Dear friends,

Hello, and happy summer! By the time you read this, we will have sworn in our new officers and Joel Lane (President), Gianna Russo-Mitma (President-Elect), and Lisa Aasheim (OACES President), will be settling into their new roles. It’s been an honor to serve as your ORCA President, building off the good work, care, and dedication of all our past presidents, most recently Marney Hoffman (2014-2015) and Ryan Melton (2015-2016). As our new leaders step into their roles, I am looking forward to supporting them over the next year.

We have been busy planning for the 2017 ORCA Fall Conference. The theme this year will be The Constant of Change: Ethical Counseling Embracing Diversity. This two-and-a-half day event will be held November 2-4 at the Embassy Suites Washington Square in Portland and will offer 14 possible CE hours, including 6 ethics contact hours and 4 cultural competency contact hours. Our speakers include Summer Brown, LMFT, who will present on cultural competence on Saturday, and ACA Chief Professional Officer Dr. David Kaplan, who will offer a pre-conference workshop on informed consent on Thursday and an in-depth workshop about critical new concepts in the ACA code of ethics on Friday. Visit our website to register, book your room, or nominate a colleague for an award. You can also submit a proposal to lead a conference workshop—the deadline is August 15th!

In just a few days, we will be holding a networking picnic on August 6, from 4-7 pm, in Laurelhurst Park in Portland. It will be an informal, bring-your-own blanket potluck. I hope you can join us. The day of, our Facebook page will be the best way to locate us in the park. Bring your friends, families, and leashed pets!

I hope you enjoy the articles in this issue of The Counselor, which is focused on diversity and inclusion. We asked our members and the clients we serve to share articles toward our goal of helping to develop more inclusive communities in our state, and we received some pretty amazing submissions. We are so honored to publish your thoughtful, insightful, honest, and necessary voices. And the conversation is just beginning: The theme of our Fall 2017 issue will revolve around intersectionality, our Winter 2017 issue will center around effective advocacy, and of course our fall conference will offer lots of opportunities to think, talk, and take action on these issues.

Again, it has been a joy and an honor to serve as your president for the past year. Thank you for all of the good work you do all over the state for the mental health of Oregonians.

Sincerely,

Raina Hassan, MS, LPC
Past-President, Oregon Counseling Association
Between Transparency & Awareness: 
An African-American Therapist’s Perspective

by Summer Brown, LMFT

I openly identify as a Queer, Black, Fat woman who is navigating the world with some semblance of wellness and curiosity. Curiosity is necessary for any movement towards growth. Curiosity about the world around me as well as about my inner world is a must. Without that, I’m just punching a time clock towards the end of my life. After a check-in with Brenda Hanson about the mission for ORCA’s conference I knew I was poised to provide a multifaceted perspective to the topic at hand. How does one provide therapeutic support in a culturally inclusive way that is both respectful and informed while also helping your client move towards growth? Tall order, no?

While I would love to be able to give you the keys to doing that in just a couple words, it’s impossible. Here’s the challenge I want to present to you in this moment. In order to figure out how to help your client, you need to know who you are, inside and out. Umm... Summer what does that even mean?

First, how do you identify? Using Hayes’s Addressing Framework (1996, 2001), we can break down not only our client’s self-identifications but our own.

(Continued on p. 3)
(Between Transparency & Awareness continued from p. 2)

Now that you’ve figured out who you are, take a moment to consider how many of those identifiers come across when you’re in the room with a client who is culturally different than you? How many of those components have historically or systemically impacted the trajectory of your client’s life (even unintentionally)? Summer, you’ve lost me here; I have no clue how my perceived identities impact my client! No worries! We all have blind spots. So, ask. Ask your client “How do you identify your...? Are you impacted by the fact that I do/not identify/present/show up that same way? Will this difference in our lived experiences impact our work together?” Whew, that’s a lot of work. Can I just kind of skirt the issue?

In 2015 the American Psychological Association published their findings on the demographics of psychologists in the United States. The survey found that most psychologists that were actively in practice were 68.3% female, 83.6% white, 15% between the ages of 61 and 65. Does this information match the anecdotal evidence we’re seeing in our practices? Well, of course not, Summer. I see a wide variety of people from various backgrounds. If your lived experience is framed from those demographics, it’s unlikely (downright impossible) that you have any idea the lived experience is of someone who identifies as male, Asian American, and is 25 years old.

The delicate balance of engaging clients where they’re at can be deeply derailed by ignorance and lack of curiosity. There is a distinct difference between asking someone, “What was that like for you as a person of color/person of differing ability/person who identifies as on the Autism spectrum?” and having the expectation (spoken or not) that your client teach you what you need to know about a group of people they identify with being a part of or ignore it altogether. As a therapist, our lack of knowledge (I have no idea what this client is talking about and I also don’t want to ask/do my own research) is felt by systemically non-dominant populations in the most profound way. Those populations are forced to navigate oppressive systems every second of every day of their lives and as competent therapists we should strive to create a space that is not only safe but can be a space of renewal.

These questions aren’t a one-time thing, or even something you can just add to your intake. They are part of a larger ongoing conversation about your identity and theirs. They inform the lens you use to support your client’s growth as well as your own personal growth as a professional but more importantly as an individual. The real question is, does not asking the questions hinder your work and in turn cause harm to your client? Whoa Summer, that was a quick jump. I spent a lot of time and money on the pursuit of this career and I wouldn’t do it if I didn’t care and didn’t want to help. BINGO! So show up, be uncomfortable, grow and change and do it from the comfort of that cozy chair you picked up at Ikea.

