Hello ORCA!

When I sat down to write this, my first President’s letter for The Counselor, I admit I was doing so with some trepidation and uncertainty about what to write. How could I even begin to adequately comment on the hardships of 2020, and capture how significantly we as counselors and therapists in Oregon continue to be impacted. It felt like a daunting task. Fortunately, this letter became quite simple when I settled on sharing the many ways ORCA steps up as a critical advocate for Oregon counselors and responds to the mental health needs of our communities — even when faced with such unpredictable times. To that end, I want to acknowledge that every ORCA communication and program is initiated by remarkable people who volunteer their time to serve on the ORCA board and the boards of its divisions. Specifically, I wish to thank Alana Ogilvie for her leadership as the President of the organization for 2019-2020, and for her many years of involvement on the ORCA board. I also want to welcome Dr. Jeffrey Christensen as our newly elected President-Elect and to extend my gratitude to everyone who gives their time to the Oregon Counseling Association. By way of this service, we are pleased to support you - our members - to empower our profession to do its most healing work.

A high point of our efforts is our upcoming November conference: 20/20: A Culturally Responsive Vision for Counseling During a Global Pandemic and National Uprising. You can register here! [https://www.or-counseling.org/event-4000418](https://www.or-counseling.org/event-4000418) We are pleased to co-sponsor our first ever virtual conference with two of our divisions, the Oregon Association for Multicultural Counseling and Development (OAMCD) and the Oregon Association for Counselor Education and Supervision (OACES). This three-day CE conference presents the groundbreaking work of BIPOC, LGBTGEIQAP+, and Disabled scholars and practitioners from Oregon and around the country (an upside of going virtual!), offering attendees numerous learning forums, networking, and discussion opportunities.

The November conference truly showcases the presence and emergent work of ORCA’s divisions: OAMCD, OCDA, OACES and Oregon-SAIGE, the Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (formerly OALGBTIC). Each of these divisions is dedicated to providing local leadership and advocacy, advancing and transforming the work of counselors in Oregon. I also want to acknowledge COPACT, the lobbying arm of ORCA, for its tireless efforts to legislatively protect our profession. These collective endeavors ARE making a difference, and I couldn’t be more honored to be a part of making these resources available to our profession.

I am pleased to turn your attention now to this latest edition of The Counselor focused on social and racial justice as it pertains to counseling in the context of our current sociopolitical landscape. Please read knowing this is a publication written by our members and for our members! We thank you for your support of ORCA!

Stay healthy and safe,
Tever Nickerson, LPC
President, Oregon Counseling Association
The Counselor is the quarterly newsletter of the Oregon Counseling Association

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Empowering a profession, one counselor at a time.

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

Join us.
November 5 - 7, 2020

ORCA VIRTUAL CONFERENCE WITH OAMCD & OACES

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Live Attendees Eligible to Earn:
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AND 3 Supervision CEs
Up to 12 CEs Total!

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PRICES:
2 day Conference: Nov. 6-7:
Non-member of either ORCA or OAMCD $135
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JOIN ORCA HERE and/or OAMCD HERE!

Add on:
Nov. 5 Supervision CEs:
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Non-OACES Member $50

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CONFERENCE SCHEDULE

Thursday, November 5, 2020:
4pm - OACES Networking for Supervisors and Counselor Educators
5-6:30pm - "Broaching Race, Privilege, and Power in Cross-Racial Supervision"
   with Aja Burks, LMSW & Brittany Williams, PhD
6:30-8pm - Supervision from the Soul: Anti-Racist Supervision"
   with Andrea Redeu, LPC, CADC & Julianna Vermeys, MA, LPC, LMHC, NCC

Friday, November 6, 2020:
8:45am - Welcoming Address and Land Acknowledgment
9-10:30am - "Counseling Asians, Asian Americans, and Pacific Islanders with COVID-19 Related Racial Trauma: Contextualizing Historied Oppression and Strategies for Resilience"
   with Stacey Diane Arañez Litam, PhD, LPCC, NCC, CCMHC
10:30am-12pm - "Broaching Matters: Settling Myths and Misconceptions"
   with Javier F. Casado Pérez, PhD, LPC, NCC, CCTP
1-2pm - "Speed Friending: Platonic Love and Intimacy for Mental Health (Networking Event)"
   with Jia Hurd
2 3:30pm - "Real Life: Processing Racial Trauma with Black Women"
   with Ecclesia Savage, LPC, NCC, RPT & Shawntell Pace, M.Ed, MS
3:30-5pm - "Healing You While Healing Myself"
   with Esther Boykin, LMFT
5pm - ORSAIGE (formerly OALGBTIC) Networking Event

Saturday, November 7, 2020:
8:45am - Welcoming
9-10:30am - "Antiracism is Not a Trendy Bumper Sticker: From Symbolic to Authentic Allyship"
   with Anjabeen Ashraf, PhD, LPC, LMHC & Arien Muzacz, PhD, NCC, LPC, LMHC, ACS
10:30am-12pm - "From Couch to (liberated) Collective Care: Praxis for Abolitionist Therapy"
   with Robyn Mouring, MS, MFT

Click here to register!
Understanding Race-Based Trauma and Protesting as a Communal Trauma Response to White Supremacy
By Nevin Heard, PhD, NCC

Protests and ensuing seeking change to the status quo of white supremacy and state violence against Black bodies have started to take place around the nation. These protests come on the heels of video surfacing of police kneeling on the neck of George Floyd, in the same month the murders of Ahmuad Arbery and Breonna Taylor. It has been hard to focus on anything given all these images circulating. Instead, I have been forced to do my best to cope with the dread and anxiety I felt. The distractions that usually work and allow me to live my day-to-day life haven’t been helpful. I have felt a tightening in my chest, sadness, hypervigilance, and on edge. I figured I was experiencing vicarious racism. This was especially the case as images of riots from the civil unrest started to surface in various cities including Portland, Oregon, and my hometown of Cincinnati. And that’s when I realized I wasn’t just having an emotional response due to vicariousness; but, due to my own past experiences. Specifically, the terror I felt from being caught in the crosshairs of the “Race Riots” of Cincinnati almost 20 years ago.

