President’s Message

Hello, Oregon Counseling Association Members!

Well, how are we doing?
Feedback is a key component of every significant relationship. It is important in personal relationships, it is essential in developing the therapeutic alliance with your clients, and it is an absolute necessity for us to be successful as an Association. We work for you all and for the profession you all have chosen.

Based on your feedback, we have put increased effort into our website to keep you all informed of events, announcements, networking opportunities, and training. We as members of the ORCA Board all agree it is not there yet and have a plan in place to continue that effort in a more systematic fashion. Stay tuned!

We put on a successful Spring networking event in Portland with more being planned as I write this letter. In addition to our networking events, we have hosted a recent continuing education event on Internet Marketing. This was a topic several of you have been asking for. Please continue to provide us with feedback on the topics that you would like to see us host. We are continuing our efforts to include web-based trainings as we are aware that was a request from you all.

Our Human Rights Committee has set up a NAMI Walk Team and hopes you will all join us in this important event on May 15th in Portland. You can join the team by using this link.

As you already know, our Conference Committee is planning an amazing 2016 Conference in Portland in November with Scott Miller as our Keynote Speaker! The goal of this conference is to provide you with a diverse set of learning opportunities. The Conference Committee is attempting to meet this goal by integrating multidisciplinary trainings from the field of psychiatry, clinical mental health, occupational therapy, and from participants of mental health services. You can register for that event now using this link.

I am going to continue to ask for your assistance in promoting ORCA. You can do this by:

• Telling your colleagues and friends about the work ORCA does.
• Share this newsletter with your colleagues and friends.
• Encourage your professional colleagues who are not members to join. They can do so here.
• Like us on Facebook and invite your friends to like us as well. You can do that here.

Thank you all for being members and Happy Spring!

Sincerely,

Ryan Melton, Ph.D, LPC
President, Oregon Counseling Association
2016 Conference Award Nominations

Recognize Your Peers’ Outstanding Contributions:
Submit an Annual Award Nomination

Do you know a fellow counselor who deserves recognition for their outstanding contributions to the counseling field? Nominate them for an ORCA award! Each year at the Fall Conference, the Oregon Counseling Association takes time to recognize individuals in our state who have made outstanding contributions to our profession and/or our association. We are actively seeking your nominations for the following awards:

The Leona Tyler Award: Recognizes counselors who have made outstanding contributions to the profession and whose work has statewide implications for counseling. Dr. Leona E. Tyler was Dean of the Graduate School at the University of Oregon. Her many contributions to our profession, including research, writing, teaching, and supervision of graduate students, attained both national and international acclaim. The award was established in 1967 in her honor and was initially presented to Dr. Tyler.

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You're Invited
Oregon Mental Health Practitioners Conference

PORTLAND, OR
NOVEMBER 2016
Register early for discount

Join us this November!
Our conference theme is “Clinical Excellency,” with keynote speaker Dr. Scott D. Miller.
Register at http://or-counseling.org/2016-conference/
The Human Rights Award: Dr. David Capuzzi, former counselor educator at Portland State University, established this award in 1986-87, during his year as President of the American Association for Counseling and Development (now the American Counseling Association). This award recognizes counselors who demonstrate a commitment to respecting and fostering human dignity and who have demonstrated an exemplary level of professional and personal commitment in the areas of human rights.

Distinguished Service Award: Recognizes individuals or groups who have contributed substantially to the Oregon Counseling Association and the counseling profession. This award is traditionally presented to ORCA members. However, non-members such as legislators, school officials, agency administrators, or others in the larger community may also receive the award for outstanding contributions to ORCA.

At this year’s fall conference in November, ORCA will be announcing a new award! Be sure you are registered to join us and help recognize another outstanding colleague in our field!

Use this form to submit an award nomination. The deadline for receipt of nomination forms is September 5th, 2016.

If you have any questions, please contact us at presidentelect@or-counseling.org.

Spaces are still available for exhibitors and sponsors for our 2016 Conference! See our ad, p. 15, or visit http://or-counseling.org/2016-conference/
Career Corner

Are you Drained, Sustained or Fulfilled at Work?
by Aubrie De Clerck, Certified Professional Coach

There is great power in acknowledging where we are in the present moment of our work lives. When we can see and accept the reality of our situation, we can better identify our needs, make decisions about our next steps, and appreciate what is going well.