Summer Brown, LMFT is a counselor and tenure track Human Development instructor at Clark College. She also maintains a private practice in Vancouver, and provides clinical supervision as an AAMFT Supervisor Candidate. She was recently interviewed for the Refinery29 article Should You Call Out Your Grandma When She Says Stuff About Your Body? Summer can be contacted via her website, by email, or by phone (360) 602-1477.
Oregon Mental Health Professionals Conference
The Constant of Change: Ethical Counseling Embracing Diversity
PORTLAND, OREGON
NOVEMBER 2-4, 2017

Oregon Counseling Association

November 2, 2017  3:00 pm - 5:00 pm (preconference)
November 3-4, 2017  8:30 am - 4:30 pm

Embassy Suites Washington Square
9000 SW Washington Square Road
Tigard, OR 97223

- Up to 14 CE hours available
- Full day workshop by David Kaplan, PhD (Ethics CE’s)
- Keynote: Summer Brown, LMFT (Cultural Competence CE’s)
- Friday ALGBTIC evening reception
- Breakfast, lunch and coffee on Friday and Saturday

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.
I am a genderqueer and nonbinary therapist. I’m also bisexual/pansexual. I am writing this article to articulate my understanding of what’s hard about these identities, and what helps.

Dear Friends,

Being genderqueer is hard because I almost never get read right. Outside of queer circles, most people will call me “man” or “sir,” which I find pretty irritating. Even when I present in an androgynous way, wearing makeup, dangly earrings, and what have you, I get misgendered and erased. So please, never assume you know someone’s gender or pronouns until you ask them. Until then, avoid binary pronouns or salutations. Rather than “ladies and gentlemen,” say “honored guests;” rather than “sir” or “ma’am,” say “my friend,” or simply “hello.” Gendering strangers is needless.

Genderqueer and nonbinary people are trying hard to be read as who they are, and getting cast into a binary gender by others is to experience a kind of subtle and pervasive violence.

On the plus side, I get to choose my own adventure, and remix my gender performance however I want. That leaves a lot of room for creativity and exploration.

On Desire

Being bisexual/pansexual is confusing. Speaking for myself, I am inclined towards deep emotional intimacy and stability with perhaps one person, but my sexual and romantic desires pull me in multiple directions. This is not pathological, but it requires constant adaptation. I am gaining greater clarity on my own sexual and relational needs, and non-monogamy seems increasingly rational. This runs counter to everything I was taught by my parents and culture about how to conduct relationships. This dissonance is a great source of stress. Navigating the tension of multiple desires and intense needs for emotional intimacy and safety are core themes of my relational life.

Once when I discussed this problem with a counselor, he said being bisexual must be great—I had more of everything. I was livid. He had no idea how difficult it is. I get neither the privilege of heterosexual culture, nor the belonging of homosexual identity. I am stuck in the middle, and it is uneasy. Yet this creative constraint forces me to really look at things and choose for myself.

Community: Violence and Healing

White supremacist hetero-patriarchal capitalist culture teaches us that sex is bad, being different is bad, and being sexually different is especially bad. Living in this world, being who I am, loving who I love and having the sex and relationships I want has long felt forbidden and profane. Good books, good therapy, good relationships, and good community are the most important resources I have encountered in my queer recovery. We all need to recover from this violent system, and feminism, racial justice, and other social justice movements are crucial to doing this work. Because social violence creates queer suffering, queer identity is a place of political commitment. We should stand in solidarity with other movements to create a truly just society, and heal individually and collectively.

Sasha Strong, M.A., Ph.D. (cand.) is a registered intern in private practice at Brilliancy Counseling in southeast Portland. They co-edited the ORCA newsletter in 2016–2017 and co-founded and co-facilitate QueerPDX, a peer support group for nonbinary and genderqueer people. This August, they will be co-presenting at Gender Odyssey Professional in Seattle on how helping professionals can provide more culturally competent services for nonbinary and genderqueer people. You can reach them here.
Oregon’s Divisive Racial Past and Potential for Healing

by Sandeep Kumar, LPC

Since I moved to Portland four years ago, I’ve walked through the Hollywood Max station about five times a week. Often I’m with my toddler children, who like me, are people of color. On Friday of last Memorial Day weekend, the station violently became a focal point of the ongoing conversation around diversity and integration, both in Portland and the nation. It’s important that we accept that these issues didn’t just appear, but have been with us for centuries, and that bringing them to light provides opportunities for growth.

A recent Portland Mercury article reminds us,

Upon being granted statehood in 1859, Oregon was the only state in the union to prohibit Blacks from living on or owning property within its borders - and this ban was not officially revoked until 1926. The Ku Klux Klan was prominent in the state in the 1920s, holding considerable sway over Oregon police and political leaders. The 15th Amendment - giving African Americans the right to vote - did not become state law until 1959, nearly 90 years after being ratified by the US Congress.

As therapists, we encourage clients to explore their pasts, both the cherished and repulsive. As responsible members of a reputedly progressive city, we can strive for the same within our community. Portland’s support of LGBT equality is tremendous and worth examining. LGBT acceptance seems rooted in the realization that members of one’s extended family, neighbors and co-workers are LGBT. It would be against traditional Oregonian values to expel people from one’s community. While laudable, as a primary reasoning, this focus on the in-group can preclude welcoming those considered outsiders.

