



THE COUNSELOR

President's Message

Focus on: Size Diversity

Happy Fall, dearest ORCA members!

We here at the board have been both enjoying the crisp weather and hard at work preparing for our Fall Conference. At the time of this newsletter we are just one week away from our [Every Body is a Beach Body conference](#) in Cannon Beach, OR and we couldn't be more thrilled with how everything is turning out. We look forward to seeing as many of you as possible at the Tolovana Inn on November 8th and 9th!

As many of you know, we held a special election in early September for our next President. I am pleased to announce that our Professional Development & Education Committee Chair, Tever Nickerson, was elected to the position of President Elect. Our sincerest congratulations to Tever; we are thrilled for her to continue her amazing work with us in this new role. I will add that she has taken on this new role while also continuing to plan and organize our conference!

Speaking of events, the majority of ORCA's events in my 2019-2020 presidential term will occur this winter and spring. Details to come in future newsletters. For starters, I am excited to announce that we are holding another *Counselors of Color Reception* in Portland on December 5th. Our last Counselors of Color event was an amazing success and I am so very proud and excited that ORCA is

able to put this event on again. Keep an eye on the listserv, [Facebook](#), and your email for further details.

On that note, did you know there's another place you can now keep in touch with us? That's right, you can now find ORCA on [Instagram](#)! If you're on 'the gram' a lot (like I am) be sure to follow us @oregoncounselingassociation for updates on events, opportunities for advocacy, and ways to get the conversation around mental health going. Don't forget to tag us and our upcoming conference using #oregoncounselingassociation and #ORCABeachBody.

Finally, I would like to make a special call to all of you in this letter: right now our Past President, Gianna Russo-Mitma, is acting as our Newsletter Editor and we are deeply grateful for her work. Sadly, Gianna cannot continue to fulfill this role and we are in search of a Newsletter Editor. If you, a friend, or a colleague is interested in volunteering to coordinate our newsletter's design and publication please email me at president@or-counseling.org.

I am truly looking forward to seeing you all at an ORCA event. In the meantime, stay warm and dry this fall and have a lovely holiday season. We'll be back with the Winter newsletter in January.

All the best,
Alana R. Ogilvie, LMFT (she/her/hers)
President, Oregon Counseling Association

The Counselor is the quarterly newsletter of the Oregon Counseling Association



Oregon COUNSELING Association

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Gianna Russo-Mitma, ORCA Past President

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Information about ORCA membership may be obtained online at www.or-counseling.org

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The Oregon Counseling Association will not knowingly engage in activities that discriminate on the basis of race, gender, color, religion, national origin, sexual orientation, disability, or age.

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Oregon COUNSELING Association

Diet Culture in Counseling

by **Lindsey Lundin, ORCA Human Rights Chair**

I have always been a person who has lived in a bigger body. I learned at a very young age that thinness and striving for a smaller body size were the most important values I could have as a young woman in the world. I grew up thinking that my beauty, success, worth and ability to be seen was reliant on my body size— more specifically my ability to shrink my body. This is not an uncommon experience for young people, especially young people that are raised as females in this world. Body size, weight loss, and weight gain are topics that carry deeply rooted stigmas in our culture. From very early on, children are often given the message that body size is the most important part of who they are in society. A journal article titled [“Pre-Adolescent Dieting: Implications for Eating Disorders”](#), also referenced by [parentmap.com](#), found that “...the idea that other people’s fat bodies are inferior is linked to what researchers call “shape dissatisfaction,” or unhappiness with one’s own body, along with dieting behavior in young children, disordered eating behavior and eating disorders.”

In the early 1960s, Weight Watchers was created with the goal of making dieting plans accessible to everyone. This company thrives today on diet culture’s ability to shame people into believing they are not enough just as they are. The marketing for this company from the beginning was to frame the program as a “lifestyle change” not a “diet plan”, which created incredible sustainability for the company. If thinness is a life-long goal, the program will act as a life-long tool to achieve that goal, giving the company life-long members.

Weight Watchers, now rebranded as WW in 2019, worked diligently to encourage people to constantly be striving to change their bodies, to be unaccepting of bigger body sizes and ultimately modeling that they were less worthy if they lived in a bigger body.