Consider where you are in these three categories: Drained, Sustained, and Fulfilled.

Drained
You are drained in your work if you dread going to work. You speak negatively about it to others. You vacillate between daydreaming of quitting and feeling incredibly stuck. Your thoughts continually go to ways to escape and the freedom that would follow.

This is a very difficult and frustrating phase. Whether it is caused by a toxic environment, loss of interest in duties, a challenging relationship at work, and/or other factors, this phase drains the energy out and leaves nothing behind. The well is dry and yet the bucket is continually dropped down for more. Oftentimes, people experience mental, physical, or emotional illness as a result of the stress of staying in a drained state.

If you are feeling drained, consider these inquiries:
• Are your basic needs getting met (eating, sleeping, exercising)?
• Would it help to talk to someone (friend, counselor)?
• What specifically is not working for you?
• How could you feel more empowered?

Sustained
Having work that sustains you energetically is akin to being in a closed loop. Enough energy is created from the work itself to power you through the next work day/week/month/year. It may not be inspiring or overly energizing, but it is not terrible. If the work pays well, interests you and/or uses your strengths, it may meet all of your needs. This can be quite a positive place to be, especially if there are other priorities that take our focus or if work is not an important factor in your life.

If you are sustained, consider these inquiries:
• What are you grateful for in your current work situation?
• What strengths do you use in your job?
• What priorities does your work life support?
• If you want to be more inspired, what would that look like? What would you have more/less of?

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Fulfilled
Feeling fulfilled at work produces an excess of energy—energy generated at work spills over into your personal life as well. You feel purposeful and valued, with many possibilities in the future. Often, this state is considered actively living your purpose. Being inspired is not about perfection or never being tired or frustrated. It is about being able to bring your whole self to your career.

If you are fulfilled, consider these inquiries:
• In what ways could you share your energy and gifts to help others (mentorship, volunteering)?
• What exciting ideas would you like to spend time exploring?
• What is your vision for the future (what impact would you like to be having on the world)?
• How does your work life inform your life purpose?

When you know which state you are in, you can evaluate the choices you have from a place of acceptance. It is important to note that there is no value judgment here—this is not a linear process. Moving along the continuum from drained to inspired is not something everyone wants or needs, or is even possible at certain times of life. Often, life circumstances or workplace changes outside of our control instigate shifts in our states.

With kindness to yourself in mind, what state are you in right now with your work life?

Aubrie De Clerck, CPC, is a Career Coach in private practice in Portland, OR. She has over 10 years of experience helping people find fulfillment at work in all stages of life (new careers, mid-career changes, retirement), including 4½ years working for the career development organization Lee Hecht Harrison. Aubrie is well-versed in corporate, non-profit, education, and entrepreneurial sectors, with expertise in helping clients get clear on what they want from their work lives. You can learn more at www.coachingforclarity.net.
At the end of March of an even-numbered year, it meant that the Oregon State Legislature had just completed another “short session.” Think of it as a five-week policy-making sprint, compared to the five-month marathon legislative sessions of odd-numbered years. By all accounts, this one was a doozy—with the legislature tackling more big-picture issues than in short-sessions in the past. And, as always, COPACT was there, working to advance access to quality mental health care for all Oregonians.

Quick reminder: COPACT (Coalition of Oregon Professional Associations for Counseling and Therapy) is an organization representing the interests of LPCs, LMFTs, registered interns, and counseling students across Oregon. A professional alliance between ORCA and OAMFT, our board serves as the voice of LPCs and LMFTs in the legislative process—advocating for (and sometimes against) bills that impact the counseling profession in Oregon.

This short session, the legislature took up a few key issues that may directly impact our work, including:

• Bipartisan passage of measures to better protect foster children. Senate Bill 1515 strengthens licensing, regulation and enforcement action around child-caring agencies, while House Bill 4080 creates the Foster Care Advisory Commission.

• Increasing access to Naloxone to reduce heroin and opiate overdoses, by allowing pharmacists to prescribe it and facilitating access to patient information regarding controlled substances while assuring HIPAA compliance (House Bill 4124).

• Safeguarding student health records. Senate Bill 1558 protects student privacy by prohibiting disclosure of student health records, except in appropriate circumstances. This bill was in part a response to protecting the privacy of survivors of sexual assault on campus.

