practice

The alternative will be to continue to work as a TRICARE SMHC provider under the supervision of a TRICARE approved physician.

To read more about the Final Rule, please [click here](#).

Suzanne Elton is a Licensed Professional Counselor currently in private practice in Tigard, Oregon. She specializes in counseling individuals and families in the military who face deployment and reintegration, as well as other military lifestyle concerns. In addition to military members, Suzanne counsels children, adolescents, and their families, as well as those struggling with addictions. Suzanne is the secretary for the Oregon Counseling Association (ORCA).

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LIST YOUR PEER CONSULTATION GROUP ON THE ORCA WEBSITE

Peer consultation groups provide a forum for clinicians to meet informally with peers and colleagues to discuss clinical and practical issues in a supportive and confidential setting. We know how important it is to find support and exchange ideas. For this reason, ORCA is working to identify peer consultation groups throughout our state to include on our website. If you are an ORCA member and are welcoming new members into your established peer consultation group, or if you would like to advertise a new peer consultation group, contact Catherine Cooney at networking@or-counseling.org.

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Upcoming workshops for counselors and therapists

**February 28, March 14, April 25 • 30 CEUs**
Theoretical and Empirical Basis of Ecopsychology

**March 5-6, 12-13 • 30 CEUs**
Clinical Supervision

**March 6 • 7 CEUs**
Theory and Treatment of Couple and Family Technology Issues: From Online Infidelity to Cyber Overload

**March 14 • 5.5 CEUs**
Exploring Models of Liberation in Classrooms and Clinics: Confronting Transphobia

**April 10 • 4.5 CEUs**
The Ethics of Cultural Self-Awareness: How to Offend Without Really Trying

**April 17-18 • 12 CEUs**
Jungian Play Therapy with Youth: Where Unicorns Roam Free

**April 24 • 4 CEUs**
Organic Psychotherapy: Examples from Embodied and Expressive Practices

**April 25 • 7 CEUs**
Introduction to Dialectical Behavior Therapy

**July 22-24 • 21 CEUs**
41st Annual Northwest Institute of Addictions Studies Conference—Conference to Client: Translating Knowledge into Professional Practice

More at [go.lclark.edu/graduate/counselors/workshops](http://go.lclark.edu/graduate/counselors/workshops)
The Hakomi method is growing regionally in large part due to the offerings from the Portland based mission-driven organization, Mindful Experiential Therapy Approaches (M.E.T.A., LLC). M.E.T.A. trains therapists and graduate students in mindfulness-based counseling modalities such as Hakomi. Hakomi is a gentle yet powerful method that treats clients in a loving and respectful way while yielding dramatic transformational results.

Hakomi applied mindfulness assists clients in self-discovery and transformation through awareness of direct present moment experience. This is an active in-session process in which the client is supported in shifting from regular conversational consciousness into a state of focused, non-judgmental attention. Clients may do this with their eyes opened or closed, depending on their preference or current clinical need.

Applied mindfulness allows clients to pay attention to and observe their experiences without judgment. They learn to slow down their experiences so they can be more fully aware of them and report to the therapist. Clients report what they are observing, which in turn helps the therapist guide the process.

Cooperative exploration honors the multiple signs and signals of the client presence, especially those we see as “resistance.” These defenses are seen as allies of the client and natural results of past experience. Through therapist-supported mindful self-study, the client is able to connect with the wisdom of these defenses and other deeply held, unconscious beliefs, increase insight, and have related corrective experiences.

Hakomi pays attention to the storyteller and sees the story as one of many categories of experience. Clients may share and work with their story in session, but the Hakomi therapist will help them be aware of what is happening inside as they report their story. This may unfold into noticing moods or bodily sensations related to the story, then emotions and experiences, then meanings, beliefs and strategies that formed from the experiences.

As clients mindfully witness the unfolding of their experiences, they become more familiar with how they habitually organize around experience in both supportive and non-supportive ways. When in this mindful state, clients have a greater amount of brain neuroplasticity that can support the reorganization of highly entrenched patterns. As unnecessary suffering is revealed, emotional healing processes can take place with lasting results.

In mindfulness, other possibilities for self-discovery become possible. Experiments can be offered to open a window into the unconscious in which the client explores reactions to various therapist interventions. In this way, clients can more directly experience their unconscious responses and habits from a place of curiosity about themselves. The therapy office can become the client’s own laboratory for self-exploration and for practicing new ways of being.

While the therapist remains the expert on mental health and the processes for treatment, the Hakomi method maintains that the client is the expert on himself or herself. With the therapist as guide, the client learns routes for deeper connection with the wisdom of their own body and mind and becomes empowered to use mindful self-exploration and choicefulness in their daily life.

To support clients in this way, the therapist must first be able to manage their own state of mind. Being fully present not only contributes to the client’s process.

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but also supports our grounding and centering in the face of often charged client material. Hakomi’s basic principles can be safely employed with all clients. While applied mindfulness is a powerful intervention in support of deep change, it may be contraindicated for some clients. It can, however, be used effectively with sufficient therapist training. For more information or to explore training in this method, please visit www.meta-trainings.com and www.hakomimstitute.com.

Ava Frank has completed the comprehensive M.E.T.A training and now has private practice in Portland and can be reached at www.liberateyourheart.com

LinkedIn: Electronic Vs. Paper Records
"I would like to bust a myth (not “mythbust,” of course – that’s copyrighted.) It goes like this: ‘Electronic records are safer than paper records because you can’t encrypt paper.’ I think it’s important to understand why this statement is at once totally right and dangerously wrong."

-Roy Huggins, LPC, NCC, Professional Counselor and Educator on Digital Ethics and Tech for Mental Health Professionals

Become a LinkedIn Group member
https://www.linkedin.com/groups?gid=2467168

Facebook: A Road to Mental Health Through the Kitchen
"Therapists use cooking to treat depression, anxiety, and other psychological problems."

Like our page to get newsfeed updates:
http://www.facebook.com/OregonCounselingAssociation
Tune in to our Twitter feed:
https://twitter.com/OregonCounselor

Yahoo Groups: Discussing LPC, LMFT Network Adequacy in Oregon
"Thank you so much for this comprehensive and informative response to a frustration. Your amount and quality of information is what makes me so glad to be part of ORCA. Where else can I find such reasoned, assuring, and sobering assessments? I do not feel I am getting anything comparable in my other professional organization - which has a lot more fear running the expressed concerns. Perhaps understandable, but ...makes me so grateful for ORCA and this quality of information and response!!"

-ORCA member Katharyn Waterfield

Join our group to get regular e-mail news updates:
https://groups.yahoo.com/neo/groups/ORCAmembers/info
### Oregon Counseling Association 2014 Leadership Roster

#### Executive Officers

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<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Email</th>
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<tbody>
<tr>
<td>President</td>
<td>Marney Hoffman</td>
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<tr>
<td>President Elect</td>
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<td>Past President</td>
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<td>Treasurer</td>
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<tr>
<td>Secretary</td>
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#### Committee Chairs

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<tr>
<th>Committee</th>
<th>Chair</th>
<th>Email</th>
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<tbody>
<tr>
<td>Communications</td>
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#### Division Presidents

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<tr>
<th>Division</th>
<th>President</th>
<th>Email</th>
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<tbody>
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<tr>
<td>OCDA</td>
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<td><a href="mailto:ocd@or-counseling.org">ocd@or-counseling.org</a></td>
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If you are interested in becoming a working member on the board, please contact President Marney Hoffman for more information at: President@or-counseling.org