President’s Message

I can only assume that, like many of us on the ORCA Board, our members and colleagues were blindsided by the devastating impacts of COVID-19. Despite being shaken, ORCA and our partners have been hard at work rescheduling our previously scheduled events and active in the fight to increase access to mental health services in these strange and sad times.

While our much-anticipated Spring and Summer events have been postponed (check our website soon for news & updates), we have been hard at work examining, participating and calling for action to help all of us meet the challenges of the changing landscape that is counseling in the year 2020.

Doing so not only means responding to the COVID-19 pandemic--the original focus of this newsletter--it also means standing and acting against the pandemic of systemic racism and injustice. Please take the time to read ORCA’s statement of anti-racist solidarity on the following page.

On March 18th, our lobbying arm, COPACT (the Coalition of Oregon Professional Associations for Counseling and Therapy) compiled the latest information on insurance coverage, supervision, training and free/low cost options for telemental health. The page continues to be updated with real-time information and is available to counselors across our state for free. If you are interested in this information you can find it on the ORCA Homepage and on COPACT’s website, located here.

Shortly thereafter, our partner, Person-Centered Tech, held a joint webinar with ORCA and COPACT. The online event provided our members and the counseling community at large an opportunity to ask further questions about the landscape of online sessions, insurance, liability, and much more! The webinar is also free so don’t forget to watch it on the ORCA Homepage or here.

I am pleased to announce that not only have much of our efforts paid off, many of you are at the cutting edge of providing telehealth services to clients. To that end, our newsletter is full of useful information and important clinical considerations in regards to telehealth. Written by you and for you, I am proud to present these articles in this edition of The Counselor.

Until we meet (in-person) again, take care of yourselves and each other.

Alana R. Ogilvie, MS, LMFT (she/her/hers)
President, Oregon Counseling Association
There are very few words to describe the grief and outrage our country is experiencing following the death of George Floyd by Minneapolis Police on Monday, May 25th. His murder follows that of Breonna Taylor, killed in her sleep by Louisville Metro Police in March, Ahmaud Arbery, murdered while jogging in Georgia, and precedes the murder of Tony McDade, a Black trans man in Tallahassee on Wednesday, May 27th.

The Oregon Counseling Association (ORCA) stands with the Black community. We are committed to fighting against systemic oppression in Oregon and across the country. Calling out the systemic oppression of our Black community, and Black counselors in particular, aligns with ORCA’s mission to empower a profession, one counselor at a time. We stand with the Black Lives Matter movement and denounce the pervasive targeting and murder of Black people by police, as well as the systemic racism that condones such actions rather than condemning them. We extend our deepest sympathies to the families of victims of police and racial violence, and our solidarity with those who fight against it. We recognize the physical and psychological trauma perpetrated on the Black community by repeated acts of violence and the generations of oppression that continue to enable such acts. We further acknowledge that the riots in response to these atrocities, as Dr. Martin Luther King, Jr. advised us, are the language of the unheard. It is time we listened.

To our Black counselors--we stand with you.

To my fellow white counselors--I hope it is abundantly clear that we have work to do. It is not enough to say we support our colleagues, our friends, our clients and our fellow humans in these times. It is imperative that we use our privilege to usher in real change. The day we will not need riots to call attention to the system of inequality will be the day we are already listening, learning and enacting our solidarity.

We urge white counselors and allies to explore these resources:
- White Fragility by Robin DiAngelo
- So You Want To Talk About Race by Ijeoma Oluo
- Me and White Supremacy by Layla F. Saad
- 75 Things White People Can Do for Racial Justice
- Resources for White People to Learn and Talk About Race and Racism

Fellow therapist, Lisa Olivera’s, Conversation Starters to help explore one’s White Privilege + White Supremacy

Please also consider exploring more resources at Anti-racism: Activism Resources, Education, And Stories by Minna Lee.
Please consider donating to the following organizations:

**Color of Change** - The largest online organization dedicated to commissioning research, holding corporate and political leaders accountable, and advancing solutions for racial justice.

**NAACP Legal Defense Fund** - One of the largest legal organizations fighting for racial justice through litigation, advocacy and public education.

**The Loveland Foundation** - Bringing opportunity and healing to communities of color, especially to Black women and girls, by providing financial assistance to those seeking therapy.

**Campaign Zero** - Donations to the campaign support the analysis of policing practices across the country, research to identify effective solutions to end police violence and the development of model legislation and advocacy to end police violence nationwide.