This year, as they rebranded, WW came out with a weight loss app called Kurbo that has been specifically marketed towards children as young as eight years old. Encouraging diet culture in young children is harmful and can impact their mental well-being, setting them up for disordered eating behaviors and eating disorders. In statistics published by the Eating Disorders Coalition, at least 30 million Americans suffer from an eating disorder and eating disorders are the third most common chronic illness in adolescent females. As a child, I was constantly getting the message that my bigger body was unacceptable and less worthy than my thin peers. I was put on Weight Watchers at the age of 10, put on prescription diet pills at the age of 13, and was forced to get up at 5 am to attend gym sessions before school started at the age of 15. My self-worth centered around changing my body and making myself smaller which resulted in deeply held feelings of being unworthy of love and acceptance. This all happened well before apps, weight loss blogs and targeted Instagram ads so when I heard that WW came out with an app specifically for children and teens, I was filled with anger and heartbreak. Having nieces that are in their early teens has helped me see how much more invasive the value of thinness is and how common and accessible body shame and blame are for people.

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In our work, we hold space for healing and growth in our clients. We strive to do the best, most ethical work we can for our communities and that includes being mindful about the identities that our clients hold. Our own education around these identities should continue to inform our work and how we can create the most healing, inclusive spaces for people to access care. The work we do should include advocacy for education, self-acceptance and body liberation. If we are interested in working towards equity and justice in the counseling and medical fields, it is important to educate ourselves on weight stigma and the ways it can unintentionally show up in the room. Some questions you could ask yourself to start with are: Are your chairs size-inclusive? Do you use different language with clients of size? Is your space accessible for folks of size with disabilities? Do you hold space for the oppression of people in bigger bodies? Are you available to see clients outside of your office if your space is not accessible and size-inclusive? Do you also recognize and process your own experiences, values, and biases around size?

It is important to be knowledgeable about the ways that weight stigma shows up in every aspect of life for folks. When it comes to the counseling room, there are ways that we can create size-inclusivity for clients. We can offer support by educating ourselves using research and resources that are doing the work to validate their experiences. A great place to start is work by Linda Bacon, who is the founder of [Health At Every Size](#). Other resources that include research and experiences of people living in bigger bodies are [Obesity Action Coalition](#), [Jes Baker](#), [Center for Discovery](#), and [Be Nourished](#). My hope is that with more education and resources, the work of creating more accessible and inclusive spaces for all bodies will continue to be something we all strive for.



Lindsey is ORCA's Human Rights Chair and a Graduate student at Portland State University in the Marriage, Couple and Family program. She is the currently a Naturopathic Medical Assistant in SE Portland.

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"Every Body is a Beach Body" 2019 Conference

Tolovana Inn, Cannon Beach, Oregon

Cultural Competency CEs!

Friday, November 8, 2019: 6 Cultural Competency CEs

9:00 am: Registration starts (breakfast provided by ORCA)

10:00 am-12:00 pm: "Bringing Body Positivity & Size Diversity Into Counseling" with Dr. Cort Dorn-Medeiros & Dr. Stella Kerl-McClain

12:00-1:00 pm: Lunch (provided by ORCA)

1:00-3:00 pm: "Promoting Body Trust in Your Work" with Hilary Kinavey, LPC of Be Nourished

3:00-5:00 pm: "Fat Pleasure" with Summer Brown, LMFT

6:00 pm: Networking reception at Mo's Restaurant (at Tolovana Inn)

NOTE: There will be multiple raffles, so please bring cash or check to participate

Saturday, November 9, 2019: 1 Cultural Competency CE

8:30-10:00 am: Networking Breakfast (provided by ORCA)

10:00-11:00 am: Yoga for Bigger Bodies with Julie Westlin-Naigus, LPC (everyone welcome)

Register now at:

www.or-counseling.org

| Registration type | Regular FOR ALL (starts 10/1/19) |
|---|----------------------------------|
| Professional 1.5 day conference (Fri-Sat) | \$300 |
| Student 1.5 day conference (Fri-Sat) | \$180 |
| Professional Friday only | \$275 |
| Student Friday only | \$160 |