Currently, Black people’s experiences with racism directly or indirectly may be coming back to haunt them. As a researcher and educator in the helping professions I believe it is paramount that we realize the impact that racism and white supremacy have on the people we serve. We can start by having a better understanding racism-related stress and race-based trauma and heal at the root of the problem: white supremacy.

Racism-related stress is conceptualized as a life stressor that particularly affects people of color (POC) and is derived from experiences that materialize from the dynamics of racism. (Harrell, 2000; Pieterse & Carter, 2007). Clark, Anderson, Clark, & Williams (1999) offered that — akin to other life stressors — racism engenders coping responses, psychological and physiological stress responses, and health outcomes. Harrell’s (2000) racism-related stress model identified six types of life stressors specific to POC that include: personal experiences of racism, vicarious racism, microaggressions, collective experiences, transgenerational transmission and chronic-contextual stress from the impact of living in a white supremacist society.

Similarly, race-based traumatic stress injury refers to the potential emotional consequences of pervasive racism and racial discrimination in society (Carter, 2007; Carter, & Sant-Barket, 2015). By injury, Carter referred to the emotional or physical pain and/or the threat of physical and emotional pain resulting from racism in various forms, such as racial harassment and discrimination. Hence, race-based traumatic stress injury can occur from both overt acts of discrimination and covert microaggressions, or the threat of it (Pieterse, Todd, Neville, & Carter, 2012). Many racial injustices can occur throughout one’s life, thus severity may be a consequence of the cumulative effects of numerous events (Carter, et al., 2015).

When trying to better understand my own trauma response to the media images of white supremacy through police brutality and subsequent protest and riots, I find the grief metaphor of “The Ball and the Box” to be helpful. The metaphor goes...There is a ball in a box with a button in it. The ball and its size
represents grief. When the button is pressed painful emotions are released. Thus, in the beginning the ball may be large but may get smaller over time. Consequently, the button would be pressed less following the incident of loss. However, the ball and button are always there. Though, things in life may happen that increase the size of the ball or rattle the box more, pressing the button. For me, in the case of my emotional response the ball represents my experiences with white supremacy; the button is distrust, sadness, and fear.

Through my constant coping efforts, the ball is at a size that allows me to function. I imagine the same to be true for most Black people, who are forced to learn to cope with the omnipresence of white supremacy in order merely function in society. Yet, right now for me the ball is enormous and the box lays on the bottom of a bouncy house. Until recently, I never recognized my emotional reaction as a trauma response; but, that’s exactly what it was and had been in the past. Unfortunately, no matter how small, the ball and button are always there. As long as racist policies exist, so will white supremacy, and so will my pain. Thus, the need to heal the pain at the root of the problem and dismantle white supremacy. While protesting may be the communal trauma response to the injurious ways of white supremacy, rioting is the civil disobedient coping mechanism to address and change the traumatic suffering.

The difference in the application of the metaphors is that there are tangible things we can do to eliminate the white supremacy ball; it doesn’t always have to be there. Oftentimes, White people start the work of dismantling white supremacy by starting within. While intrapersonal work is necessary, the casualties of white supremacy do not have the privilege of waiting for your individual progress. Consider protesting society’s self-healing measure to the illness of white supremacy. Consider rioting and looting symptoms of the illness that is white supremacy. Rioting and looting the result of a broken police system and economic inequality. Society’s self-healing measures of protesting and the manifestation of rioting and looting symptoms denote an increase in severity and urgency. Now is the time for action that brings about antiracist policies on local, state, and federal levels to quell the disease.

While I am triggered by riots; let’s be clear, I am not triggered by the impetuous nature of such rebellion. I’m triggered by what they represent. Peaceful protest being met with police antagonism. The hopelessness of the status quo. The silent replies to calls for help. I am triggered by my own memories of countless police traffic stops with no explanation; undercover police threatening me with violence for getting too close to them in a crowded area; and police holding me at gunpoint for driving while Black. I am triggered by the fact that people are rioting because nothing has changed; and the fact is, I’m alive because of luck not policy change. We must have policy change to dismantle the system and sickness of white supremacy.

Dr. Nevin J. Heard is an assistant professor of clinical counseling at Roosevelt University. Dr. Heard’s research and service focuses on multicultural and social justice issues; centering the intersectional realities of sexual and racial minorities, people of low socioeconomic status, LGBTQ+ populations, and those affected by HIV/AIDS.
Mentoring Novice Black Counselors Toward a Holistic Professional Development

By Kaj D. Kayij-Wint, PhD, LMFT

Cultural biases and stereotypes are difficult to overcome, even among clinical supervisors who have received training specifically designed to counteract oppression. These conscious and unconscious biases create opportunity gaps, both educational and professional, in the mentoring supervision process of Black novice counselors in predominantly White counseling settings. This often leads to less contribution opportunities to practice, research, and education in the field, significantly decreasing its margins.

Currently, all ethical and accreditation standards governing the counseling field (the American Counseling Association, 2014; ACA; the Commission on the Accreditation of Counseling and Related Programs, 2016; CACREP), emphasize the importance of fostering multicultural/diversity humility in counseling and supervision. With the rapidly increasing racial tension within the United States, which have put a focus on anti-Black racism, clinical supervisors and mentors of Black novice counselors must be properly trained to engage in culturally humble supervision and mentoring practices. Thus, allowing them to work with Black novice counselors within their worldview, experiences, and reality to address their needs and move them toward a holistic professional identity.