It is also imperative that government officials in Oregon understand the position they must take in response to these atrocities. Contacting your representatives to voice your concerns and to demand that the appropriate actions be taken is a vital part of this fight. Please visit [Oregon Legislator Lookup](#) and search with your home address to find your representatives’ contact information. The Oregon general election will be held on November 3rd, 2020; consider voting for candidates who stand for and enact racial justice clearly in their actions and on their political platform.

I would also like to take this opportunity to express my gratitude to both the Oregon Association for Multicultural Counseling and Development (OAMCD) for their formal statement and extensive list of resources (included on the following page) and the Oregon Association of Lesbian, Gay, Bisexual and Transgender Issues In Counseling (OALGBTIC) for their statements of solidarity.

It is my deepest hope that all of us will recognize the unique position we hold as mental health professionals. We are the most qualified to help our clients, our neighbors, our friends and ourselves deconstruct the narrative of hate that perpetuates this violence.

In solidarity and allyship,

Alana R. Ogilvie, MS, LMFT (she/her/hers)
President, Oregon Counseling Association
Oregon Association for Multicultural Counseling and Development
A Division of the Oregon Counseling Association
Facebook.com/OregonAMCD

2020-2021 OAMCD Board

Sofia Jasani
President
Keleigh Blount
President-Elect
Griffin Nielson-Smith
Secretary
Nathaniel O. Brown
Treasurer
Ashley Carr
African American Concerns
Hira Bukhari &
Krupali Michaels
Asian American Concerns
Aarynn Cypher
Disability Concerns
Rafe McCullough &
Surita Mahashi
Diversity within Schools
Alexia DeLeon
Latinx Concerns
Rebecca Mertulien
LGBTQIA+ Concerns
Renata Tabancay Austin
Multiracial/Multiethnic Concerns
Hilary Gourneau &
Zhawen Wapepah
Native American Concerns
Suzanne Sanchez
Communications
Vy Pham
Networking
CéShaun Hankins
Professional Development
Jennifer Aviles
Public Policy & Advocacy
Sharon Reddy
Member at Large

OAMCD Statement of Solidarity
Black Lives Matter
June 1, 2020

The Oregon Association for Multicultural Counseling and Development mourns the tragic deaths of George Floyd, Tony McDade, Nina Pop, Breonna Taylor, Ahmaud Arbery, David McAtee, and the many unnamed who have lost their lives to state sanctioned violence. While we grieve and organize together as a multicultural community, we center our Black community members’ needs and experiences in our work to undo anti-Blackness, dismantle white supremacy, and advance racial justice. OAMCD stands in solidarity with the #BlackLivesMatter movement.

To our Black Counselors, Counseling Students, Counselor Educators and Supervisors

We see you. We see your pain. We will fight for you. In the United States, Black bodies have been targeted by systems of power and oppression for generations and continue to be terrorized by mass media, repeated acts of violence, and racial discrimination in the present. The COVID-19 pandemic has disproportionately impacted your community. Social-distancing has doubly isolated you from connecting with Black counselors and other sources of social support. Race-based trauma and minority stress are real. Intersectional oppression in the forms of sexism, heterosexism, ableism, sizeism, ageism, Islamophobia, and xenophobia can compound the impact of racial trauma on your mental and physical
well-being. Representation matters. You deserve access to culturally-specific counseling, mentorship, and supervision. We celebrate your resilience. We admire your bravery and power. We honor the healing modalities of your ancestors.

Call for Accountability from Co-Conspirators and Leaders

“If you are neutral in situations of injustice, you have chosen the side of the oppressor.”

~ Desmond Tutu

It is all of our work to undo anti-Blackness, dismantle white supremacy, and advance racial justice.

We call on elected officials in the state of Oregon to denounce the killing of Black people by police, and pledge to stand in solidarity with Black elected officials to eradicate anti-Black systems of oppression in our local government and policing, and instead invest in systems of care that emphasize mental health, addictions recovery, houselessness solutions, education, and employment.

We call on the Oregon Counseling Association (ORCA), the Western Association of Counselor Education and Supervision (WACES), and Counselor Education programs across the state to strategically recruit and effectively support (financially, socially, emotionally, and professionally) BIPOC (Black, Indigenous, and People of Color) faculty, students, and leaders. Provide acknowledgement, rest, and recovery to BIPOC counseling students as they learn to hold space for BIPOC clients while processing their own fear, grief, and anger. Prioritize the teaching of the Multicultural and Social Justice Counseling Competencies, and the use of the competencies in the supervision of counselors.

We call on non-Black people of color co-conspirators to know when to step up and when to step back. Be vocal about your solidarity and organize with your peers, family, colleagues, students, and supervisees. Recognize and undo anti-Blackness in your own communities. Look at and let go of the ways you may benefit from and perpetuate white supremacy.