*Day of/at the door: \$300 for all, no Friday only option

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Fat Babe Bikini Summer

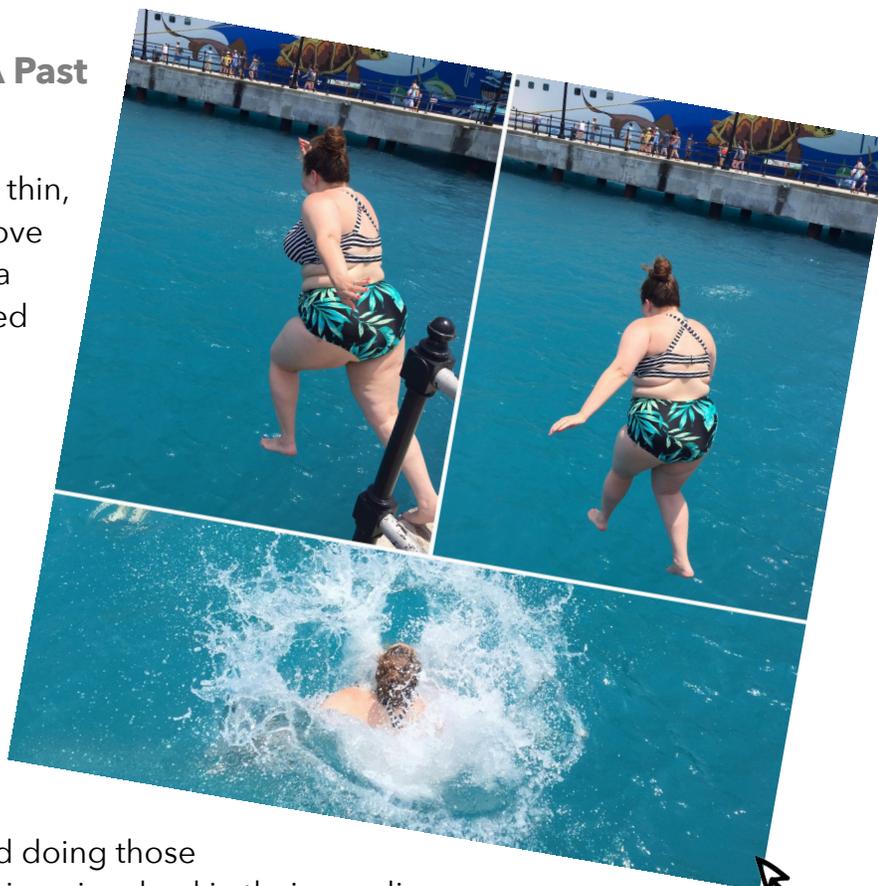
by Gianna Russo-Mitma, LMFT, ORCA Past President

I grew up in a city where perfect image, being thin, and being young is everything. As much as I love my hometown, I also hated being a female in a bigger body growing up in a place that focused solely on appearance. I didn't feel valid or worthy by society; I felt like I'd never be considered beautiful unless I gave in to fad diets and liposuction (my thoughts from middle school). Good thing I never gave in.

A few years ago, I decided that I was done with this ridiculous thing called "perfect body image". I was tired of being the one to cover up as to not offend or "gross out" others, and I was tired of living for everyone else. I, too, wanted to have fun at the pool, at the coast, and wear shorts on hot days. So I started doing those things. And guess what I found out? Everyone is so involved in their own lives, they don't care about your thigh size, thigh gap, belly jiggle, visible belly outline (VBO), etc. I felt so much more free in my own body and, with habit, I didn't just wear shorts because it was hot, I wore shorts because I felt happy in them. I also started realizing that thinness as a societal ideal is a privilege. I am aware that many folks of all body types and sizes struggle with body image issues, *and* that the feeling of anxiety that comes up when taking off a swim coverup happens more for folks that do not occupy an "ideal body size" in society.

So, when the show *Shrill* (on Hulu, starring Aidy Bryant) came to Portland to film, they put out an ad for "plus size extras" and I applied. Within the same week, I received an email that I had been accepted! I was told this would be for a scene called "Fat Babe Pool Party" and I was ecstatic! I was also wary and thought "do they know what plus size means?" I mean, the show is based off plus size author Lindy West's book, so it had to be inclusive... right? On the day of shooting as an extra, I showed up (for a 5 am call time) with swimsuit options packed in my bag. I brought 2 bikinis, and one 1-piece, just in case I was feeling like I wanted to cover up more. When I walked up to set and into the room for extras, I was greeted by female-presenting folks who (wait for it) looked like me!! Women kept pouring into the extras room after me as well, all with anxious looks on their faces. I saw each of them slowly release the breath they were holding in when they saw the room full of beautiful, fat women.