Change Starts at Home: Addressing Racism in Counselor Education Programs

Although empirical studies have addressed the inequities experienced by Black counselors-in-training, the current literature does not offer information on their supervision and mentoring experiences beyond their graduation from training programs. Recent studies on cross-racial supervision and mentoring of Black and students of color in counselor education programs (e.g., Baker & Moore, 2015; Butler, Evans, Brooks, Williams, & Bailey, 2013; Henfield et al., 2013) revealed pressure on these students to aligned with White cultural standards, isolation and disconnection, racial microaggressions, and feelings of marginalization by White supervisors and mentors. These studies show a concerning incongruence between the counseling profession’s social justice and inclusion goals and what Black and persons of color are experiencing (Brown & Grothaus, 2019). Thus, the profession’s vision and promise of racial/ethnic justice remains largely unrealized.

Black students and counselors often desire and seek supervision and mentoring from White counselor educators and colleagues. However, because their cultural experiences are not addressed (microaggressions, code switching, marginalization), a cultural mistrust, mainly that of White people, develops and may turn into an enduring adaptive function for self-preservation within the field (Brown & Grothaus, 2019; Terrell & Terrell, 1981; Whaley, 2012). Addressing racism in counselor education programs may appear a daunting task, however, it is a necessary step in ending these inequities, as the majority of counseling programs and settings are predominantly White settings. Moreover, the culture of our field is fostered, taught, and ingrained within counselor training programs. The authors and keepers of this culture are, initially, counselor educators and, later, clinical supervisors and mentors. When Black students enter programs and later the field, their mentoring and supervision experiences must be those that recognize and
affirm their cultural differences, value their worth as individuals, scholars, and practitioners, and protect and preserve their dignity as human beings.

**Developing Trust: Providing a Holistic Professional Development**

Forming a trusting relationship in cross-racial supervision and mentoring is vital in the holistic development of the Black novice counselors. Studies show that the greatest gap in trust within the supervisory and mentoring relationships is between White supervisors/mentors and Black students/counselors (Smith, 2010). Using Bronfenbrenner and Morris’ (2007) Bioecological Model of Human Development, this article proposes a holistic and culturally informed developmental model for supervising and mentoring Black novice counselors that honors their experiences at the cognitive, emotive, behavioral, and existential levels, thereby fostering trust. This model, also called the bioecological systems theory, incorporates biopsychosocial perspectives suggesting that Black novice counselors’ (BNC) experiences vary over time based on social systems. This theory with its application to these experiences is discussed below.

**The Bioecological Systems Theory**

The bioecological systems theory (Bronfenbrenner & Morris, 2007) theorizes that human development happens over the lifespan through gradually more complex reciprocal interactions (proximal processes) between individuals and their environment (Wooten, 2013). There are five different bioecological environments composed of interrelated nested structures with bidirectional influences in which an individual interacts and develops. These environments are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

**The Microsystem**

The microsystem includes the BNC and involves social and occupational roles and patterns of daily interpersonal interactions and activities with other counselors, clients, supervisors, mentors, their families, and others within their immediate life space. The BNC assumes multiple roles within this environment, such as counselor, trainee, supervisee, mentee, employee/unemployed, spouse, parent, and other family, occupational, and social roles (Wooten, 2013). It is within this sphere that racism and injustices are experienced at the personal level.
and internalized as personal attacks, causing trauma and trauma responses.

Here, the supervisor/mentor’s (S/M) ability to cultivate trust and create a safe environment is particularly important. Directly addressing areas of racism in the BNC’s personal and professional life through positive, respectful supervision/mentoring that invites the BNC’s full and honest lived reality of being Black in America, can be an asset and a remedy to their, often daily, experiences of prejudice, racism, and marginalization (Luedke, 2017; McCoy, Winkle-Wagner, & Luedke, 2015). Effective supervision/mentoring can increase their likelihood of career success and professional growth, along with increasing self-efficacy, social and cultural capital, and improving mental health (Brown & Grothaus, 2019). The S/M’s responsibility is the development of their cultural humility, an understanding of their White identity development, a willingness to monitor and manage their triggers, defensiveness, and assumptions when faced with the raw reality of racism and white supremacy in their own lives. They also must demonstrate an honest readiness to explore these dimensions within the supervisory/mentoring relationship with the BNC.

The Mesosystem

The mesosystem includes interactions between two or more microsystems involving the BNC. In the BNC’s context, this may involve proximal processes between the BNC’s family and the BNC’s workplace, the BNC’s interactions with the community their employment serves, and groups the BNC is affiliated with and the BNC’s counseling community. An example of the mesosystemic factor for the BNC is their experiences of racism with clients, their colleagues’ reaction to it, and the supervisor’s level of support. Black counselors’ experiences of racism with clients are often met with various levels of support from both colleagues and S/Ms. These experiences impede their ability to meet productivity expectations. They also lead to racial battle fatigue, the mental and emotional exhaustion due to stress caused by persistently unsympathetic environments because of one’s race (McGee & Stovall, 2015; Salazar, 2009). Furthermore, challenges related to implicit or explicit racism for BNCs have been documented in predominantly White work settings (Hannon et al., 2019).

At this level of professional development, a culturally humble and aware S/M’s role is crucial, as they can empower the BNC to effectively navigate predominantly White systems when addressing issues of discrimination or racism.
provide a space in which the BNC can explore these experiences, their effects on their personal and professional life, and develop skills, based on their strengths and resilience, to address these issues with colleagues and management.