We call on white co-conspirators to listen more and educate yourselves and your families, donate to causes supporting BIPOC communities, broaden the circle of those whom you call friends, fight for public policy reform, use your privilege to interrupt racism when you see it. Look at and let go of the ways you benefit from and perpetuate white supremacy.

OAMCD’s Mission

OAMCD’s mission is to address mental health disparities experienced by systemically oppressed groups in Oregon by enhancing multicultural and social justice counseling competencies among Oregon-based mental health professionals, and by advancing and sustaining personal growth and improving educational and professional development opportunities for members from diverse cultural backgrounds.

In solidarity,

Sofia Jasani
President, OAMCD 2020-2021
Oregon Association for Multicultural Counseling and Development

Statement of Solidarity: Black Lives Matter

Resources for Resilience & Empowerment

● www.facebook.com/OregonAMCD
● Organizations and Training
  ○ Black Mental Health Symposium 2020
  ○ AMCD Virtual Summit
  ○ People's Institute for Survival & Beyond
  ○ The White Privilege Conference
  ○ National Conference on Race and Ethnicity (NCORE)
  ○ Power Rising Conference
  ○ The Latinx Summit for Courageous Conversations
  ○ National Queer and Trans Therapists of Color Network
  ○ Free Racialized Trauma Course
  ○ The Audre Lorde Project
  ○ bklyn boihood
  ○ The Brown Boi Project
  ○ Trans Women of Color Collective
● Books
  ○ Me and White Supremacy Workbook by Layla F. Saad
  ○ Stamped from the Beginning: The Definitive History or Racist Ideas in America by Ibram X. Kendi
  ○ More Beautiful and More Terrible: The Embrace and Transcendence of Racial Inequality in the United States by Imani Perry
  ○ Why I’m No Longer Talking to White People About Race by Reni Eddo-Lodge
  ○ Killing the Black Body by Dorothy Roberts
  ○ Tears We Cannot Stop by Michael Eric Dyson
  ○ The New Jim Crow by Michelle Alexander
  ○ So You Want to Talk About Race by Ijeoma Oluo
  ○ Between the World and Me by Ta-Nehisi Coates
  ○ White Fragility: Why It's So Hard for White People to Talk About Racism by Robin DiAngelo
  ○ The Racial Healing Handbook by Anneliese A. Singh

● Apps
  ○ Liberate Meditation App for BIPOC

● Podcasts
  ○ Therapy For Black Girls
  ○ Busy Being Black (Exploring QT Black lives)
  ○ Hoodrat to Headwrap: A Decolonized Podcast
  ○ 1619 by the NY TIMES
  ○ Code Switch
  ○ Cultural Humility Podcast
  ○ School Colors Podcast
  ○ Naming It Podcast
  ○ Black and Highly Dangerous Podcast
  ○ The Thoughtful Counselor
  ○ Strange Fruit

● Social media
  ○ Layla F. Saad
  ○ Desa Karye Daniel
  ○ Mr. Ken Shell
  ○ Rachel Cargle
  ○ Wear Your Voice Magazine
  ○ Mia Mingus
  ○ Decolonizing Therapy - Dr. Jennifer Mullan
  ○ The Conscious Kid

---

The Oregon Association of LGBT Issues in Counseling Statement of Solidarity

The Oregon Association of LGBT Issues in Counseling (OALGBTIC) stands in solidarity with Black Lives Matter and the Black and African American community. We acknowledge and mourn the deaths of George Floyd, Ahmaud Arbery, Breonna Taylor, Tony McDade, and the countless people who have died under the oppression of white supremacy. We call on our members to take care of each other, especially our most marginalized, and to speak truth to power.

---

In this issue:

Distance Counseling During COVID-19  
By Roy Huggins, LPC, NCC

Navigating Teletherapy with a Hearing Impairment  
By Mira Shah, LPC, LAT, ATR

COPACT Update  
By Larry Conner, MA, LPC, COPACT President

Art Therapy and Telehealth  
By Amanda Zucker, ATR-BC, LCAT, LPC

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.
Distance Counseling in Oregon During COVID-19

By Roy Huggins, LPC, NCC

Oregon’s LPCs and LMFTs have a wide degree of freedom to perform telehealth, which we generally call “distance counseling.” This is true even when a pandemic isn’t opening up most of the rules. In this article, I will cover the basic principles operating behind the most urgent areas of distance counseling practice during the COVID-19 emergency.

Licensing Board Rules
The OBLPCT used to have its own specific rules for Distance Counseling. They were in Division 90 of the OARs. If you look at Division 90 now, you’ll find it blank. This is for two reasons:

1. The ACA Code of Ethics is now a part of the board’s rules. Section H of the ACA code describes a number of ethical standards for performing distance counseling. It is by no means comprehensive of all the standards you need to know, but it isn’t sparse, either.