Truly though, most of the oxygen in the capitol was taken up by three big issues that broadly affect Oregonians—including many of our own families and our clients:

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Please support our lobbying efforts through COPACT:
Coalition of Oregon Professional Associations for Counseling and Therapy

COPACT is ORCA's and OAMFT's legislative advocacy organization working on behalf of LPCs and LMFTs in Oregon. The funds we raise go directly to paying our lobbyist, Elizabeth Remley, to pursue the passage of legislation that supports and protects our professions. To learn more about what COPACT is doing for LPCs and LMFTs, visit www.copactoregon.com.

You can donate directly to COPACT via PayPal at www.copactoregon.com/donate. All donations are tax deductible as business expenses. In addition to direct donations, a large percentage of ORCA membership dues go to our lobbying efforts. Please keep your ORCA membership current, and encourage your colleagues to become members as well! Thank you for your support.
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- Raising the minimum wage over the next six years. Senate Bill 1532-A divides the state into three wage regions: Portland (within the urban growth boundary) will increase to $14.75 per hour by 2022; other urban counties will be raised to $13.50 per hour; non-urban counties will top out at $12.50 per hour. Starting in 2023, minimum wage increases will be tied to annual adjustments in the Consumer Price Index (CPI)—so, as inflation rises, so will the minimum wage.

- The legislature passed two bills addressing Oregon’s affordable housing crisis:
  - House Bill 4143 provides more predictability for Oregon renters, including a ban on rent increases in the first year for month-to-month renters, and 90-day notification for any rent increases after that.
  - Senate Bill 1533 allows cities to require that developers build affordable units alongside market-rate housing, in order to better meet the needs of their residents—often called “inclusionary zoning.”
  - Senate Bill 1547—the Clean Electricity and Coal Transition bill—makes Oregon the first state in the nation with plans to go coal-free by the year 2030.

In 2016, between now and legislators’ next official gathering in Salem (in 2017, of the “marathon” variety), COPACT will continue to build relationships with our elected officials, broaden our coalition of allied organizations, and focus on improving Oregonians’ access to quality mental health care—including a more reliable reimbursement process and fairer reimbursement rates.

As always, COPACT welcomes your ideas, your involvement and your support—we couldn’t do it without you!

Melissa Chernaik
COPACT Board Member

COPACT: Advancing access to quality mental health care for all Oregonians.

Learn more about COPACT at www.copactoregon.com.

You can donate directly to COPACT via PayPal at www.copactoregon.com/donate.

Upcoming workshops for counselors and therapists

Saturday, May 14 • 6 CEUs
Mindfulness, Trauma and the Sense of Self: Using Mindful Awareness to Improve Clarity, Stability and Flexibility into Therapy

Saturday, June 4 • 2 CEUs
Seeing the Bigger Picture: Three Lenses for Reframing Education, Counseling, and Justice

Friday-Saturday, June 10-11 • 12 CEUs
Second Annual Oregon Ecopsychology Symposium: The Psychology of Interdependence

Saturday, June 18 • 4.5 CEUs
“Transgender”: A Decolonizing Framework for Transitioning in Clinical Practice

Saturday, August 6 • 7 CEUs
Feedback Informed Treatment in Clinical Settings

Friday, August 12 • 6 CEUs
Introduction to Art Therapy Interventions

Saturday, September 10 • 7 CEUs
The Enneagram: Exploring a Tool for Clinical Practice

Saturday, October 15 • 7 CEUs
Intercultural Communication: Critical Understandings for Effectiveness

More at go.clark.edu/graduate/counselors/workshops
Elections Update

by Marney Hoffman, Past President

The votes are in! Before I move onto announcing your new officers, I would like to first thank all of you who took the time to vote. Your involvement in this process is very important to the organization. Thank you!

And now, it is with great pleasure that I announce your new incoming officers:

Joel Lane, Ph.D. - President-Elect

Joel Lane is an Assistant Professor and Coordinator of the Clinical Mental Health Counseling program at Portland State University. He has an LPC and currently provides post-masters supervision to LPC interns. Joel has a Ph.D. in Counselor Education and M.A. in Professional Counseling, both from Oakland University. Prior to moving to Portland in 2013, Joel had an active clinical practice, specializing in working with adolescents and their families. He has been involved with the ORCA board since 2014 through his current role as President of the Oregon Association of Counselor Education and Supervision (OACES). Joel lives in Portland with his wife Megan. Joel will begin his three-year term as incoming ORCA President-Elect, President, and Past President in July 2016.