From an evolutionary psychology perspective, centuries ago a pragmatic fear of disease might have lead individuals or communities to be wary of strangers from two villages over. Today such concerns are no longer valid and we can transcend such outdated views, even those possibly biologically influenced. Racial tension is a natural consequence of a culture going through stages of integration. However we as individuals are still responsible to take steps to move through these old fears.

Portland is in a unique situation as the hub of a quickly urbanizing rural state. The influx of different world cultures leads to new fears about identity and belonging. A similar process is being tested around the country. Portland is the smallest city I’ve lived in, and having moved several times, being an outsider is nothing new to me. It makes me wonder, what aspects of our cultural identity do we fear we are losing?

Collectively, the process of social integration is the same as that undertaken by an individual encountering psychotherapy: it’s an opening to a new way of thinking. Exposure to diversity is a proven force toward successful outcomes in education. Despite Oregon’s history of racial issues, there is a sincere effort to overcome our shameful past. We have been on the forefront of civil rights and civil liberties, especially for people of color. The horror and hope of the MAX line incident exemplifies both sides of this tension, and shows a way forward.

Sandeep Kumar, LPC is in private practice in SE and NW Portland. Since 2010, he has helped clients explore issues of multiculturalism, patriarchy, and evolutionary sciences and the impact of these on mental health.
Advocacy in Vital Times: Starting an Oregon Chapter of the Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling

by Deanna Cor, Ph.D., LPC, NCC

The importance of multicultural and social justice counseling competencies have become increasingly salient in the past several decades. Counselor educators and supervisors seek to instill this framework in the training of future counselors by encouraging self-reflection and curiosity. As ORCA members are well aware, professional associations play an integral part in facilitating advocacy for marginalized populations.

Since 1975, counselors have sought to advocate for the queer community through various professional outlets. These efforts became the precursors to the Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC), a division of the American Counseling Association (ACA). Since its inception, ALGBTIC members have attempted to incorporate state-level advocacy into their social justice work. Currently, there are 17 state ALGBTIC chapters. Most notably, there is no Oregon chapter at this time. Several of us are working to change that as we believe that there is strength and power in unity. Creating and sustaining an Oregon chapter of ALGBTIC would allow us to specialize and focus on the needs of LGBTQ+ Oregonians as well as ensuring counselors continue to enhance their competency for working with this minoritized population.

We each find ourselves passionate about multiculturalism and social justice for various personal and professional reasons. As a white, gay, cisgender, middle class, and able-bodied individual I have vested interest in beginning this ALGBTIC chapter. My clinical specialty areas include working with LGBTQ individuals across the lifespan, exploring life transitions, and relational concerns. As someone who experiences both privileged and oppressed identities, I found myself with a desire to advocate alongside and on behalf members of my community whose voices have long been silenced. As a result, my research focuses on developing and enhancing multicultural and social justice counseling competencies in counseling students and current practitioners, specifically for working with clients identifying as trans and gender nonconforming. This passion has translated to my teaching facilitating our course on multicultural counseling and sexuality counseling.

If you find yourself interested in taking on a leadership position or just simply interested in keeping track of our progress, please email me; I’d love to hear from you! Your support is crucial to the development of this necessary pursuit. We would also love for you to join us at the ORCA conference in November to discuss this exciting venture!

Deanna Cor, Ph.D., LPC, NCC is an assistant professor in the Counselor Education Department at Portland State University. She can be reached here.

Show up for social justice!

Intro to ALGBTIC Reception

Join us for a discussion around starting an Oregon ALGBTIC Chapter
Mark your calendar: November 3rd at 5pm (a free ORCA Conference event)

To learn more visit http://www.algbtic.org
Oregon Counselors: We’re Stronger Together

Upcoming 4th Friday Presentations sponsored by Oregon MH CE Consortium

Live or via interactive webinar
Take AM or PM for 3 CEs - $100
or both for 6 CEs - $150

September 22 ♦ 9-12 and/or 1-4
Sexual Health + Intimacy
Karlaina Brooke, PsyD

October 27 ♦ 9-12 and/or 1-4
To be announced

November 10 (2nd Friday) ♦ 9-12 and/or 1-4
Ethics & Law in Mental Health - new content!
Attorneys Nay & Friedenberg

DECEMBER GIVING
Donate $100 to any charity, show us your receipt, and receive a live or recorded 3 CE webinar of your choice through June, 2018!

January 26, 2018 ♦ 9-12 and/or 1-4
Compassion Fatigue
Jennie Sullivan Vernier, LCSW

Our best deal yet
$350 or $35/month gets you 2 live in-person or interactive webinar events, 20% off additional live events, and unlimited CE recordings for 12 months from date of purchase.
More than 70 CEs available.

For more info and to register, go to www.ormhceu.com.
Interested in presenting? Find out how on our website.

We are a group of multidisciplinary, practicing mental health clinicians dedicated to bringing you meaningful CEs delivered by local and regional experts.

We donate 10% to charity. Every time.