2. Standards of care for telemental health in the United States are well-established, and there are a variety of ways for a counselor to get competent in them. There isn’t much reason for the board to have its own, separate rules anymore.

Insurance -- Yours and Theirs
Most malpractice insurance carriers are covering teletherapy services. Check with yours to be sure that the kinds of work you are doing are covered, however. This is especially important if you have clients outside the country -- most carriers won’t defend you against claims filed outside the United States.

Health insurance companies have also opened up their coverage quite a bit. Some are even covering telephone sessions (which they normally do not do.) See COPACT’s super-fantastic work on compiling a list of telehealth information for Oregon payers here.

Cross-Border Practice
The basic principle of cross-state practice goes like this: if the client is physically present in another state at the time of your session, you must be permitted to practice in that state lest you violate that state’s laws. Quite importantly, the client’s residence status doesn’t come into it. It’s purely about where they are during the session. So if a client of yours has traveled to another state, legal practice would require you to determine if that state will allow you to practice there.

The good news is that a lot of states have opened up to out-of-state licensed clinicians during the pandemic. See our survey of executive orders and temporary practice rules to help you find out what’s happening in states where your clients have travelled. It is quite possible that practicing with them will be legal -- at least so long as the emergency lasts.

The bad news is that Washington and California have not opened up their states to Oregon-licensed counselors. Arguing for those states to change this is one of COPACT’s platform points during the COVID-19 emergency -- yet another reason to support ORCA and COPACT!
Competence

In this emergent time, there is certainly a lower-than-usual bar for one’s level of competence in delivering distance counseling services. Competence is always a necessary part of practice, however. What’s more, it is my experience that the majority of therapists are unaware of all the categories of skill/knowledge one needs to attain for full competence in distance counseling (I know I was unaware before I studied them!)

My website has two free, recorded webinars which explore these competence areas and provide basic information about them. They are right on the front page and you don’t have to sign up for anything. You can’t miss ‘em: https://personcenteredtech.com/

Technology Selection

You may have heard that the federal Office of Civil Rights (the “HIPAA people”) released an announcement in March which allows us to use any tech we want to perform distance counseling. This is partly true, but there are important caveats.

It might be useful to know that nothing about HIPAA changed with this announcement. Rather, the people who enforce HIPAA announced that they will turn a blind eye to the use of videoconferencing services that don’t meet HIPAA’s standards so long as certain conditions are met.

They stated that the use of the HIPAA-unfriendly software service must be for delivering telehealth services. They also stated it must not be a service that is intended for public broadcasts or social media. For example, they explicitly banned Tik Tok and Facebook Live as options for delivering telehealth services.

They were also clear that this enforcement easing is intended to help clinicians and clients who are in a tight spot. Very, very importantly: unless you or your client have some specific reason why you can only use a video service that normally doesn’t meet HIPAA requirements (Facetime for elderly clients stuck in quarantine comes to mind), the Office of Civil Rights may not turn that blind eye. They may expect you to meet the usual HIPAA standards in your choice of services.

So I strongly recommend that you use a video service (assuming you’re doing your distance counseling by video) that has executed a HIPAA-compliant Business Associate Agreement with your practice. That agreement is the golden ticket you’re looking for when it comes to using services which handle your clients’ information.

These videoconferencing services will all execute Business Associate Agreements with their health care customers:

- Clocktree
- Doxy.me
- Google Meet (on a GSuite plan with the BAA active)
- GoToMeeting
- Practice management systems that integrate video for telehealth (e.g. Simple Practice, Theranest, Counsel, and others.)
- VSee Clinic
- Webex
- Zoom for Healthcare (I have strong reservations about Zoom, but they will do BAAs for customers who buy the health care service tier. So I include them.)
- Many others!

What About The Good ‘Ol Telephone?

Video-based sessions can be stressful for some clients and therapists. Or either or both may have poor Internet service at home. Assuming it’s a proper fit for the client’s needs, these might be good moments for telephone sessions.

Bear in mind two things:
1) In normal times, insurance companies very rarely pay for telephone sessions. They want “secure video.” During the emergency, some of them are paying for telephone. See the COPACT page for details.
2) Telephone sessions are classified as telehealth. This shouldn’t create many problems for most counselors, but it’s important to know that telehealth-related standards of care will apply.

Conclusions

Please take care of yourself and your clients. This, too, shall pass!
Navigating Teletherapy with a Hearing Impairment

By Mira Shah, LPC, LAT, ATR

Let me start off by saying, it’s been an interesting journey working in a listening field as a hard-of-hearing individual. This article is about Telehealth, but bear with me as I build up to that.