Kara Eads - Treasurer

Kara Eads will be graduating with her MS in Counseling from Portland State University in June. She is currently interning at Youth Progress, working with youth in the custody of the state. Kara earned her undergraduate degree in mathematics and spent 13 years as a high school math teacher before moving into the counseling field. She volunteers with ORCA on the Technology Committee and the Membership Committee, and was a member of the 2014 Conference Committee. Kara will begin her two-year term in July 2016.

Welcome to our new officers!
Persistent Pain 101 for Counselors

by Kris Fant, LMHC, LPC

Because over 100 million Americans experience persistent pain, as a therapist, you are likely to encounter individuals with persistent pain in your practice. When I first encountered persistent pain, I educated myself on my client's condition, and knew nothing about the science of pain. I’d like to share a few things I wish I’d known at the time.

Pain is a useful tool. We are designed to attend to pain, because by attending to tissue damage or internal distress, we would be able to try to fix any issues rather than exacerbating them. If you were a hunter or gatherer with a broken arm, it would make sense for your brain to produce pain so you would know you needed to attend to your arm before resuming your regular activity.

While we experience pain in our body, it is truly created by our brain. Our tissues can experience pressure, temperature, and toxins, and they send those messages to our brain through our nervous system. Within milliseconds, our brain decides how much pain to produce based on what it decides is most protective for us. For example, if a soldier's arm is severely injured in battle, he or she will frequently not experience pain until in a safer situation.

Persistent pain is pain that persists even after the tissues in the body have healed as best they can. Persistent pain is diagnosed after experiencing pain for 3-6 months. The earlier people seek counseling and self-management tools in this process, the better their predicted outcome.

The best tools to teach individuals with persistent pain are:

1. Movement is your friend. Find a gentle movement program that is led by someone who understands persistent pain. This could be an arthritis tai chi program, gentle yoga, or physical therapy. Make sure your teacher does not endorse the “no pain no gain” approach.

2. Relaxation and meditation are more than just woo-woo experiences. By breathing at your ideal breath rate, your brain will release relaxation chemicals into your body that will help turn down the volume on persistent pain.

3. Mindfulness is more than just meditation. It is important to be aware of the present moment and your body movements and breath, because you can move in ways that promote health, and you can also move in ways that flare pain. Find a way to develop an awareness of your body. Learn about pacing your activities based on how you are feeling.

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4. Acceptance is not giving up. Accepting your pain and becoming aware of the body you are experiencing today will help you to actually accomplish more of your goals than the idea of “pushing through the pain” (which often leads to an extended necessary rest) or living in a recliner.

5. Your body hears everything your mind thinks. Your brain releases many chemicals and hormones based on your thoughts. It’s amazing how becoming aware of your thoughts and helping yourself to see things from different perspectives can start to ease the suffering that accompanies persistent pain. Even using the term “persistent pain” rather than “chronic pain” helps our mind see our pain differently.

6. You can retrain your brain! Your pain is not in your head, and it is not imaginary— it is very real and very distressing. Knowing this and having new tools can help you to retrain your brain to experience pain differently and live a life congruent with your values.

Some common counseling modalities that are utilized to teach these lessons are Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT). If you are interested in learning more, Lorimer Moseley’s TED Talk is an excellent crash course on how pain works in the brain and body. The Association for Contextual and Behavioral Science offers a free podcast that helps explain ACT. Mindfulness Based Stress Reduction (MBSR) is another program that works with these concepts, and is widely available in the community, in workplaces, and online for free.

Kris Fant, LPC/LMHC works at Progressive Rehabilitation Associates. She specializes in working with individuals who have persistent pain or traumatic brain injury. You can reach her at kris@progrehab.com. When she’s not at work, you’ll find her riding off into the sunset on her motorcycle.
Looking for my Feminine Soul

by Diana Oxley, PhD, LPC Intern

This is no feminist treatise. It’s more personal than that. As they say though, the personal is political .... I’m afraid I always took feminism for granted. I didn’t question my rights or vocational possibilities. I was taken with my own ideas and more than a little driven by my aspirations. I operated in a patriarchal world, but my object was to succeed in it -to be as good as and not inferior. I wasn’t secure enough to not have to prove myself.