ORCA Board with Dr. Anissa Rogers
Please join us for courses and workshops in these exciting programs for at PSU this Summer. 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**
pdx.edu/ceed/behavioral-healthcare

- Ethical and Legal Issues in 21st Century Clinical Practice
  With Doug Querin
  Fri 8:30am-4pm Jun 9, 2017

- Working with Children and Families: Narrative and Strength-based Approaches to Enhance Engagement of Children and Parents
  With Susie Snyder
  Tue 5:30-9:30pm Jun 27 and Wed 8:30am-4pm Jun 28, 2017

- Seminar: Substance Abuse
  With Kelly Washam
  Fri 5:30-9:30pm Jul 28 and Sat 8:30am-4pm Jul 29, 2017

- Medical and Cultural Aspects of Marijuana and Cannabinoids
  With Elizabeth Hartshorn
  Fri 5:30-9:30pm Jul 28 and Sat 8:30am-4pm Jul 29, 2017

- Working Effectively with Young Children and Their Grownups through Child-Centered Play Therapy
  With Kimberly Jayne
  Fri 5:30-9:30pm Sep 8 and Sat 9am-4pm Sep 9, 2017

**CLINICAL SUPERVISION SERIES**
pdx.edu/ceed/clinical-supervision

- Advanced Supervision: Responding to Common Supervisory Challenges
  With Susie Snyder
  Fri 8:30am-4pm Jun 23, 2017

- Clinical Supervision
  With Lisa Aasheim
  Thu and Fri 9am-4pm Jul 13, 14 and Aug 3, 4, 2017

**TRAUMA INFORMED SERVICES CERTIFICATE OF COMPLETION AND WORKSHOPS**
pdx.edu/ceed/trauma

Register for workshops independently or add them together for the 12 days required to complete the certificate program.

- Applied Suicide Intervention Skills Training (ASIST)
  With Kathy Wilson Fey and Leslie Rodgers
  Mon and Tue 8:30am-4:30pm Jun 26-27, 2017

**CERTIFICATE IN ADDICTIONS COUNSELING**
pdx.edu/coun/addictions

Seven sequential graduate-level courses, or 190 hours, designed for behavioral health, mental health, addictions treatment, and other human services professionals at both the graduate credit level with the Graduate Certificate in Addictions Counseling, and the noncredit level Certificate of Completion in Addictions Counseling. Either certificate will help to better serve clients, as well as increase employment options: mental health professionals benefit from the additional training in addictions counseling to serve clients struggling with this issue.

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

Graduate School of Education
pdx.edu/education
Gianna Russo-Mitma, M.S., LMFT, joined the Oregon Counseling Association almost immediately after moving from Las Vegas to Oregon in January 2015. She has served ORCA as Communications Committee Chair for the past two years, and as newsletter co-editor for over a year. Over the past year, Gianna has additionally been an integral part of the ORCA rebranding project as well as assisting our Professional Development and Education Committee with bringing new events to the community. Alongside her stellar work as a consistently upbeat and dedicated ORCA board member, Gianna also teaches as an Adjunct Professor at the University of Portland and works with youth in the foster care system at Lifeworks NW. In her private practice in SW Portland, she seeks to help teen girls boost their self esteem, empowers women of all backgrounds, and supports co-parents after separation and divorce. In her position on ORCA’s Executive Council, she will strive to increase community involvement and continuing education events while continuing to work toward improving diversity and inclusivity throughout the organization. In her spare time, Gianna loves to visit the Oregon Coast with her partner and their corgi mix baby, Guinness.

Are you a passionate about human rights and mental health? Located to use your skills in a way that helps other counselors? Be part of the an amazing team that provides lobbying, resources, and connection to counselors all across the state!

**ORCA seeks your voice in shaping the future of this organization.**

http://or-counseling.org/volunteering/

Among other things, we’re seeking folks to step up to chair our Technology and Professional Development & Education committees.
Looking Inward: Confronting Ableism in the Helping Professions

by Parisa Emam, MS

On a spring morning in 2016, I arrive in Portland for a therapy training. On my way in, I stop by the registration table to ask for a pre-arranged disability accommodation. An organizer looks me up and down, asking, “What’s wrong with you?” Thrown by her question, I state that I have a disability. She interrupts me: “You don’t have a disability. You just have a difference.” She insists this as if the word disability is an ugly one, as if the identity I claim is something I should minimize. I notice another organizer is visibly embarrassed by her colleague’s comments, but rather than speak up, she hastily herds me away and into the lecture hall.

A year later, I return to Portland for another training. During one of our stretch-breaks, a fellow attendee approaches me. Without saying hello or introducing herself, she begins to ask me about my disability. Although I evade her inquiries, she continues to ask pointed questions, twice probing me for the medical name of my disability. “Why do you ask?” I eventually respond. “I’m just curious,” she says. When I state I’m not comfortable sharing medical information, she walks away.

I write these experiences here for you because they are both personal and recent, and because they occurred in interactions with mental health professionals. Both moments left me with a knot in my stomach. They also left me with a terrible thought: What if she had said that to a client rather than to me?

In my office at Ophelia’s Place, a girl empowerment organization in Eugene, I meet with girls with disabilities who face these kinds of encounters on a daily basis. In fact, these experiences are so commonplace that their management is often a goal in our treatment plan. These interactions are ableist micro-aggressions, or everyday slights and snubs serving to invalidate, humiliate, or ostracize people with disabilities (Sue & Sue, 2013). It is worth noting that micro-aggressions can occur even when a person means no harm: it is the impact, not the intention, that is significant. The hidden messages conveyed through micro-aggressions forcibly remind people of their otherness.

As is often the case with ableist micro-aggressions, the underlying messages of the experiences described above communicated to me that there is something “wrong” with me, that disability is shameful, and that a nondisabled person’s curiosity trumps my right to privacy. They reflect larger societal beliefs about the diminished worth of people with disabilities.