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Living my best life
in a 2-piece!

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In all, there must have been about 75 of us, and when it was time to change into swimsuits, I decided to wear my super cute new high-waist bikini (I don't have photos because they said we'd be fired if we took any pics, understandably). I was, like I always have been in a swimsuit, fidgeting like crazy to make sure all my "problem areas" (ew, unhealthy and unproductive societal language that I don't use anymore) were covered up. When I came out of the changing area and onto set (a pool, obviously) it was the most glorious sight I have seen in all my life. It was a magical Pinterest pool party with unicorn and mermaid floats, glitter beach balls, a tropical "bar", and more. And even better, it had 75 fat female-presenting folks of all sizes, colors, genders, ages, and abilities in bikinis. My heart soared and I held back tears (because they had JUST put more makeup on me). When I first went out to set, I kept my coverup on, but about 10 minutes after being on set, I decided to go for it and just leave my coverup off. This may seem like some small act, but it wasn't. It meant so much more to the little girl who felt forced to cover up her rolls. This was a rebellious act of self love!

The set crew was amazing and knew (and cared about) inclusive language. For the extras on that set, it wasn't just being an extra in a show, it felt like a real pool party for fat babes and it was the best party any of us had ever been to! (Next summer, check out Chunky Dunk PDX!)

People say "it's not brave to be fat." True. But it IS brave to be fat in a world where some folks have a million nasty things to say about fat people or being fat or the fear of "getting fat." It's not brave to BE. But it IS brave to be fat AND outspoken about it AND actually love yourself for it (say it louder for the folks in the back!).

Self love IS self care! Self care isn't all coloring and breathing exercises and spa days, it's taking better care of ourselves and our mental health. I realized that when I started unfollowing emotionally harmful accounts on Instagram and started following more body acceptance and body love accounts, I noticed a change in my outlook on life and the view I hold of myself (check out [ORCA's IG list "Following"](#) for some awesome accounts!) Even if we think "I have good self esteem and I love myself" the things we mindlessly scroll through have an affect on us— diet fads, stretch mark removal, "transformation" posts, throwback to "fatter times" posts. They're all telling you "You should hate yourself. You should change everything about yourself. Compare yourself to this person. You're not enough." Forget that noise! YOU ARE ENOUGH. WE ARE ENOUGH. WE ARE WORTHY. WE ARE GORGEOUS!

And with that I say: Take care, you beautiful fat babes, and let those VBOs shine!



[See you next week at "Every Body is a Beach Body!"](#)

Gianna has a private practice in Portland OR. She works with female empowerment, body image issues, teens, coparents after separation & divorce, and adult children of narcissistic parents. Gianna has been on the ORCA Board for 4+ years. She is also an Adjunct Professor in the graduate counseling department at Portland State University and the undergraduate social work department at the University of Portland, where she teaches "Human Sexuality" making sure to always talk about Fat Sex.

Barred in Captivity: How the Counseling Profession Suffers Without Body Positivity

by Nicole Trask, George Fox University - Winner of the Graduate Student Essay Contest

I was 15 when I first felt that my body was wrong. I was emptying dirty water buckets for our horses on a dry, hot day when my uncle snapped a photo of me in shorts to show me the fat on my legs, like I was unaware. To live in this society is to always know the amount of space we take up and feel like it should be less.

In her book, *Radical Acceptance: Embracing Your Life with the Heart of a Buddha*, Dr. Tara Brach laments, "I found myself praying: 'May I love and accept myself just as I am,'" (2004). While bringing her journey of body and self-acceptance to others, Brach acknowledges that "this revolutionary act of treating ourselves tenderly can begin to undo the aversive messages of a lifetime" (2004). In this essay, I hope to achieve the same tenderness and undoing while assessing the experience of the harm and life-long factors that contribute to negative body image. I will explore the need to include body positivity in the counseling field and its impact on us as clinicians and on clients walking in the door.