My first great love in school was literature. The idea that things could be symbols possessing something other than their surface meaning transported me to another world. I also loved psychology so when I discovered Jungian psychology, I saw my reflection and the rest was supposed to be history. What happened in between is what’s interesting. In college, I majored in psychology, which proved to be a scientific course of study that led to graduate work, many statistics courses, quantitative research, and a career in research on school reform. I emerged with a huge sense of achievement and pride.

My career started out famously, a synchronous event really. I had analyzed school size and student outcomes in graduate school, found students did better in smaller schools, and then took a job in NYC where organizing high schools into smaller units became policy soon after I arrived. The idea was to organize diverse groups of students around teams of teachers who would get to know their students well, be better able to determine their interests and needs and coordinate their instruction to meet those needs; students would get to interact closely with diverse peers, build relationships with them, and develop a sense of belonging and trust in the world of learning.

I am not entirely sure when I thought the thought that this was a more feminine way of organizing high schools. I had an instant feel for this more personal, relational form of organization. It didn’t grow in me; it erupted fully formed. I pursued research on it and also advocacy and eventually technical assistance but never brought out the point about a feminine versus masculine form of schooling. I thought research would tell the tale. Pointing out the lack of provision for relationship in a patriarchal culture and in schools in particular seemed like it would hurt the cause. Wouldn’t people argue that the teaching profession was already dominated by women? At the same time, to organize learning as a continual churning up of teachers and students every hour of the day, semester after semester, year after year to study subjects in unnatural isolation from each other is counter to development on any dimension—cognitive, social, even moral— as we project disconnection onto everything around us.

I was at a psychology conference recently where the presenter referred to recent research on evergreen forests that explored how saplings grew to replace older trees when the taller, older trees appear to out-compete the saplings for needed nutrients. The researcher found that older trees directly support the younger ones via underground networks that deliver the needed nutrients. An audience member asked why we were so reluctant to recognize such interconnectedness. The presenter offered that continued on p. 12
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recognizing our interconnection represented a narcissistic wound to our selfhood and sense of autonomy. Neither the questioner, a woman, nor the presenter, a man, seemed to realize that the research finding could also provide self-affirmation for those who harbor a sense of connectedness and who, like the female botanist, go into the field asking just those questions that reveal it.

Why am I attending a psychology conference? I closed the door on my career in education research. Over the years I realized I was no researcher at heart and steered my career more and more toward working directly with school leaders to bring about reform. Eventually public interest in the reforms ended; there is hardly a school that has retained them, though a few have. My experience shows patriarchy does not yield easily; its taken-for-granted values are so much a part of us that we cannot hold them out far enough from ourselves to get a really good look at them.

Life is odd though. That ending led to the re-start of my long lost pursuit of psychology as the helping profession, and to the Jungian variety that looks for meaning beneath the surface of things but doesn't ignore the surface either. My search for a more feminine way of being in the world is up close and personal now. I just returned from the Mediterranean, on the trail of those ancient goddess-worshipping cultures that once prevailed. I visited the ruins of one that dug temples three stories deep into the earth on Malta, a civilization so advanced 3 millennia BCE that it was mistaken for later civilizations until radioactive carbon dating proved otherwise. This culture built the earliest free-standing megalithic structures in the world. Its people most likely had very little sense of individuality, perhaps operating like bees in a hive. Archeologists have found no evidence of warring or hierarchy. They did discover the ‘Sleeping Lady’: She lies asleep, her very ample yet shapely body reclined on a couch of sophisticated construction and her head resting on a rough-hewn stone. Now the rough-hewn stone has a very long history stretching back to Jacob in the Old Testament and beyond to the god Hermes of ancient Greece. These stones were held to be sacred channels of divine messages to those who slept on them. So the Sleeping Lady may depict the ancient rite of incubation whereby one sleeps ‘perchance to dream’ and receive guidance from a greater source than waking consciousness. I can’t go back, that means regression. But who needs to? My tall tree, the dream never left me.

Diana Oxley, Ph.D, LPC Intern works with adults and adolescents of diverse ethnicities on a variety of issues with the overriding goal of helping them follow a meaningful life path. Her practice is near Multnomah Village. She is currently a diploma candidate in analytical therapy at the CG Jung Institute in Zurich. She can be contacted at dianaoxley@gmail.com, 503.715.7868, or dianaoxley.com
Early Assessment and Support Alliance

Investing in the Success of Teens and Young Adults Who Confront Psychosis

What is the Early Assessment and Support Alliance (EASA)?