Our clients with disabilities will skillfully navigate an environment of ableist micro-aggressions everyday—but they should not have to do so in the therapy room. As therapists, we must do better. We can create a therapeutic environment that acts as a safe haven from the culture’s harmful systemic biases about disability, rather than reproducing those biases in session.

I believe dismantling ableist micro-aggressions begins with looking inward. Only when we untangle our own implicit biases about disability can we join clients with disabilities in their complex and rich journeys toward self-acceptance, love, and worth.

Parisa Emam, MS is an adolescent and family therapist at Ophelia’s Place, a prevention-based organization dedicated to helping girls make healthy life choices through empowerment, education and support. Emam speaks and writes about disability from Eugene, Oregon. She can be reached here.
As I write this, the 2017 Oregon Legislative Session is winding down, having tackled a broad range of issues touching mental health care. COPACT kept a close eye on all of them, evaluating 74 bills that would impact our practices, our agencies, and our clients. There were bills relating to CCOs, hospitals and mental health emergencies, firearms and the mentally ill, housing for the mentally ill, telehealth, social work in schools, public employee health care, forensic evaluations, sex offender treatment, and nearly everything in between.

To ensure that the voices of LPCs and LMFTs were heard, COPACT board members:
• Made personal contact through one-on-one meetings with legislators at the Capitol;
• Worked closely with our lobbyist Elizabeth Remley and her assistant Rachael Emory – our ongoing professional team in the Capitol; and
• Met weekly to discuss issues, strategy and tactics.

Among the many issues we worked on, here are some highlights that most impact the work of professional counselors and marriage and family therapists:

**Protecting the rights of LPCs and LMFTs to provide specific types of therapy**
This session, Art Therapists and Sex Offender Therapists sought to create practice Acts—defined standards and requirements to do their specific types of work. We think that’s a good thing. However, in their original forms, these bills failed to exempt licensed mental health providers (like us!), which could have prevented LMFTs and LPCs from providing those services. COPACT successfully got the bill amended (no small task), ensuring that LPCs and LMFTs can still choose to provide services to sex offenders, and can continue to use art as part of our work with clients.

**Safeguarding flexibility in CEUs, and fighting against unnecessary mandates**
Senate Bill 48 had good intentions—to increase provider training in suicide prevention. However, the bill originally would have required LPCs and LMFTs to take recurring CEUs in both suicide prevention and pain management.

(Continued on p. 13)
(COPACT Corner continued from p. 12)

We at COPACT believe that mental health professionals should have the freedom and flexibility to take CEUs that will best support our specific areas of client work. COPACT fought hard on this one, defending our professional autonomy. As a result, the requirement for pain management CEUs was tabled, and suicide prevention trainings will be recommended rather than required.

**Fighting for fairer reimbursement rates**

This is huge, and could be the beginning of the end of 20 years of steady reductions in mental health reimbursement rates in Oregon! A joint effort of COPACT, the Oregon Independent Mental Health Professionals, the National Association of Social Workers-Oregon Chapter, and the Oregon Psychological Association, Senate Bill 860 requires the Department of Consumer and Business Services to examine mental health reimbursement cuts as potential violations of Oregon’s Parity Law. The bill has passed the Senate unanimously and is awaiting a vote in the House. COPACT has been working for this kind of legislation for the past seven years, and we’re not stopping until we get it done!

**Improving client access to mental health prescriptions**

COPACT supported a bill allowing psychologists with advanced training and supervision to prescribe certain medications. House Bill 3355 has passed the House and is awaiting a vote in the Senate. If it passes, there will be more options for our clients to access prescribers, which is especially important in rural areas where prescribers can be few and far between.

**Protecting small clinics and private practitioners**

Because this session had to deal with a state revenue shortfall of $1.4 billion, much discussion took place around how the state could raise more revenue. COPACT kept a very close eye on these discussions. There was a time when it looked like all health care providers—regardless of size or scale—would pay a special tax to help cover the cost of the Oregon Health Plan. That was modified so that only hospitals, large clinics, and health insurers will pay the tax.

**Standing up against harmful insurance practices**

When Regence created a new policy that would have increased out-of-pocket costs for clients (by applying the cost of intake sessions to the deductible, rather than covering those sessions via co-pay), COPACT got involved. We immediately used the ORCA listserv as a rapid-response tool, encouraging all ORCA members to contact Regence and oppose the change. Several weeks later, Regence issued a retraction of that policy, which we believe should mean intake sessions are again covered by co-pay. However, if that turns out not to be the case, please let COPACT know immediately though the ORCA listserv!

All in all, this was a very active legislative session for COPACT. We extend our deep appreciation to our talented lobbying team Elizabeth and Rachael, who serve our profession exceptionally (and whose services are paid for by YOUR membership dues to ORCA). COPACT’s hardworking members include: Chad Ernest LPC, Jeff Olsgaard LPC, Andrea J. Wright Johnston LMFT, Steve Rogers LMFT & LPC, Wendy Curtis LPC, Libby Schwartz LPC Intern, and Larry Conner LPC.

Please join us in standing up for our profession by making a donation today at www.copactoregon.com/donate, by making sure your memberships in ORCA and/or OAMFT are up to date, and by encouraging your colleagues who are not yet members to join our professional associations.

And remember— you don’t need any special training to be part of this work. If you care about our profession and want to make your voice heard, COPACT welcomes you. Just contact us at president@copactoregon.com. We are all in this together!