After a harrowing hospitalization at 11-years old, I emerged with severe hearing loss, just in time to enter 6th grade alongside a bunch of peers navigating puberty. Needless to say, I was really self-conscious about this new disability—one that I couldn’t exactly hide because hearing aids back then were quite clunky. My parents wanted to keep my education mainstream, so that I could maintain some sense of normalcy, but this meant that I had an adult attend every class with me, sitting right behind my chair with a stenograph machine, and a bulky ‘90s laptop taking up most of my desk space. She typed out every word uttered in the classroom for me to read. There was no way I could hide something that felt so sensitive.

This became my new normal all the way through high school. Undergrad was pretty similar with real-time captioning in every class, except that I was living in a deaf dorm and learning American Sign Language from roommates. I didn’t seem to fit in with hearing people or deaf people, though. I continued to avoid speaking on the phone, being in groups of people (it’s harder to lip read), and even watching TV with others so that I wouldn’t have to ask for closed captioning to be turned on.

It wasn’t until my graduate program for Art Therapy that I felt a shift in acceptance of my hearing impairment. Remember those cringe-y assignments where we had to conduct a therapy session and video record it to share in class? Sorry for bringing up such unwanted, traumatic memories! But it’s for good reason: it was in that class that I learned how to really let a client feel heard. I was able to utilize already well-honed skills in lip reading, eye contact, leaning in, and nodding to show I was actively listening. Paraphrasing what was heard, reading body language, and asking for clarity on things missed were second nature by this point. The first time showing the dreaded video recorded session, our professor pointed out to the class what an amazing listener I was, and advised them to model their skills after mine. It felt like gold stars were raining down from the heavens! Something that for years felt so inadequate about me, was actually helping me become a teacher’s pet.

From there I widened my horizons. My small cohort for three years knew me through and through, yet they accepted and loved me. All of a sudden, I found my voice through that safety and became more open about my needs, experimenting with advocating in little ways, and seeing it pay off largely. Suddenly the question struck me, “Why have I been making life so much harder for myself,” and a new belief that people with more privileges and abilities needed to start accommodating for me instead of the other way around. I am happy to report that all my loved ones readily turn on the closed captioning when we watch tv together, who knew it was such a simple ask?

Eight years now into practicing as an Art Therapist, I’ve become comfortable starting initial sessions with letting clients know in a matter-of-fact way about my poor hearing.
Over the years, getting into a cadence of conducting successful therapy sessions with my listening skills, I assumed all the emotional wounds around my ears were fully healed.

ENTER: COVID-19

Social Distancing became a term. Every single therapist I knew was quickly making the switch to telehealth. There were many strongly worded posts in listservs telling the counseling masses that continuing in-person sessions was irresponsible, shameful, and even unethical. Switching to teletherapy was a huge adjustment for everyone (insurance companies made it even more stressful), but for me, it felt impossible.

Lip reading is difficult on a screen. I worried the only option for me was just shutting down the practice until this pandemic cleared up. I was also very much in denial and continued seeing clients in person. I felt ashamed of that (but it did make for easier insurance billing) and torn—my clients needed sessions now more than ever, but I didn’t want to be responsible for anyone getting sick.

So many old, familiar insecurities came up for the first time in years. While everyone was talking about it in the therapy threads, I remained silent—trying to hide while feverishly reading all the news, listservs, and group chats. I felt so frustrated with myself for the insecurities that I thought were healed, and envious of everyone else for the seeming easiness of their switch to video sessions. It felt isolating. Dis-Ability—the realization that my abilities have limits.

Eventually, all that feverish reading on the listservs paid off and I came across a post about G-Suite’s HIPAA-compliant Google Meets—and get this: it has real-time captioning! My tech-savvy husband immediately set it up and we gave it a try. Granted, it is not very accurate and throws in a lot of unsaid swear words (with *asterisks* in place of the whole word, darn…), but captioning is my jam.

Here we are now in April, weeks of sessions on Google Meets completed. Listening skills we as therapists have grown are being thrown out the window: Eye contact by looking in the camera is not second nature. Leaning in - that seems weird now. Reading body language is impossible. In place of all that, throw in the numerous technical issues: frozen screens, fragments of speech falling out, servers crashing. Clients are seeing our humanness in new ways, yet I know I am not alone in hearing their appreciation for the opportunity to hold therapy sessions in a safe manner.