**The Exosystem**

The exosystem comprises the proximal processes between two or more settings in which one includes the BNC and the others does not, but the interaction between the two systems impacts the BNC. Exosystems in the BNC’s context include interactions between the executive and managerial levels that create training and funding opportunities for their employees. An example of the exosystemic factor for the BNC is how the creation of opportunities by the executive and managerial levels affect the BNC’s professional needs. BNCs who seek funding from their employer to find training relevant to their needs have reported unspoken or implicit criteria influencing managerial decisions on their requests. They found criteria such as congeniality to be a greater influence on receiving funding than demonstrated productivity in clinical work or service to the agency (Brown & Grothaus, 2019). Clinical performance is another context in which BNCs can experience exacerbated hardship and denied funding, as they are more likely to be viewed with bias by clients and colleagues, and more likely to receive lower ratings on client or peer evaluations of their work (Hannon et al., 2019).

At this level of professional development, a culturally humble and aware S/M’s role is important, as systemic racism must be named and directly addressed. Here, the faces of racism and oppression are less visible and less personal. Yet, they directly and negatively affect the BNC’s ability to succeed in their professional setting, as well as keeps them from making significant and meaningful contributions to their workplace and community. These experiences reinforce isolation, discrimination, and a sense of not belonging (Hannon et al., 2019). The S/M must be able to perceive the different levels of oppression faced by the BNC and help the BNC navigate them successfully, using both their and the BNC’s knowledge of systemic racism and personal experiences. The S/M is both leader and consultant in this process, allowing the BNC to take the lead as needed.

**The Macrosystem**

The macrosystem is defined as “the overarching pattern of micro-, meso-, and exosystem characteristic of a given culture or subculture, with particular reference to the belief systems, bodies of knowledge, material resources,
customs, life-styles, opportunity structures, hazards, and life course options that are embedded in each of these broader systems” (Bronfenbrenner, 1994, p. 40). The BNC’s macrosystem includes local and national counseling associations and organizations and their associated policies, procedures, programs, and regulations. An example of the macrosystemic factor for the BNC is the ACA code of ethics that governs the profession, as well as the work counselors do with clients.

At this level of professional development, a culturally humble and aware S/M’s role is to openly discuss the realities of a field that has yet to materialize its promise of justice and equity for Black and counselors of color. Here the S/M must have a good understanding that race significantly affects the lived experiences of BNCs and that effective supervision/mentoring requires consideration of race in the face of systemic variables (Hannon et al., 2019). It also requires addressing the prevailing deficit narratives White counselors and counselor educators often hold about Black students and counselors. During this process, the BNC’s experiences and wisdom are trusted and validated by the S/M.

The Chronosystem

The chronosystem represents individual, social, and historical time-encompassing changes in the characteristics of the BNC, as well as the ACA and counseling field contexts over time. For the BNC, this includes the changes over time in age, education, employment, and eventual retirement. Other chronosystems in the BNC’s context include sociopolitical events, the Civil Rights Movement, and changes in laws and policies. An example of the chronosystemic factor for the BNC is the history of slavery in America, the Jim Crow era, generational trauma, and lifelong experiences of oppression and racism. Addressing where the ACA and the counseling field historically and currently fit in systemic racism and White supremacy is the task of the culturally humble and aware S/M at this level. An open attitude on the S/M’s part toward this history, which is a current reality for BNCs, is an important step in developing trust and for their success in the field.

The purpose of this article was to address the challenges faced by Black novice counselors, whose work and professional development happens within predominantly White settings. As a result of this, Black novice counselors are often supervised and mentored by White counselors and counselor educators. Therefore, there is a need for culturally aware and humble supervisors/mentors, who can work with these counselor in the development of a holistic professional identity. Thus, this framework was presented to allow supervisors/mentors to make sense of the systemic variables associated with the experiences of these novice counselors and work with them effectively. □ Article References listed on Pages 26-27

Dr. Kaj D. Kayij-Wint is an associate professor at Bushnell University in Eugene, OR, and holds a faculty position at Oregon State University, Corvallis, OR. She is a Licensed Marriage and Family Therapist (LMFT), an AAMFT approved supervisor, and holds a virtual private practice. She specializes in anti-oppression work, women’s mental health, child development, marriage and family counseling, trauma, and military-related trauma, with a focus on military women and women veterans. Her other foci include professional/counselor identity, social justice/decolonization counseling, and school-based counseling. She provides anti-oppression training to counselors and various organizations.
On Racial Trauma & Supporting the Well-Being of Lawyers of Color in the Legal Profession

By Karen Neri, JD, MA, LMFT Intern

As a racialized society, racism continues to pervade and impact our lives. Whether it is in our internalization, retention or our perpetuation of it, we are all consumers of racism. Its toll is enduring and widespread as evidenced by the prevailing health inequities affecting communities of color. Existing research positively associates racial discrimination with mental health issues, and demonstrates that Black, Indigenous, and People of Color (BIPOC) who have painful racist encounters are at risk of experiencing racial trauma.

Within the Oregon legal profession, lawyers who identify with historically marginalized racial or ethnic groups have either experienced or witnessed microaggressions, exclusion, and the lack of belonging. As a Filipina lawyer and therapist in Oregon who also serves lawyers of color, I am not immune to this experience and I am not alone. The recent 2019 OSB Oregon Legal Community Climate Assessment Summary Report, demonstrated that LatinX, Black, Asian/ Pacific Islander, LGBTQAI2+ and people with disabilities within the legal profession “wrestle with a challenging work climate” and “struggle disproportionately with workplace satisfaction and loyalty.” In specifically noting the experiences of Black lawyers, 84% reported having witnessed microaggressions in connection to Portland’s masked racism.

In an effort to raise awareness, support the well-being of lawyers of color as a counselor, and help white colleagues identify ways they can support BIPOC lawyers on the issue of racial trauma, I interviewed Portland-based Black therapist, Andrea Redeau.