Larry Conner, MA, LPC, is COPACT’s incredibly hard working Government Relations Chair.
Cooney’s Corner: Access to Records

by Paul Cooney

I frequently have therapists tell me that their records policy is that they do not release their records - ever! If that is your policy, you may want to reconsider. Today, patients are often involved in legal proceedings (divorce, lawsuits, disability claims, etc) and there are many legitimate reasons for accessing their records. Parents may want to access the treatment records of their children. Other treatment providers may want access to treatment records to inform their own treatment decisions.

Here are the legal considerations under HIPAA, Oregon statutes and Oregon Administrative Rules:

**HIPAA**

An individual also has a right to direct the covered entity (counselor) to transmit the PHI about the individual directly to another person or entity designated by the individual. 45 CFR 164.524(c)(3).

Note that a covered entity may not require an individual to provide a reason for requesting access, and that the individual’s rationale for requesting access, if voluntarily offered or known by the covered entity, is not a permitted reason to deny access.

**Reviewable grounds for denying the release of records (45 CFR 164.524(a)(3)):**

A licensed health care professional has determined in the exercise of professional judgment that:

The access requested is reasonably likely to endanger the life or physical safety of the individual or another person. This ground for denial does not extend to concerns about psychological or emotional harm (e.g., concerns that the individual will not be able to understand the information or may be upset by it).

**ORS 192.553 Policy for protected health information:**

It is the policy of the State of Oregon that an individual has:

(a) The right to have protected health information of the individual safeguarded from unlawful use or disclosure; and

(b) The right to access and review protected health information of the individual.

**Oregon Administrative Rule 833-100-0051 Confidentiality:**

(12) A licensee provides clients reasonable access to records concerning them and should take due care to protect the confidences of others contained in those records, or when information from others about the client could result in harm to that person or persons upon disclosure to the client. Following guidelines set forth in [ORS 192.553] and 675.765(1), unless otherwise ordered by the court, parents shall have access to the client records of juveniles who are receiving professional services from the licensee.

ORS 107.154 Authority of parent:

Unless otherwise ordered by the court, an order of sole custody to one parent shall not deprive the other parent of the following authority:

(3) To consult with any person who may provide care or treatment for the child and to inspect and receive the child’s medical, dental and psychological records, to the same extent as the custodial parent may consult with such person and inspect and receive such records.

(Continued on p. 15)
(Access to Records continued from p. 14)

Note: the Oregon Board of Licensed Professional Counselors and Therapists muddied the waters in this area when in a 2011 Newsletter they stated that non-custodial parents did not have the right to access “counseling records.” It is my understanding that they have since backed off that recommendation but have not published an updated guidance.

Here is a list of common reasons many therapists give around denying access to records:
- It protects the patient’s confidentiality.
- Parents may do “bad things” with the records (for example; grilling the child about what they say in therapy).
- I have never released my records in 30 years of practice.
- I can just provide a summary

Given that privilege and confidentiality belong to the client, it is advisable to defer to the wishes of the client, even when your judgment may be that this is not in the best interest of the client. Certainly, you can discuss your concerns about releasing records with the patient, and you may offer them a summary or an opportunity to review the records in your office, but in the end, you should follow the directions of the patient. If you can articulate specific reasons why the records should not be released (serious risk of suicide or homicide) then those reasons should be noted in a communication to the patient. The mere fact that a parent MAY choose to misuse the records is not sufficient grounds to deny access in my opinion. The licensing Board has issued discipline in the past for not allowing reasonable access to records, so rather than having a blanket “no release” records policy, it would be advisable to articulate case specific concerns for each request. The default position should be to release the records.

Paul Cooney is a healthcare attorney who has been in practice for 25 years. Licensed in both Oregon and Washington, Mr. Cooney is a partner at Cooney, Cooney and Madigan, LLC where he specializes in healthcare litigation and represents a wide variety of healthcare professionals in all aspects of their practice. Mr. Cooney is General Counsel for ORCA; one of the benefits of your ORCA membership is a free phone consultation with Mr. Cooney. He represents mental health professionals in malpractice cases, licensing and discipline and general business matters. Telephone (503)607-2711. Email pcooney@cooneyllc.com

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 and 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!
Problem Gambling Treatment: Online Training for Clinicians and Supervisors

A free series of 8 training modules designed for counselors, supervisors, administrators and prevention specialists who want to learn more about problem gambling treatment and supervision of problem gambling treatment.

Training Series at a Glance:

- Modules are offered free of charge, including the verification of 1.5 continuing education units per module
- Full training series exceeds the Oregon requirement of 10-hours training for qualified mental health or substance abuse clinical supervisors who supervise problem gambling counselors
- Alcohol and Drug Counselors may use any two modules (3 CEUs) to meet expected future ACCBO requirements for problem gambling education needed to obtain CADC certification
- Practitioners may access as many modules as they would like to deepen their knowledge of problem gambling treatment

Learn more and register at graduate.lclark.edu/programs/continuing_education/counselors_and_therapists/

Contact cce@lclark.edu with general questions.