I emerged from this week’s sessions reflecting on that old question, “Why have I been making things harder for myself?!” Things were getting too comfortable over the years. This new challenge brought on a whole new stage of growth and healing. I feel this new sense of confidence, empowerment, and even excitement for the future. This rigid limit I had put upon myself has become a whole new way to make therapy accessible. I’m even going to put it out here in writing – Mira Shah Art Therapy & Counseling will continue offering teletherapy sessions, even after this pandemic clears!

Now for the next challenge: How to conduct the art part of art therapy via telehealth…

I encourage you to be mindful of the abilities and privileges we have, support the inclusion of all folx, and work together to make therapy more accessible.

Mira Shah LPC, ATR, LAT has a private practice in Beaverton, OR. She is passionate about helping individuals connect with their inner child to heal and empower, as well as processing infertility issues, relationship issues, and guiding clients to make meaning in their lives. She offers Art Therapy as a way to help others express, process, regulate and build creativity.
COPACT Update: Advocacy in a Coronavirus World

By Larry Conner, MA, LPC, COPACT President

Just as this edition is going to print, our country has once again come face to face with its brutal history of racist violence. We join our fellow counselors and therapists—especially those in the Black community—in mourning the tragic and brutal deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and countless others. COPACT is hopeful that, in this moment, we look deep into our soul as a nation and acknowledge and condemn the racist violence and systemic oppression threaded throughout our history. Black counselors and therapists—we are with you, and we are committed to doing our part in dismantling white supremacy and advancing racial justice. We stand in solidarity with #BlackLivesMatter. We stand with the Oregon Association for Multicultural Counseling and Development (OAMCD) in calling on Oregon’s elected officials to invest in systems that heal and uplift—mental health care, addictions recovery, houselessness solutions, education, and employment. And we stand with the Oregon Counseling Association in urging all Oregonians to hold our elected officials accountable by demanding action (find your State Representative and Senator here) and by voting this November for candidates who clearly articulate support for racial justice. We invite all Oregon counselors and therapists to join us in our mission of advancing access to mental health care and fighting for justice.

As I am writing this it has been five weeks since we have been sheltering in place with the COVID-19 crisis. I can imagine you have made the transition to teletherapy with the same amount of frustration that my colleagues and I have experienced. But we are all getting through it. What you may not know is that COPACT has been working feverishly behind the scenes to help with that transition.

Prior to the COVID-19 crisis, the laws regulating teletherapy were limited to therapists providing services to clients residing in the same state as the therapist. The reason for that is related to enforcement: which state will be responsible if the therapist and client live in different states? Until this crisis, that was the situation. You could engage in teletherapy, but only with clients who lived in your state.

Furthermore, prior to the crisis insurers were ambivalent toward teletherapy. If they covered it, they typically reimbursed at a lower rate, and each insurer who covered it had different coding requirements. It looked like the insurance industry was going to make it difficult to make teletherapy work.

Once we were ordered to shelter in place, there was an immediate pileup of complexities. For one, in the Portland/Vancouver area there are countless Oregon therapists who work with clients who live in Washington, and also Oregon therapists who live in Washington who wish to continue to provide services to their Oregon clients via teletherapy. None of that was allowed by law. Additionally, therapists quickly discovered that many insurers were rejecting teletherapy claims or were reimbursing at a fraction of in-person session rates.

COPACT immediately went to work, writing numerous letters to the Governor of Oregon and to our licensure board, OBLPCT. Our lobbyists, Elizabeth Remley and Rachael Emory, were in daily contact with the Governor’s office and with legislators in Salem. OBLPCT quickly responded with an order that temporarily allowed therapists from other states to offer teletherapy to Oregon clients. Additionally, the Governor and the Insurance Commission required insurers to reimburse teletherapy at the same rate as in-person sessions. We asked the Governor to disallow landlords from evicting small businesses, including mental health practices, for nonpayment of rent during the crisis, which was also adopted. COPACT is grateful for the quick action Oregon officials took to help with the crisis. COPACT also wrote a letter to the Governor to ask that Oregon follow the federal guidelines that therapy is considered an essential service, and thus therapists could work from their offices if necessary.

COPACT members also wanted to help therapists determine how to bill teletherapy sessions. Charmagne Westcott, LPC, Tiffany Kettermann, LPC and Simone D’Amore, LPC did a fantastic job gathering information about which insurers required which coding for teletherapy sessions. That information continues to be
updated and can be found at copactoregon.com. Just click on Telemental Health Resources Page. It is an extremely helpful resource. On the COPACT website you can also watch a webinar about teletherapy requirements and coding that COPACT members presented with Roy Huggins of Person-Centered Tech.