The term *body-positivity* tends to be synonymous with "unhealthy" or "overweight" in people's minds. *Body positivity* or similar terms are seen as straying from the norm as an excuse to be lazy or a ticking time bomb for heart disease and diabetes. However, few body-positive bodies are lazy, and on the contrary are active and healthy. Besides, these diseases do not care what size we are. The truth is that the body positive movement includes respecting and honoring one's body, having confidence regardless of societal standards or ideals, and regularly caring for oneself with proper grooming, adequate sleep, a healthy relationship with food, and appropriate physical activity (Tylka, 2018, pp. 10-12). Inundated with pressures from the media that brainwash our society from birth until death, this mind frame is practically unavoidable when negative body perceptions seep into the minds of our closest friends, family, and peers. *(continued on next page)*

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Many trust the media, where there are frequent dangerous headlines that drive some to fall into unhealthy body ideals. Counterarguing Muttarak's article for making statements without creating the proper study with body-positive elements, Alleva & Tylka (2018) assert that by not including the body-positive movement as a factor, Muttarak cannot include the impact on weight misperception (having a larger BMI and thinking one's weight is accurate) without factoring in individuals whom are aware of the body positive movement. Further, the body positive movement holds elements of physical health and emotional wellness that do not need a BMI. The BMI is outdated, does not decipher between muscle, bones, or fat, and tries to put complex human beings into simple categories (Devlin, 2009). I am not asking we ignore health risks but rather stop masking harmful and damaging weight bias statements as health concerns. Studies that include non sequitur claims like Muttarak's are simply dangerous for people because they harbor incomplete and neglectful information.

As practicing, interning, or student counselors, we know that emotional pain can bear an immense load on the human body, but due to stigma and ostracization, mental and emotional pain is often subdued, lowly prioritized, or outright ignored. According to Swarbrick's Dimensions of Wellness (2006), when one area (physical, emotional, financial, etc.) is compromised, the whole person may be suffering. Body positivity incorporates well-being, self-care, eating behaviors, and lower harmful weight stigma (Tylka, 2018, pp. 18). Body positivity then, or moreover a lack of it, can easily impact an area of wellness, and not including body positivity can further harm clients in an already compromised area.

Further, there are other sociocultural factors that contribute to body image, such as awareness of the media's messages, internalization of these images, and perceived pressure to obtain or follow these messages (Cash, 2005). These factors can result in negative cognitive perceptions of one's body, self-talk regarding worth, and other maladaptive behaviors. Like me at 15, if I did not feel secure in what I was wearing, my own poor body image and lack of self-confidence affected the way I walked in the world, with whom and how I communicated, and other factors I probably had no idea were critically affecting me. Since friends and family are directly involved in immediate environments, the pressure they create independently or collectively with media's cultural expectations is a significant factor in body image (Cash, 2005). Those who utilize protective filtering or accepting information that coincides with body positivity may challenge negative body standards. However, in a study by Wood-Barcalow et al., participants noted that it was difficult to continually filter out harmful messages, especially when tired, stressed, or when negative "threats" came from someone they cared about (Tylka, 2018, pp. 12). Being able to foster or harbor clients' body positivity when they are worn out from repetitively filtering out negative messages can make the difference in their daily body struggles and encourage them further.

Mohini the white tiger, who was held in a 12-by-12 cage, paced in a circle while she waited for her new home. Once the construction was done, she was let out into the new habitat, but the bars had their lasting effects: Mohini crouched in the corner and never came out, and there she remained for the rest of her life (Brach, 2004, p. 25). Like Mohini, our thoughts and environments can be the death of us, and refusing to educate ourselves in body positive treatment is a disservice to our client's wellness, even if body positivity is not directly discussed in session. If people are met with a body positive clinician, imagine the deep, thoughtful, therapeutic work they would otherwise not be able to incorporate into their health and healing. If we are to open the bars of the cage where our clients have been pacing, maybe they can truly live their lives instead of dying in the harmful habits of a cage.

“Dancer’s Body”

by Lavinia Magliocco, Portland State University - Winner of the Graduate Student Essay Contest

There’s a meme circulating on Facebook. It says: How to have a “dancer’s body”: 1) Have a Body. 2) Dance. The 1970’s and 1980’s dance milieu was abuzz around Gelsey Kirkland, an exquisite but tortured ballerina who had anorexia and was a cocaine addict. Almost every serious young female dancer modeled herself on Kirkland. To be that thin, it was almost impossible not to have an eating disorder, never mind that it resulted in chronic injuries, amenorrhea, and exhaustion. I used to pray “God, make me the best and thinnest ballerina!”