Racism as Trauma

In explaining racial trauma or race-based stress, Redeau pointed out the terms “racial trauma” and “race-based stress” as redundant because in breaking down the experience of racism itself, it is traumatic. Between the pain that is inflicted on the body by systemic racism and the constant microaggressions (individual level) or macroaggressions (institutional or systemic level), all of which are various form of violence, the experience of being in a Black or Brown body within an environment dominated by whiteness is by definition traumatic.

Communities of color also experience racism as historical trauma and intergenerational trauma. Historical trauma is the cumulative emotional harm experience by a community from a past traumatic event. Redeau noted that for Black people racism as a historical trauma is best explained in the context of what researcher and author Dr. Joy DeGruy described as post-traumatic slave syndrome — in recognizing that there has been a psychological impact on the Black community from the generations of American slavery and its legacy of institutionalized racism. Racism as intergenerational trauma refers to the narrative, emotions, beliefs, and adaptive survival skills around racism (ex. hypervigilance) of Black people or communities of
color, which taken out of context seem maladaptive, that have been transmitted between generations.

Since we have lawyers who are part of the BIPOC community and are impacted by racism, I asked Redeau to describe the mental health impact of racism on BIPOCs, particularly on Black community members. She explained BIPOCs are often finding themselves re-traumatized by their day-to-day experience of living life with their bodies:

Every time we see racism, it triggers our original trauma, which may stem from the slavery, racial segregation, and/or the oppression of our children in schools. In the Black culture, we commonly see experiences of hypervigilance, anxiety, depression, and avoidance. Historically, these behaviors have been viewed as an individual problem. The recent understandings around racism, oppression, and microaggressions or macroaggressions following the Black Lives Matter movement, are placing all of it into context such that the experiences of hypervigilance, anxiety, depression, and avoidance by Black people are viewed as survival mechanisms attributable to a larger systemic issue [a racialized society entrenched in racism]. This can be difficult to accept, however. For many of my Black clients, it is hard to accept and continue to engage in a system that we know is actively working against us.

Redeau further explained that non-Black People of Color may experience hypervigilance, anxiety, and depression as well. She remarked she sees many non-Black People of Color have a similar understanding of oppression in viewing their negative racial experiences as a product of racism. For example, colorism (whereby lighter skin is favored) is present within their communities, which itself is a microaggression and can be traumatic.

Moreover, Redeau expressed that many Black people and non-Black People of Color often compartmentalize their trauma in order to function. They might say that “the other person didn’t mean it”, “don’t take offense”, or “don’t make it about race” — but by doing so, they find their experience of racism invalidated, and are re-traumatized as a result.

She added that at the same time she sees many non-Black People of Color having a raised racial consciousness in which they are able to live in the duality of racism as a system of oppression and privilege. She stated, “They are able to use their privilege to benefit the Black community while simultaneously recognizing their oppression.” On the other hand, she found her white clients or white-passing clients encountering difficulty with this
duality. In explaining the difficulty, she stated, “They are triggered in being challenged by this racial consciousness. Their nervous system is activated — they are overstimulated and are not able to regulate their emotions.” Referring to author Robin DiAngelo’s work on white fragility, she mentioned that “the stress of having white people’s racial worldview challenged can be so intolerable for them that it leads to denial, avoidance, or even dissociation from the body. This can add to the cycle of trauma and re-traumatization for Black and Brown bodies because it keeps them in their trauma responses by being a constant witness to white people’s dysregulation.” Her work with white clients she relayed has been about helping them regulate as they experience a “world from the eyes of the oppressed.”

### Signs & Symptoms of Racial Trauma

In discussing the signs and symptoms of trauma from racism, Redeau explained that not everyone experiences racism in the same way. If a person has a visceral reaction — fight, flight, or freeze; is reacting instead of responding; or is feeling unsafe, silenced, unseen, talked down to, hypervigilant, or avoiding — these are all signs and symptoms of trauma from racism. She stated, “essentially, when you are no longer making decisions with your prefrontal cortex and instead making decisions based on survival.” Post-traumatic stress symptoms such as panic attacks, nightmares, intrusive thoughts, or difficulty sleeping could be present as well.

### Ways to Cope & Heal from Racial Trauma

Insofar as racism is trauma embedded within the historical and intergenerational narrative of communities of color, and that it manifests itself in symptoms such as anxiety, depression or post-traumatic stress, Redeau offered three suggestions to help lawyers who identify as Black, Indigenous or a Person of Color cope and heal from racism as an alternative to compartmentalization:

1. Name your Experience as Racism

When you experience macroaggressions or microaggressions or any other forms of systemic racism, name it as racism. If you feel comfortable, then say it in the moment. Your work is in not avoiding or rationalizing your experience of racism away. It is to affirm your own racial experiences and
tend to your racial wounds so you may reclaim the parts of yourself that have been disaffirmed by racism.

2. Talk to a Supportive BIPOC or Ally

After naming the racism, talk to someone who can understand your experiences and won’t require you to put it into context. Seek out other Black people or non-Black People of Color with whom you feel supported, you can share your experience without needing to teach about racism, and you feel validated that the racist action was wrong.

3. Determine your Safety

Decide whether you want to share your experience with the person, the institution, or the community of people from whom you experienced racism. Recognize that while it is not your responsibility to teach or explain to them why their action was racist, if you want to do so and feel comfortable, then it is okay to follow up and share your thoughts and feelings. Consider using “I” statements in stating your position and be clear that you are not intending a dialogue.

I would add to Redeau’s valuable suggestions by highlighting self-care and community care practices. Allowing yourself to have the space to care for your mind, body and spirit both on your own and communally with supportive BIPOCs cannot be overstated. It paves the way for restoration, reprieve from daily stressors and resisting the harmful effects of racism.