Gianna Russo-Mitma LMFT, the Past President of ORCA and a member of the COPACT team, quickly discovered there was a problem with the rules for supervision required by OBLPCT. A certain percentage of supervision sessions for registered interns had to be face-to-face. Gianna wrote a letter to OBLPCT requesting they change that rule, which they thankfully did. Again, we are grateful to OBLPCT for its willingness to help Oregon licensees with this crisis.

So, where are we now? As of this writing, Oregonians can get therapy services from therapists outside of the state, but we have hit a bump concerning Oregon therapists crossing state lines to provide teletherapy services to clients living in other states. We and OBLPCT have been in contact with the Washington licensure board, and they are leaning toward allowing interstate teletherapy, but so far have not made a decision. COPACT is in the process of writing a letter to the Governors of Washington and California requesting a complete opening of teletherapy borders. But as of this date, if you are working from Oregon, and you are providing teletherapy sessions to clients who are located in Washington at the time of the session, you are not in compliance. Furthermore, if you are an Oregon licensee living in and conducting your telehealth sessions from Washington, and you are providing services to your existing clients in Oregon, you are also not in compliance. Many therapists have contacted COPACT about this situation, and we don’t have an answer yet. The wheels of government can be slow. At this moment, all state government agencies are dealing with the crisis and not every detail can get resolved in a timely fashion. Please check copactoregon.com often to get updates. We will post them there as soon as we hear.

I am deeply impressed by the hard work and commitment of my colleagues on COPACT. Thanks to Charmagne Westcott, LPC; Tiffany Kettermann, LPC; Gianna Russo-Mitma, LMFT; Steve Rodgers, LMFT; Andrea J. Wright Johnston, LMFT; Libby Schwartz, Registered Intern; Melissa Chernaik, LPC Intern; Jeff Olsgaard, LPC; Simone D’Amore, LPC; and our fantastic lobbyists, Elizabeth Remley and Rachael Emory.

And finally, this crisis can serve to remind all of us how important it is to have COPACT advocating for LPCs and LMFTs. Without the connections to state government we get with professional lobbyists on board, we would not have been able to do the excellent work we have done on your behalf. So, please support our effort by making sure your memberships in ORCA and OAMFT are up-to-date (automatic renewal is a very good thing) and you can also donate directly to our effort at copactoregon.com. Please spread the word to nonmembers about how important it is to support our professional organizations and COPACT.
The Adventures of Art Therapy and Telehealth

By Amanda Zucker, ATR-BC, LCAT, LPC

Before the COVID-19 pandemic, I had the belief that art therapy wouldn’t translate to video sessions due to its hands-on nature. I wrote it off as being something that sounded interesting or nice, but likely wouldn’t be for me or my clients. This changed quickly as it did for many practitioners when a need for social distancing became more urgent and prudent. Many of us, including our clients learned to stretch and move into a new way of being with one another on screen. In this article, I will share ways that I prepped clients for the adventures of telehealth: including creating, via telehealth and what the “art part” of art therapy felt like with clients. This is by no means a “how to” use art in sessions with clients via telehealth, and I would even go so far to caution against bringing in too many new things into a session during this time. It might also be a good time to remind folks that there is new licensure for art therapists here in Oregon, as of January 2020. This doesn’t mean that we “own” art or creativity in sessions, rather we have training and honed skills that allow us to bring in art in an intentional and ethical way.

When I considered if my practice was appropriate for all of my clients to move to remote sessions, I took a few seminars, and never heard much about art therapy being appropriate. However, we are all in uncharted waters. I’ve had experience with receiving remote sessions doing both meditation and nervous system regulation work, which are both very much experiential. Receiving sessions in this way gave me insight and a framework to engage clients and walk them through this version of our sessions.

My belief in art therapy and art making is very much a process of making art versus the final product. When my teen and adult clients come see me in-person, they have the choice to sit at a table with art materials available or sit on the couch and talk. Sessions are often fluid, depending on their need that day. When making art, I will often make art with them, using similar materials. Not all art therapists do this, but I have found that many of my clients prefer if I make something alongside them. It is also a way to model expression and sharing. When discussing Telehealth with my clients I shared with the clients that engage in art therapy, that art therapy could still be part of the sessions, but it would take a bit of prep work on their end and perhaps an adventurous spirit. Luckily, my clients were on board.

To prepare for sessions, I asked my clients to find art materials around their house prior to a session. Use what you have, I advised. I stressed the fact that they didn’t need to order/buy anything extra, in fact simple materials would work best. Materials such as pencils, markers, paper or cardboard, magazines, glue, and scissors. Some of my
clients had watercolors, paint, pastels, needle felting materials, sewing materials, clay, etc. I asked clients, and their families, when appropriate, to facilitate finding materials and identify a space (including the floor!) to create and have their device (computer, phone, tablet) for the session.