During my last year of high school at North Carolina School of the Arts, I, along with one other dancer, was given a minor role. As rehearsals progressed, the other dancer was always dancing while I was never given a turn. I began to worry and went to my teacher to express concern during a short break. I’d torn a ligament in my hip that year as I hit puberty and had taken time off to heal. There was no physical therapist helping me work through this first major injury. I went from being a faculty favorite to being ignored. I was depressed, lost, and unbeknownst to me, very angry. In response to my asking her why I hadn’t had a full rehearsal on my own, my teacher said words that still ring in my ears: “But darling, look at you!” pointing at my size. Then she said, “If you don’t like it, there’s the door.” My world unglued. It only took a few seconds to consider. I picked up my dance bag and walked out of the studio, out of the production, and out of that world. Though defiant, I was riddled with self-doubt, disappointment, and depression thinking: I’d failed.

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Professional Development for Counselors & Therapists

Center for Community Engagement at Lewis & Clark Graduate School of Education and Counseling

Friday-Saturday, November 22-23, 9 a.m.- 4 p.m. | 12 CEUs
Cultural Competence in Witnessing Resistance to Trauma, and Interpersonal and Political Violence Pilar Hernandez-Wolfe, PhD

Friday, December 6, 9 a.m.-4 p.m. | 6 CEUs
Child & Adolescent Psychopharmacology for Mental Health and School Professionals: A Systemic & Contextual Approach Lana Kim, PhD, LMFT

Friday, March 6, 8:30 a.m.-4 p.m. | 12 CEUs
Listening to the Body: Yoga Calm for Therapists Lynea Gillen, LPC, RYT-200

Saturday, March 7, 9 a.m.-4 p.m. | 6 CEUs
Somatic and Mindfulness-Based Trauma Treatment Julianna Vermeys, MA, LPC, LMHC, NCC

Friday, April 3, 9 a.m.- 4 p.m. | 6 CEUs
Integrating Spirituality in Psychotherapy: A Path Toward Resilience and Transformation Jessica Thomas, PhD, LMFT

 More at go.lclark.edu/graduate/counselors/workshops

Building a Private Practice

Saturday, April 11, 9 a.m.-4 p.m. | 6 CEUs

Andrea Redeau, MA, LPC, CADCI;
 Juliana Vermeys, MA, LPC, LMHC, NCC

A workshop offer a comprehensive exploration into building a private practice in counseling and therapy, examining the ethical and legal obligations involved in offering services in a private practice setting, professional business choices, marketing and branding, and maintaining a work/life balance. Focus will be placed on social justice and equity as a consideration in best practices and the implications of niche services. This workshop will be both informative and engaging, while providing space for clinicians to collaborate, question, and elevate the discussion of owning and running a private practice in service of our communities—as well as those who choose mental health care outside of an agency setting.

\$125 before 3/19, \$150 after. Alumni save 20%.

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This is not just my story. Countless women have suffered shame from being judged too fat, too thin, too tall, too short, too busty, not busty enough..... The list of requirements for worthiness is endless. And worse, the internalization of these judgements and the attendant shame are not easily released.

A few weeks ago at a beach, I found myself musing upon all the various bodies I saw there, and my first thought was, "Why is aging so hard on women's bodies?" It was a few beats before I recognized the implicit judgement behind that question. The more I thought about it, about where that came from within me, the more I felt a deep sorrow. I saw little girls, adolescents, mothers, grandmothers, and it seemed to me that the shapes of their bodies had so much more variation than those of boys and men. It dawned on me that women undergo enormous hormonal shifts beginning in adolescence and continuing through pregnancies, lactation, menopause, cesareans, mastectomies. Living through all this takes its toll. Which is not to say that men don't undergo changes, but only that women undergo more changes, and more drastic ones at that.

Body positivity in the face of constant lived physical change within a context of cultural demands and internalized judgements is a radical act. Embracing one's whole physical expression is an act of defiance against those forces that would anatomize us - whether by actually chopping bits off our bodies to make them fit an ideal, or whether we are being fragmented by the critical gaze of our culture.