Module Topics Areas:

- Problem Gambling Treatment in Oregon: The Big Picture
- Overview of Problem Gambling
- Problem Gambling Assessment and Treatment Planning
- Diversity, Social Equity and Problem Gambling
- Problem Gambling and Money
- Family Treatment for Problem Gambling
- Problem Gambling Treatment: Supervision Part I
- Problem Gambling Treatment: Supervision Part II

Offered on behalf of:


Call for Articles - Fall 2017’s Focus on Intersectionality

The Counselor, the quarterly newsletter of the Oregon Counseling Association, invites articles to be submitted for consideration for our Fall 2017 issue. This issue will focus on intersectionality as it relates to the helping professions and to communities in Portland and in greater Oregon. We hope that you will think about contributing and/or disseminating this call to those familiar with the services your educational institution or agency provides.

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 (especially as an organization made up largely of white, cis, straight, able-bodied, middle class folks), 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 contributing to our newsletter.

The purpose of Fall’s special issue is to consider intersectionality, or the dynamic interplay between identities. (See the ADDRESSING model featured in Summer Brown’s article on p. 2, or, if you’re more of a visual person, check this out.) By looking closely at our overlapping social categories we can get a more sophisticated look at the ways in which our various privileges and disadvantages shape our context. By noticing our own context, we can better notice and serve our own and our clients’ varied realities.

Consistent with these goals, examples of personal narrative, advice/suggestions for the helping professions, manifestos, or similar welcome for our Fall issue include, but are not limited to:

- Challenges and successes you’ve witnessed or experienced as various identities (e.g., age, nationality, body size) interact and overlap;

- Your experience surrounding themes of privilege, power, access, and social justice as they relate to your experience as a patient, counselor, client, 12 step member, therapist, peer, case manager, rehabilitation counselor, social worker, or similar;

- Your experience or thoughts around passing, or similar existential minefields related to intersectionality.

People of color, LGBT folks, people with disabilities, low-income folks, people diagnosed with mental illness, and folks with experience being treated as a case in need of management are particularly encouraged to submit to this issue. To include a range of perspectives, each article will be succinct, with a maximum of 500 words excluding references, figures, artwork, and photography, if you like.

Submission of articles, etc due by October 1, 2017 to editor@or-counseling.org.

Thanks for reading!
- Moira Ryan, editor

Upcoming Workshops for Counselors & Therapists
Center for Community Engagement at Lewis & Clark Graduate School of Education and Counseling
Friday, August 25, 9 a.m.-12 p.m.
Clinical Supervision: Fostering Supervisee Development Through a Social Justice Informed Practice 3 CEUs
Saturday, August 26, 9 a.m.-1:30 p.m.
“Transgender”: A Decolonizing Framework for Transitioning in Clinical Practice 4.5 CEUs
Friday, September 15, 9 a.m.-4 p.m.
The Neurobiology of Post-Traumatic Stress Disorder 6 CEUs
Saturdays, September 16 and December 2, 9 a.m.-5:30 p.m.
Gambling Counselor Pre-Certification 30 CEUs
Friday-Saturday, September 29-30, 8:30 a.m.-4:30 p.m.
Applied Suicide Intervention Skills Training (ASIST) 15 CEUs
Friday, September 29, 9 a.m-3:30 p.m.
Law and Ethics Symposium for Mental Health Professionals 6 CEUs
Saturday, October 14, 9 a.m.-5 p.m.
Talking About Race and Racism: A Developmental and Integrative Approach 7 CEUs

More at go.lclark.edu/graduate/counselors/workshops
Oregon Celebrates Diversity

Dr. Kevin Jones

Melinda Laus + family

Lindsay Walker, Chalaina Connors, and comrades

Annual Workshop
Singin' the Blues:
New Ways Toward Engaging Psychological Depression

Will Stillwell, Ph.D.
Increase your depth of encounter with depressed clients.

October 6, 2017 6 CEU's available www.ehnorthwest.org
The American Counseling Association (ACA) held its 9th Annual Institute for Leadership Training (ILT) this July in Washington, D.C. and I was truly honored to go and represent the Oregon Counseling Association. As ORCA’s new President-Elect, I set off for ILT’s four days of leadership training not knowing what to expect, but I came home exhilarated about my experience of advocating with Congressional leaders on Capitol Hill, glad to have made connections with folks from around the nation who are also passionate about their state’s counseling organization, and excited to share what I had learned.

First of all, I was so pleased to learn that ORCA was one of only nine states to win a Five Star Branch Award! There were many hurdles to qualify for this award (including submitting an exceptional success story), and we are proud of the work our branch has done – congratulations, all!

From receiving the Five Star Branch Award to chatting with Congresswoman Suzanne Bonamici – my week in D.C. was a whirlwind! We began with a keynote presentation from Alex Sheen, the founder of “because I said I would,” an nonprofit focused on character-building. We also gained advocacy knowledge and training from ACA President Gerard Lawson and ACA Director of Government Affairs Art Terrazas. I journeyed from one breakout session on fiscal responsibility to another about setting attainable goals, to yet another about increasing your organization’s online presence (hello, new ORCA website!), and finally, how to pass the torch to future leaders. In my meeting with other members of the ACA’s Western Region, we discussed the ACA annual conference in Atlanta in 2018, and the important work that the ACA is doing with Disaster Mental Health.

On the day of our Advocacy on the Hill, the atmosphere in the halls of Congress was tense, as one would expect with these turbulent political times. Even so, I was warmly welcomed by staffers from the offices of Senators Jeff Merkely and Ron Wyden, a staffer from the U.S. Committee on Finance, and by Congresswoman Suzanne Bonamici herself. Bonamici asked about my work as a counselor, and I mentioned my work with foster care youth at DHS and my work at Clear Transitions PDX with divorced women. She knew exactly what I was talking about, as we knew some of the same people, and it was comforting to hear that our representatives know our local mental health allies and issues.
(Our Voices Are Important continued from p. 19)

The ACA Code of Ethics states in Section A.7.a, "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”.