EASA is a statewide network of programs which identify youth with symptoms of psychosis as early as possible, and provide support and treatment based on current research.

Who does EASA serve?

EASA helps identify and support young people ages 12-25 whose symptoms are consistent with the onset of a psychotic illness such as schizophrenia or bipolar disorder with psychosis. EASA also helps clarify diagnosis and appropriate treatment, and supports referents in linking to appropriate care.

Acute symptoms of psychosis include hallucinations (seeing and hearing things others don’t); delusions (bizarre, out-of-character, fixed beliefs); and disturbances to speech, emotional expression, and movement. Onset of these symptoms usually occurs gradually.

Without early identification young people with psychosis are at great risk of school drop-out, loss of social support and ability to function, long-term trauma, legal involvement, disability and poverty.

With early intervention and appropriate support, most of these consequences can be prevented, and most will graduate from school, enter the workforce, and live a full and successful life.

Who should I refer?

Refer anyone who you believe may be experiencing the early signs of psychosis. If a person is having new, significant and worsening difficulties in reduced performance, behavior changes, and/or perceptual changes, call for a consultation. EASA can come meet with the family at school, at home, or any other location. Don't wait! Anyone can refer to EASA, or call for an anonymous consultation, free of charge.

What does EASA offer?

• Outreach, specialized assessment, and linkages to appropriate care

• Coaching to understand changes and help the young person succeed in school and elsewhere

• For youth with ongoing symptoms not best treated elsewhere, an intensive two-year transitional program from a local team including medical professionals, counselors, occupational therapists, and school/work specialists

• Family groups and peer support opportunities where people come together to learn relevant information and skills and to support each other

There are county-based EASA programs statewide.

Find your nearest program and more at

www.easacommunity.org

or reach us at EASA Center for Excellence at Portland State University - Regional Research Institute

(503) 725-9620 or 1-855-284-4750 toll free

EASA is sponsored by

The Oregon Health Authority

Bipolar disorder affects about 1% of the population (Jauhar & Cavenagh, 2013), so in Portland Metro that’s about 23,000 people, and 39,000 in Oregon. People with a bipolar diagnosis often struggle with depression, mania, and hypomania, and difficulty keeping their life on track. My doctoral research focuses on how people with bipolar disorder use mindfulness skills to stabilize their moods, thoughts, and behaviors. Jon Kabat-Zinn has defined mindfulness as “paying attention in a particular way: on purpose, nonjudgmentally, in the present moment” (1994, p. 4). Mindfulness is a practice, a state, and a trait; mindfulness practice can produce a mindful state, as well as strengthen one’s overall capacity to be mindful. Here are some benefits that mindfulness can have for clients with a bipolar diagnosis.

Coming Into the Present Moment and Decreasing Rumination
Mindfulness practices help people notice what’s going on right now, rather than ruminating on the past or the future (Deckersbach, Hölzel, Eisner, Lazar, & Nierenberg, 2014). While thinking about the future and learning from the past can be important, excessive or habitual thinking about past and future can contribute to mood episodes. Mindfulness practice helps clients come into the present moment, and this helps cuts through the rumination that feeds manic and depressive cycles.

Emotional Regulation
Mindfulness can help clients observe emotional states with awareness, rather than be caught up in them. Adopting a witnessing stance towards emotions can reduce rumination, because when clients notice an emotion but don’t add to it with thoughts, they refrain from adding fuel to the fire. Once clients have a grasp on coming back to the present moment (for example, by noticing their breath or doing a body scan), they can use mindfulness to bring awareness to their emotions themselves. In this way, they can discover the actual experience of their emotions, rather than their ideas about their emotions; this can bring increased self-compassion and greater insight into emotional patterns.

Detecting Early Warning Signs
Many psychoeducational approaches to treating bipolar disorder focus on helping clients notice the early signs of a mood episode (Swartz & Swanson, 2014). These warning signs are called “prodromes.” By helping clients pay closer attention to their thoughts, emotions, and behavior patterns without getting swept up in them and losing awareness, mindfulness training can help clients identify the beginnings of a mood episode and take appropriate action to head the episode off at the pass.