It feels strange that it's taken me forty years to process this incident. I'd never written about this before, yet it is branded in my memory as a pivotal event. I am just a fledgling on the path to becoming a counselor, yet I grasp that I must bring to light my own self-judgement and heal it so that I won't leak that internalized critique into the sacred space of a therapeutic relationship.

Body positivity goes beyond not fat shaming. It must embrace whatever condition people show up in. Ableism falls into the space of body-negativity as well because we either don't see people who are differently abled, thus rendering them invisible and negating them, or we project our own discomfort, superiority, pity, shame, etc. In a culture that idealizes women's breasts and hair, I find myself, after various medical issues, bald and breast-less, a long way from being a ballerina with long hair. Embracing myself in this condition has been a challenge. It's clear I must use these experiences to widen my capacity for understanding and advocating for those clients who struggle with internalized judgements that inhibit their wholehearted self-acceptance. The extent to which I cannot embrace myself blocks the ways I cannot embrace others. It boils down to nothing short of this: as a counselor, as my life becomes grist for the mill of personal growth and evolution, it funds resources for the support of others. From this perspective, there's something redemptive about using these difficult experiences to better serve and inspire others.

We don't judge the rest of the embodied world as harshly as we judge ourselves. We don't pick a up a shell, a leaf, a little creature, and deem them "fat" or "ugly". We love our creature companions with four feet or feathers or fins with unbounded joy and acceptance. Then we turn our measuring and hypercritical gazes towards ourselves and become our own fun-house mirrors of distortion. Maybe our imagination has been conditioned by the images we see, the stories we are told about those images. Maybe body positivity will require us to expand our imagination to include vaster, more diverse expressions of embodiment. The world is far richer in beauty than we allow. As counselors and healers, it's up to us to make our hearts large enough to embrace every being.

COPACT Update: Fall 2019

by Larry Conner, LPC, COPACT President

The COPACT team was busy with a number of issues during the Summer and now into the Fall. The first of these is monitoring a report, required by the passage of SB 860 in 2017, that was due in September. SB 860 is now the statute that requires the Department of Consumer and Business Services (DCBS) to evaluate health insurers' practices to see if they violate mental health parity law. We were disappointed to hear that the report is not complete. In fact, it is only about 45% finished. Last year, DCBS asked us to provide ideas for questions to be answered by the insurance companies to determine if there were violations of Parity Law. COPACT, OPA, and OIMHP all created long lists of questions. And then the insurers were required to answer them. This is what is called a data call. Our questions were all so thorough that the data call ended up with nearly a million data points (answers to the questions). As a result DCBS has not been able to finish the job, so we must continue to wait for the final report. However, a positive development is that the initial report stated it looks like there are some parity law violations in the first 45% of the data points they have been able to look at. That is encouraging. COPACT will continue to meet with DCBS as this process continues and we will alert you when something big happens. If you wish to read the initial report from DCBS is it on COPACT's website: copactoregon.com under the heading—News or on COPACT's Facebook page.

Tiffany Kettermann, a new member of the COPACT team this year, has been in dialogue with a number of state officials about improving access to mental health care for clients with Oregon Health Plan and Medicaid. We are hoping to have an ongoing dialogue around that. Thanks to Tiffany for getting on that so quickly.

(continued on next page)

Oregon Society of Clinical Hypnosis

Welcomes you to another great year

The 57th Annual Level 1 Course in Clinical Hypnosis

Portland, OR - February 21-23, 2020 - 20CEs

Hosted by: SERENITY LANE Outpatient Facility - 10920 SW Barbur Blvd.

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- Mentored practice sessions to help participants develop and refine hypnotherapeutic skills

- History, Models & Theories of Hypnosis
- Applications of Clinical Hypnosis
- Hypnotic Phenomena
- Hypnotizability
- Screening, Indications, & Contraindications

- Determining client fit for hypnosis
- Elicitation, Intensification, & Reorienting
- Ethical & Legal Issues
- Hypnosis with Children
- Self-Hypnosis

Course Participants: Interdisciplinary Licensed Health and Mental Health care providers with graduate degrees. (dentists, physicians, nurses, psychologists, LCSW, LMFT, LPC, physical therapists, etc.) Interns, residents, masters' degree and doctoral students in the above professions are also eligible to participate