On Capitol Hill, members of ACA advocated for the following:

- **H.R. 3032** (the Mental Health Access Improvement Act of 2017) - Amends Title XVIII of the Social Security Act to cover services provided by LPCs and LMFTs under Medicare. We were also able to educate congressional leaders on the various issues that our seniors face, including grief, loss, addictions, and trauma.

- **“Every Student Succeeds Act” (ESSA)** - This is already a bill that was signed into law in 2015 to ensure that, among other things, all students be held to standards that will allow them to succeed in college. This includes promoting primary and secondary schools to increase access to school counselors, money for STEM and the arts, and more. Toward this end, $1.6 billion was allocated - although only $400 million was actually paid out, and the current administration’s budget rescinds all funds.

During my day at Congress, each individual that I met with was kind, receptive, and supportive of our choice to advocate. I mentioned to a couple of staffers that, recently, a few of us counselors wrote postcards and made phone calls to our Congressional leaders, and they said that this really made a difference! I was so excited to hear this. OUR VOICES MAKE AN ACTUAL DIFFERENCE! They told me to relay to everyone to keep writing and calling, no matter your representatives’ political views. According to other ILT attendees, all states’ staffers were similarly non-intimidating. Afterward, I heard from a peer that after hearing them out, their state representative chose to co-sponsor on one of our legislative priorities!

I look forward to meeting you in the community, especially at our Summer Picnic Event on Sunday, August 6th! I’ll be there meeting members and non-members, so please come say hello! One of the goals of my Presidency next year is to empower more people to stand up and to get more people involved at a larger scale with advocacy work (whether that be writing postcards from home or even lobbying with COPACT). If you have ideas or want to get more involved, please email me at: PresidentElect@or-counseling.org

I believe in you, so let’s get out there and get to work!
The Oregon Counseling Association, Oregon’s chapter of the American Counseling Association (ACA), invites nominations for the following awards:

**The Leona Tyler Award** -- This award is designed to recognize counselors who have made outstanding contributions to the profession and whose work has had 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, and was initially presented to Dr. Tyler, announcing that in her honor an annual award was being established by the Association. It is ORCA’s highest award.

**The Human Rights Award** -- Dr. David Capuzzi, 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 – ACA). As a state branch of ACA, Oregon Counseling Association believes this award is one opportunity to demonstrate its commitment to respecting and fostering human dignity. The award is presented to members who have demonstrated an exemplary level of professional and personal commitment in the areas of human rights and the advancement of human dignity.

**Distinguished Service Award** -- This award enables the Association to recognize publicly persons or groups who have contributed substantially to the Association and the counseling profession. This award is traditionally presented to Association 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 the Association.

We all know some heroes who are deserving of recognition by our Association. Please take a moment and think about individuals who have made a difference to our profession, and nominate them for an appropriate award.

**Deadline for receipt of nominations forms is September 1st.**

---

**Save the date for ORCA’s Summer Networking Event!**

**FOR WHOM:** This event welcomes ALL counselors, interns, and students interested in counseling careers, along with their partners, friends, kids, and pets (only if leashed and adorable).

**WHERE:** Laurelhurst Park! Duck ponds, warm breezes, good food, new friends!

On the day of, we’ll post a location of which corner of the park we will be in, so check your Facebook before you park!

**FOOD:** THERE WILL BE FOOD. Potluck style. Feel free to bring a dish and show off your kabob skills!

**DRINK:** Park rules: no alcohol allowed. This group’s cool - no extra buzz needed!

Please also bring whatever chair or blanket best complements your serene summer glow. #counselinglife
ORCA BOARD OF DIRECTORS

EXECUTIVE OFFICERS

President
Joel Lane  
president@or-counseling.org

President Elect
Gianna Russo-Mitma  
presidentelect@or-counseling.org

Past President
Raina Hassan  
pastpresident@or-counseling.org

Treasurer
Kara Eads  
treasurer@or-counseling.org

Secretary
VACANT  
secretary@or-counseling.org

Public Policy & Advocacy
VACANT  
publicpolicy@or-counseling.org

COMMITTEE CHAIRS

Communications
VACANT  
communications@or-counseling.org

Technology
VACANT  
technology@or-counseling.org

Human Rights
Moira Ryan  
humanrights@or-counseling.org

Fall Conference
Brenda Hanson  
conference@or-counseling.org

Graduate Programs
Meghan Opbroek  
gradprograms@or-counseling.org

Professional Development & Education
VACANT  
practicedev@or-counseling.org

Membership
Alana Ogilvie  
membermgr@or-counseling.org

Ethics
Doug Querin  
ethics@or-counseling.org

Networking
Sue Ujvary  
networking@or-counseling.org

ORCA/ACEP Administrator
Susan Zall  
ACEPadmin@or-counseling.org

DIVISION PRESIDENTS

OACES President
Lisa Aasheim  
OACES@or-counseling.org

OCDA President
Joseph Hernandez  
OCDA@or-counseling.org

If you’re interested in serving ORCA as a volunteer or member of the board, please contact Gianna Russo-Mitma, ORCA President-Elect, at presidentelect@or-counseling.org