Once in session, clients already have materials in front of them - so they can technically make art at any time - though this can be distracting. I give them full permission to create while sharing verbally if that feels comfortable for them. Many of my clients will wait to check-in and then I ask if they want to make art that day. If they do, I ask them if they have anything in mind, or if they want some guidance. I often want this to come from a client, however, I do have ideas should they need some creative support. These ideas typically are often inspired by something a client might say. For example, many of my clients have been expressing frustration with not knowing how long they need to socially distance. The unknown is so hard, and the unknown has also been “inspiration” for a lot of client work these last weeks.

When clients create their artwork on screen, sometimes I can see it, and sometimes I can’t. Initially, this part was really hard. Seeing the process is a really important part of art therapy. Some of my clients have been able to move the camera screen to put their art making in view, and sometimes it’s not possible. What I have come to realize is that whether I can see the process or not, it doesn’t matter as much as I thought, the process is happening for them. I also match the materials they are working on and create something on my side of the screen. I ask them to show me what they are working on, occasionally and leave more time to process at the end of session. When I create with my clients, I’m not creating the way I would on my own, I am still sensing their experience. I’m noticing their body language, listening to them, and creating something that is related to their sharing. I use my art to engage with them and their art. This is true on screen and in real life sessions.

Relating through the screen can be a little awkward and strange, my clients have found that making art together has been soothing, especially during this time, where words can be so limiting. I think it is also important to remember that this is a way we engage in sessions already, so it’s already familiar to them. One of my clients noted that when we are creating during video sessions, the product seems to generate more of the conversation then when we are engaging in-person. Above, you will find an example of artwork from a telehealth session a few weeks ago. We both engaged with a simple prompt of working with materials that are loose aka hard to control, watercolor. We both decided to create a shape in the middle, in this case a circle and fill the circle in with water, using a wet on wet technique. This allowed us to “play”
with our lack of control using color and symbols.

A benefit to engaging in art therapy at home is that when a session is coming to a close clients don’t have to stop the process. If they are really engaged in the art making process, I will ask them to come to a stopping point and share what they have so far, and when we are done with the session they are welcome to continue if they wish. I’m also noticing that many clients are making art in between sessions and sharing their art work during sessions. So many of my clients use art as a means to regulate, and this quite literally puts the process right at home for them to do so.

While telehealth and in-person art therapy sessions are different, my clients are sharing that our sessions are beneficial. I am grateful for my clients’ trust in the process and willingness to engage. This is a time we are all learning to adapt and adjust with our clients. This is also a time where people are looking for stability and playfulness to cope and express what is happening for them individually and collectively.

Amanda Zucker, ATR-BC, LCAT, LPC has a private practice, Awaken Art Therapy LLC, in Portland, OR. She works with teens and adults to support individuals in accessing their inner resources to overcome trauma, anxiety, depression, life challenges and transitions.

Call for Articles

The Counselor, the quarterly newsletter of the Oregon Counseling Association, invites articles to be submitted for consideration for our Summer 2020 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 Summer Issue are due by July 15, 2020 to editor@or-counseling.org
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.

Membership dues:

Professional (LMFT, LPC, etc) / Associate $111/year (or $106 if you auto renew)
Registered Intern $82/year
Student / Retiree $53/year

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.
ORCA BOARD OF DIRECTORS

EXECUTIVE OFFICERS

President
Alana Ogilvie
president@or-counseling.org

President Elect
Tever Nickerson
presidentelect@or-counseling.org

Past President
Gianna Russo-Mitma
pastpresident@or-counseling.org

Treasurer
Laurie Kerridge
treasurer@or-counseling.org

Secretary
Sofia Jasani
secretary@or-counseling.org

OCDA President
Tina Harney
OCDA@or-counseling.org

OALGBTIC President
Ken Steinbacher
oregonalgbtic@gmail.com

COMMITTEE CHAIRS

Networking
April Dodson
networking@or-counseling.org

Communications
Melissa Chernaik
communications@or-counseling.org

Professional Development & Education
Tever Nickerson
continuinged@or-counseling.org

Graduate Programs
Sarah Kushner
gradprograms@or-counseling.org

Technology
Mike Running
technology@or-counseling.org

Membership
Tamara Randall
membermgr@or-counseling.org

Human Rights
Lindsey Lundin
humanrights@or-counseling.org

ACEP Administrator
Tever Nickerson
acep@or-counseling.org

Ethics
Jeff Christensen
ethics@or-counseling.org

If you’re interested in serving ORCA as a volunteer or member of the board, please contact Alana Ogilvie, ORCA President, at president@or-counseling.org