On White Colleagues Tending to the Racial Trauma of Lawyers of Color:

In asking Redeau on how white colleagues can support lawyers of color with their experiences of racial trauma, she noted the following:

1. Acknowledge our Pain

Believe us — say, “Yes, I believe that was racism and that was not okay.” Don’t minimize or rationalize it away. Sit in the pain and be uncomfortable with us. If we say “it’s racism” then it is racism.
2. Utilize Your Privilege to Create Systemic Change

Use your positions of power and authority to center BIPOC experiences. Create inclusive policies that support their voices. Ask BIPOC communities about ways they would feel safer, heard, and validated, and implement those methods. Increase the visibility of BIPOC people in your workforce, in leadership positions, and on executive boards.

3. Learn to be Antiracist

A lack of belief in racism or in being antiracist are both harmful actions to communities of color who may include your family members, friends, colleagues or clients. If you are uncertain on how to make a change in your own circle, ask other white people, or BIPOCs who are willing to take on the role of teaching you to be antiracist, but don’t expect it from BIPOCs (they often shoulder this responsibility). If there is no one around to teach you, seek out other resources. For example, read the book by Robin DiAngelo, White Fragility, or Ibram Kendi’s How to Be an Anti-Racist.

Redeau ended our discussion by sharing what would be an ideal racial experience for communities of color. She stated, “What we want, ultimately, is for everyone to be conscious that being in a Black and Brown body is traumatic — at no fault of our own. We need non-BIPOC people’s help in moving through this trauma, by eliminating the ways we are re-traumatized on a daily basis.”

Andrea Redeau is a Licensed Professional Counselor (LPC), Certified Alcohol Drug Counselor (CADC), clinical supervisor, and has provided social services to the BIPOC community in a variety of roles. She can be reached at (971) 266-4102 or andrea@uycounseling.org.

Resources on understanding racism and trauma, and dismantling racism within your social groups:

- How to Be an Anti-Racist by Ibram Kendi
  https://www.ibramxkendi.com/how-to-be-an-antiracist-1

- Post Traumatic Slave Syndrome by Joy DeGruy
  https://www.joydegruy.com/post-traumatic-slave-syndrome

- White Fragility by Robert DiAngelo
  https://www.robindiangelo.com/

- My Grandmother’s Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies, by Resmaa Menakem, MSW, LICSW, SEP
  https://www.resmaa.com/books

  https://www.newharbinger.com/racial-healing-handbook

- The Inner Work of Racial Justice: Healing Ourselves and Transforming Our Communities Through Mindfulness, by Rhonda V. Magee, JD
  https://www.rhondavmagee.com/

- Me and White Supremacy: Combat Racism, Change the World, and Become a Good Ancestor, by Layla F. Saad
  http://laylafsaad.com/

- NPR interview of Robin DiAngelo on White Fragility:
- Resmaa Menakem Free E-Course on Racialized Trauma: https://culturalsomaticsuniversity.thinkific.com/courses/cultural-somatics-free-5-session-ecourse

- Racial Equity Educational Resources/Tools: https://www.educationforracialequity.com/educational-resources


- Karen A. Neri, JD, MA, LMFT intern is an Oregon lawyer and works with individuals and interracial/multicultural couples in private practice addressing racial identities, culture, trauma, stress, anxiety and depression. She also supports lawyers and law students as an Attorney Counselor. Prior to becoming a therapist, she practiced law in California, litigating primarily family law and personal injury cases. Additionally, Karen serves on equity and diversity committees within the legal and counseling community, and is a member of ORCA.

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Existence is Resistance
By Eliza McBride, MS, LPC Intern

As a BIPOC mental health counselor, one of the many challenges I have experienced this year is being present for my BIPOC clients on days when I am feeling low and hopeless myself. Between the pandemic, continued systemic racial injustices, and state wildfires, I needed a mantra to repeat to myself to get through the workday. I think I’ve whittled it down to this: “Existence is Resistance” – a phrase that I would frequently bring up with clients, particularly ones who hold marginalized identities and are involved with social justice causes. The phrase stems from a quote by Audre Lorde: “Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare.”

I often tell my clients (and in the process, remind myself) that in order for us to continue to do the work that we care about long-term, it is necessary to take care of ourselves – which means prioritizing our physical, mental and emotional well-being. This can be a really difficult concept for individuals with marginalized identities; our whole lives we have been conditioned by oppressive systems to believe that we need to prove our worth by being over-productive, or that in order to simply exist, we are required to be exceptional. I have been actively challenging this narrative by reminding my clients (and in the process, again reminding myself) that we have inherent self-worth. To care for ourselves, to preserve and ensure our basic existence, is an act of resistance against these oppressive systems that actively attempt to tear down or destroy us.

How do we go about preserving our existence within oppressive systems? This is still a work in progress for me, but the first thing that comes to mind is something my immigrant parents would always ask me: “Have you eaten yet?” Now that I think about it, at the heart of this simple question is inquiring if we are taking the small and necessary steps to preserve and prolong our existence. When I check in with BIPOC activist clients about the basics – rest and nourishment – I find that these are usually the first two areas of neglect. This leads to “wellness planning” where we discuss how to incorporate more rest and nourishment throughout the day. We discuss limiting how much media we consume (something I freely admit to having challenges with) and engaging in soothing activities like gentle movement, creative projects, or something as simple as making tea with no distractions. Additionally, “wellness planning” can also mean setting boundaries with who/what we say “yes” to, reminding ourselves that productivity does not equal worth, and checking our own biases and privileges – something I need to do often as an able-bodied, cis-het, non-Black person of color. Central to “wellness planning” is the message that we deserve rest and nourishment. We deserve to simply exist.