Increased Mental Clarity and Self-Acceptance
Mindfulness practitioners commonly report a feeling of increased mental clarity and greater self-acceptance. For clients who need greater clarity to shape their recovery plans and follow through on health commitments, mindfulness can help them cultivate mental spaciousness, clarity, and calm. Self-acceptance and acceptance of

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experience doesn’t mean giving up on change, but it does mean acknowledging how things are without judgment or aggression (Brach, 2003). Mindfulness can help clients with a bipolar diagnosis overcome internalized stigma, denial, and self-aggression, and thus promote recovery.

Studying Reaction Patterns and Shaping Recovery

Mindfulness practice includes examining how thoughts, perceptions, emotions, and behaviors interact and interweave to create experience. Extending mindfulness practice into daily life helps clients understand their experience in microscopic detail, and this can help dismantle patterns of suffering by providing new options for change (Linehan, 2015). This same mindful awareness can extend to the choices clients make in their lifestyle, activities, and internal ways of organizing experience. By noticing what helps them to feel healthy, stable, and good each step of the way, clients can take the feedback from their own experience in order to build a vehicle for recovery that works for them. Mindfulness promotes self-awareness and gives clients tools to interrupt automatic behaviors and create new patterns in their lives.

Promoting Neural Integration

Mindfulness practice promotes neural integration, neuroplasticity, and attunement to self and others (Siegel, 2010). By enhancing neocortical integration with the limbic system, mindfulness can help clients achieve greater capacity to modulate emotions. Properly applied, mindfulness can also help clients regulate their autonomic nervous system and exit the fight-flight-freeze responses of trauma states (Ogden, Minton, & Pain, 2006). Whether clients with a bipolar diagnosis have a trauma history or not, mindfulness can help soothe the nervous system and teach new skills for self-regulation.

I hope these suggestions help you to work with your clients on the bipolar spectrum, and give examples of how mindfulness can be adapted for a variety of clinical needs. I look forward to working together to serve this population.

References


Alex Palecek (Sasha), LPC Intern holds an M.A. in Contemplative Psychotherapy from Naropa University. He is a PhD student at the California Institute of Integral Studies, where his research focuses on mindfulness in recovery from bipolar disorder. He is a Naropa-certified mindfulness instructor and has trained in DBT and Hakomi mindfulness-centered somatic therapy. After interning at M.E.T.A. Counseling Clinic in Portland, he plans to open a private practice, Brilliancy Counseling, in June 2016. He can be reached at sasha@brilliancycounseling.com.

Join Team ORCA in this year’s NAMI Walk!

Please join us for a fun day of exercise with the ORCA community to benefit the National Alliance for the Mentally Ill (NAMI).

WHEN: Sunday May 15, 2016
TIME: Check in @ 12 pm, Walk starts @ 1 pm
WHERE: East Bank Esplanade - near SE Water @ SE Main
DISTANCE: 5K
To register, click the link below, join the “Oregon Counseling Association” Team, and just add your name!

http://www.namiwalks.org/index.cfm?fuseaction=donorDrive.team&teamID=6757

Please encourage anyone you know to walk with us! :) Feel free to contact me with any questions.

Chalaina Connors, MA, LPC
ORCA Human Rights Committee Chair
humanrights@or-counseling.org
Oregon Mental Health Practitioners Conference

Exhibitor Information

Contact Information

CANDICE ELLIOT
(541) 550-0250
cconference@or-counseling.org

BRENDA HANSON
(541) 270-0434
cconference@or-counseling.org

Don’t see a sponsorship that fits your needs? Please contact us.

Registration

Please register at:
www.or-counseling.org/2016-conference

EXHIBIT DETAILS

Installation:
Friday, Nov. 4, 2016
7:00 am - 8:00 am

Dismantling:
Saturday, Nov. 5, 2016
4:30 pm - 5:30 pm

Please make travel plans accordingly

IMPORTANT DATES

SEPTEMBER 1, 2016
Exhibit cancellations on and before this date forfeit 50% of fee. Cancellations after this date forfeit entire fee.

OCTOBER 1, 2016
Last day to submit 40 word product descriptions for inclusion in Conference Program Guide. Descriptions received after this date will be included in the Program Guide Addendum.