Personally and professionally, something I have been trying to implement more recently is using the “sunny days” to prepare for the “cloudy days.” This means using the days when I have a bit more mental and emotional capacity to prepare for the days when I have less time and energy; I like to think of it as leaving breadcrumbs so I can come back to myself. What it looks like for me right now
are cat naps during the day and cooking large batches of soup and bread on a weekend so I can get through the weekdays when I don’t have energy to cook. It serves as a reminder that regardless of how “productive” I was during the day, that I’m still deserving of basic self-care. I also make sure I have a therapy appointment scheduled for the month, and that I’m getting regular supervision. I try to have self-compassion when I don’t practice self-care the way I imagined or expected.

I fully acknowledge and validate how challenging it is for BIPOC clients, counselors-in-training, and clinicians right now. Sometimes we just need to get through the day, and that’s okay.

I hope that we keep prioritizing self-preservation and simply allow ourselves to just exist – whatever that may look like at the moment. To continue to exist in oppressive systems is a radical act of self-love and resistance.

Eliza Alvarez McBride (she/her) is a first-generation Filipina-American currently working as a counselor in private practice. She specializes in trauma-informed, culturally-responsive therapy for BIPOC, women of color and immigrants of color.

**Call for Articles**

The Counselor, the quarterly newsletter of the Oregon Counseling Association, invites articles to be submitted for consideration for our Winter 2021 issue.

This newsletter seeks to share with our counseling community institutional knowledge, personal narrative, annotated resource lists, advice, photographic essays, manifestos, and the like. We seek to be a safe space in which we all can learn from one another about topics related to social justice and enacting our values as those subjects relate to the helping professions and to our communities in Portland and in greater Oregon.

Submission of articles in the Winter Issue are due by **January 1, 2021** to editor@or-counseling.org.
Removing Barriers for BIPOC Counselors and Therapists in Oregon
By Larry Conner MA, LPC, COPACT President

Over the past six months, the volunteer advocates of COPACT (The Coalition of Oregon Professional Associations for Counseling and Therapy) have been extraordinarily busy advocating on many fronts—from supporting professional practice during COVID-19, to expanding Telehealth access to fairer insurance practices and more. In particular, we’ve focused on removing barriers for BIPOC counselors and therapists.

Improving BIPOC access to the profession of counseling and therapy

COPACT was asked by a number of Oregon legislators to investigate the low number of BIPOC counselors and therapists in Oregon, and to make recommendations to help improve access. This is a critical issue, particularly as Black Oregonians have been disproportionately impacted by the pandemic while also enduring heightened race-based trauma and minority stress.

So far, our research has led us to recommend several ways to help. Our first recommendation is for the legislature to set aside funds for scholarships and grants for BIPOC graduate students. More financial aid for graduate students targeted at attracting BIPOC students would help increase the availability of BIPOC counselors and therapists in the community.

However, it is not enough to just increase the number of graduate students. Once graduate students become Registered Interns there are economic factors that frustrate and sometimes inhibit BIPOC Oregonians as they move into the mental health field. One is the lack of school loan forgiveness that is common for health professionals who work with minority populations or the indigent, and is essentially nonexistent for LPCs and LMFTs. An additional factor is the low salary that Interns can expect to be paid in agencies. How can Interns manage to pay large monthly school loan payments with low agency salaries? COPACT recommended that the legislature create an Oregon school loan forgiveness program for BIPOC counselors and therapists who work in the public sector.

As we did our research, we also discovered that some agencies that employ Registered Interns do not provide supervision. Those Interns must pay out-of-pocket for the supervision that is required for them to become licensed. That struck us as an unjust exploitation. COPACT recommended that the legislature require any agency that employs Registered Interns to either provide supervision or pay for it.

Working to address unreasonable agency caseloads and burnout

For five years, COPACT has been talking with legislators and the Oregon Health Authority about the unreasonable caseloads and poor pay that agency counselors often face, and how that leads to staff turnover or early burnout—resulting in some interns leaving the profession even before they become licensed. Just this month, COPACT members Tiffany Kettermann LPC and Jessica Broderick LMFT attended a meeting with the Oregon Health Authority where they discussed a troubling audit by the Oregon Secretary of State describing the failure of the mental health system to effectively manage child and family care in Oregon.
Tiffany and Jessica reported that staff turnover in community mental health agencies was identified as one major factor in this failure of Oregon’s mental health system. It may be that the Oregon Health Authority (OHA) is starting to understand the negative effects of poor pay and large caseloads. While we are hopeful that this trend continues—and are working diligently with OHA on solutions—we have also been informed by legislators that funds for increased pay will be difficult to find next session, due to the current economic downturn. COPACT will continue to keep pressure on this issue as it is one of our major goals.

**Addressing unfair reimbursement practices**

To date, this discussion has applied only to the public sector. What about the private insurance market and how it contributes to the shortage of BIPOC therapists? Because there are no statewide statistics we can find concerning BIPOC therapists in private practice, there is a dearth of data to go on. However, COPACT has been working on the implementation of SB 860 for three years, and we now have some insights from that work that may bear fruit.

The excellent news is the DCBS (Insurance Commission) report on potential insurance industry violations of Parity Law was finally published two months ago. As we hoped, the 500 page report—which was a huge study of data reflecting health insurance reimbursement and practices over many years—found that many insurers clearly violated Parity Law many times and in many ways.

To review, Oregon Parity Law prohibits insurers from discriminating against mental health care (“Parity”). COPACT helped pass SB 860 in 2017 to require the Insurance Commission to investigate whether insurers are violating that parity law by comparing the way insurers reimburse mental health providers vs. health providers. The study concluded that many insurers did violate the law in several ways by:

- Cutting reimbursement rates for mental health services over many years;
- Requiring utilization review processes that often violated Parity Law;
- Limiting the use of certain procedure codes for mental health sessions (e.g. 90837).