EXPO DATES

November 4th, 2016: 8:00 am - 4:30 pm
November 5th, 2016: 8:00 am - 4:30 pm

LOCATION
Crowne Plaza Downtown
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Looking forward to seeing you at our conference!

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Practical Uses of Magical Thinking

by Robert Plamondon

“Well, yes, maybe it started as a dream! But doesn’t everything? Those buildings, these lights—this whole city! Somebody had to dream them first.”
— from James and the Giant Peach, by Roald Dahl

Perhaps the most unexpected therapeutic skill I’ve learned is the use of magical thinking. Magical thinking can be extraordinarily powerful. Why? Because… actually, the “why” question is too hard—to philosophical. Let’s go with “how.” How? By moving entirely outside the client’s normal frame (and perhaps our own), with all its well-worn mental ruts, resistance, and defenses.

Magical thinking in therapy takes many forms. To use just one example, old-time hypnotherapy used magical thinking in a pure form. After entering hypnosis, a patient was told that his symptom was gone and would never return, and this often worked.

Notice how many of the usual steps have been omitted! The problem isn’t analyzed. No solution is discovered. No strategy is described. There’s no psychoeducation, no guided imagery, no metaphor, nothing. Only the outcome is specified. The unconscious mind is simply told, “Do it.” And it often does.

How does this work? I don’t really know, but the way I explain it to myself is, “We have more capabilities than we realize.” Our conscious minds can only use resources we’re consciously aware of, in ways that we consciously know about. Not only that, but we have limiting beliefs that hold us back.

Magical thinking bypasses our limiting beliefs (both ours and our clients’) and calls upon resources we may not know we have. Magical thinking approaches problem solving through a different door.

So which door shall we use? If magical thinking bypasses our original assumptions, it won’t help unless we use better ones. I like to build on these:

• Human beings are creatures of the imagination. Our imagination is often the cause of our problems, but is even more often the cure.

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- Your problem isn’t you. Resolving a problem makes you more yourself.
- Your mind is more powerful than you realize, but in spite of its power, it sometimes needs guidance to get unstuck.
- Your mind is always on your side, though it sometimes has a heck of a way of showing it.
- There doesn’t have to be any correlation between the seriousness of the problem and the difficulty of solving it.

Magical Thinking for Beginners

So, where to begin? Perhaps the simplest method is one that most of us know already: the “miracle question.” This goes something like: “Imagine that tonight, after you go to sleep, a miracle occurs, and your problem totally vanishes, but since you’re asleep, you don’t know. When you wake up tomorrow, what’s the first thing you notice that makes you realize that something is different? What else do you notice as the day progresses? What do other people notice?”

The use of this magical frame gives us control. Only the parts we declare are magical are magical. For example, we expect the client’s narrative of what happens after the miracle to be plausible—devoid of unicorns and star cruisers.

By magicking away the entire process of therapy, we shift the focus to a vivid examination of what perfect success is like, probably for the first time.

In short, the miracle question creates a temporary frame that leaves the client’s objections behind, allowing the work to be done in a way that persists after the frame is dismantled. The goal is for the client to change as if a miracle had happened during the night.

Other Methods

Some other uses of magical thinking include:

- **Guided imagery.** This almost automatically takes the form of a magical journey. I am particularly fond of using fairytale elements in guided imagery.
- **“I had a client once...”** When you tell a story, the listener feels insulated from the action, because it’s about someone else, not them— but on some level, they still absorb it as if it is about them.
- **Placebo.** Anything that implies therapeutic success to clients will tend to become a self-fulfilling prophecy. Traditional examples include gigantic framed certificates, plenty of serious-looking books on the shelf, and an expensive-looking office.

The trickiest part of magical thinking is that, as practitioners, while we’re aware of the theories, nuts, and bolts of our modalities, simultaneously keeping these in mind and waving a magic wand to make clients’ problems disappear in a puff of smoke takes practice! But it’s a skill that can be learned, like any other.

Robert Plamondon is a hypnotherapist, writer, and publisher in Corvallis. He has recently republished John G. Watkins’ Hypnotherapy of War Neuroses and Ruth Stout’s classic self-help book, If You Would Be Happy. He is also the cofounder of www.unlicensed-practitioner.com, serving Oregon’s exempt practitioner community. Robert can be contacted at robert@plamondon.com or http://www.hypnosis-corvallis.com.

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