The report was not perfect because the data the insurers gave DCBS to investigate was distorted, and thus the conclusions were not as clear as they could have been. COPACT is now working with a coalition of mental health advocacy organizations to create a new piece of legislation clarifying what insurers must do to rectify their violations of Parity Law and the ongoing monitoring that must be done to ensure they follow the law. We believe there must be financial consequences for Parity violations including potential large fines for insurance companies and increased reimbursement rates to providers. COPACT has worked on this issue for 10 years and it is gratifying to be making progress!

Back to the issue of BIPOC counselors and therapists in private practice and how it relates to the DCBS report: COPACT has maintained for years that low reimbursement rates drive people off of certain panels and sometimes out of practice altogether, thus limiting access to care for vulnerable Oregonians, especially BIPOC. Additionally, COPACT has been working for years on the issue of network adequacy—whether an insurer has enough providers on their provider panels and whether those panels contain enough diversity in their provider pool. While the DCBS report was not intended to focus on that, it did gather data showing that while some insurers maintained adequate panels—at least in regards to the number of paneled providers—other insurers did
not even come close. COPACT was gratified to see that information, because we will incorporate it into the bill we are working on for the next legislative session. The DCBS report did not break down the race or nationality of current providers on panels, but expanding diversity in the identities of paneled providers is a major COPACT priority for the new bill.

So, what can BIPOC counselors take away from this? COPACT believes that insurance practices have a significant negative impact on the availability of BIPOC counselors and therapists in the private sector. Persons who complete their internships in the public sector and move into private practice are often shocked that low insurance reimbursement rates can make it challenging for them to stay in business. They find that even if they make a little more income than they did in the private sector, they have to (over)work at least as hard as they did in their internships just to stay in business. We are working to change that.

Conclusions and Action Steps

COPACT’s research in the public sector and our work on the implementation of SB 860 revealed that some of the major systemic economic barriers for BIPOC counselors and therapists; we will continue the fight to remove these barriers and, with time and an improved economy, we will succeed. In the short term, we will work on picking off what in politics is called “the low hanging fruit,” by pushing for scholarships, loan forgiveness, required free supervision for BIPOC counselors and therapists, and encouraging OBLPCT to allow more client hours gained during graduate school to apply to the post graduate hour requirement, thus paving a slightly faster road to licensure for BIPOC and all other Registered Interns.

Please stay well during these extremely trying times. And for more information about COPACT’s work—or to join our advocacy efforts—visit our website.

Larry Conner, MA, LPC is the President of COPACT and one of the authors of the LPC/LMFT Practice Act.
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We need each other. To care for our clients, our colleagues, our communities, and ourselves - not just in difficult moments but day in and day out - we need each other.

Join us.

The Oregon Counseling Association’s mission is to “empower a profession, one counselor at a time.” We do this through providing networking and CE events, by advocating for social justice, and by lobbying for the profession. If your job is to support the mental health of Oregonians, then we are here to support you.

Membership benefits:

- Maintaining a strong lobbying presence in the capitol on behalf of counselors and therapists. ORCA membership dues directly fund a seasoned lobbyist in Salem who provides ongoing advocacy around improving access to healthcare. This role has also supported bills that outlawed conversion therapy for minors, allowed LPCs and LMFTs to bill insurance companies, and much, much more.

- Being part of an organization that stands up for social justice. Advocating for diversity and human rights is at the heart of what we do.

- Opportunities to connect and network. Whether IRL during professional development events, Networking Nights, our annual summer picnic - or online via our members-only listserv - ORCA makes building professional relationships easy.

- Opportunities to grow as a leader in the profession, and to make your voice heard on critical issues. ORCA has many mentoring and leadership opportunities available to help grad students and new professionals jump-start their careers.

- Discounted member rates at our professional development events and conferences, which provide Continuing Education units necessary for licensure and certification.

- Guidance to help you comply with the ethical standards of counselors and therapists in Oregon. Expert consultation around ethics, technology and the law are offered free of charge to all ORCA members.

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<td>Professional (LMFT, LPC, etc) / Associate</td>
<td>$111/year (or $106 if you auto renew)</td>
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<tr>
<td>Registered Intern</td>
<td>$82/year</td>
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<td>Student / Retiree</td>
<td>$53/year</td>
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The Oregon Counseling Association is volunteer-run and membership driven, which means that we depend on our fellow healers joining us as members. Join us. We can’t do this without you.
Reference Page for Articles Included in Newsletter

On Racial Trauma & Supporting the Well-Being of Lawyers of Color in the Legal Profession
by Karen Neri, JD, MA, LMFT Intern

American Public Health Association health equity reports, briefs and factsheets
https://www.apha.org/topics-and-issues/health-equity

Stress and the Mental Health of Populations of Color: Advancing Our Understanding of Race-related Stressors
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6532404/

Mental Health America BIPOC Mental Health Month 2020 Outreach Toolkit, Racial Trauma, pp. 11-12,
https://mhanational.org/sites/default/files/2020%20BIPOC%20MHM%20TOOLKIT%20FINAL%206.29.20.pdf

2019 OSB Oregon Legal Community Climate Assessment Summary Report
https://www.osbar.org/_docs/resources/ClimateSurvey/2019ClimateSurvey_Final.pdf

Understanding Race-Based Trauma and Protesting as a Communal Trauma Response to White Supremacy
By Nevin Heard, Ph.D., NCC


Mentoring Novice Black Counselors Toward a Holistic Professional Development
By Kaj D. Kayij-Wint, PhD, LMFT

https://doi-org.ezproxy.proxy.library.oregonstate.edu/10.1080/14703297.2011.617092