For more information go to: www.oregonhypnosis.org



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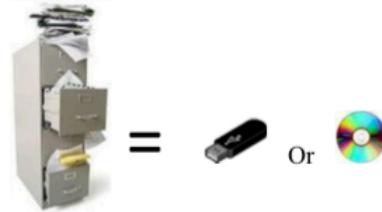
During the last legislative session, an amendment to our Practice Act was passed into law through the Higher Education Committees. COPACT did not hear about this until the session was over. The reason we missed it is that the Higher Education Committees are not usually where we watch for mental health related bills. The Higher Education Committees intended to change language in our Practice Act to allow public universities to hire persons in their Counseling departments to teach and do research without their needing to be licensed. That is fine with us. Unfortunately, the language they added was not clear about that intent, and inadvertently left the door open for public universities to hire counseling staff in counseling centers, without their being licensed. COPACT is concerned about the possible unintended consequences and is in discussions with a number of legislators and state officials to address the issue in the short session starting February 2020, which is used largely to resolve budget issues and to fix mistakes in legislation passed in the long session.

COPACT wants to make it easier for persons to attend COPACT meetings. In order to make it easier for LPCs and LMFTs to get together with us, we have decided we will hold regularly scheduled COPACT meetings the third Wednesday of each month from 7-9PM. Right now we are meeting downtown at the offices of Thorn Run, our lobbying firm. The address is 610 SW Alder, Suite 1008 in Portland. If you plan to join us for a meeting, please be at the front door of the building just before 7PM. After that, the door will be locked. But be aware that we may be changing our meeting location. Visit us at copactoregon.com or on our Facebook page to get an update if our meeting location changes. If you wish to come to a COPACT meeting, and you want to have some idea what we do, and what we are talking about, go to copactoregon.com and click on the FAQ page and read the answers to frequent questions and then click on the COPACT Language and Acronym Guide. Both those pages will help you feel comfortable in the meeting.

And when you are at our webpage, feel free to click on the donate page. Remember we work for all of you and we would love your financial support to help with this effort.

I wish you all a beautiful Autumn.

**CLIENT FILES TAKING UP TOO MUCH SPACE?
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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 a part of a 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 needs a Newsletter Editor!

In addition to putting out a call for articles, the Oregon Counseling Association is also **looking for a Newsletter Editor!**

If you are interested in getting more involved with ORCA, AND you love designing layouts and editing articles, this is a great volunteer position for you!

ORCA's quarterly newsletter, *The Counselor*, comes out in February, May, August, and November.

As Editor, you would be a valued member of ORCA, but you wouldn't have to attend Board meetings, as you would serve under the Communications Committee Chair.

Your busy months communicating with folks about articles and ads would be January, April, July, and October. You would work closely with Board members to help edit and distribute the newsletter each quarter. We use Pages on a Mac, so nothing too complicated or expensive.

If you are interested or have more questions, please email Alana Ogilvie at president@or-counseling.org

We look forward to hearing from you creative folks!

- Oregon Counseling Association

Your ORCA Membership Dues at Work: COPACT's Legislative Advocacy

After 15 years of hard legislative work, LPCs and LMFTs were able to get our Practice Act passed into law in 2009. The Practice Act does two things: it gives us the right to receive insurance reimbursement for our work, and it defines that LPCs and LMFTs are legally considered core providers of mental health services in Oregon, joining Psychiatrists, Nurse Practitioners, Psychologists, and LCSWs. Thus LPCs and LMFTs are at the table whenever a major decision is being made concerning mental health services in Oregon.

The Coalition of Oregon Professional Associations for Counseling and Therapy (COPACT) originated in 2010 to be an ongoing lobbying organization to represent both LPCs and LMFTs and to protect the Practice Act.

This is what COPACT has done for you since 2010:

2010

- COPACT worked to protect and strengthen the Practice Act and to amend any statutes that included social workers but not LPCs and LMFTs
- Passed HB 3668, which amended the Practice Act to allow 100 LPCs to hold onto their licenses.

2011

- Passed HB 2217, which extended the exemption from punitive damages in malpractice suits to include LMFTs and LPCs.
- Met with the Oregon Insurance Commissioner to address many years of mental health reimbursement rate cuts.
- Stopped a bill that threatened the Practice Act.

2012

- Worked on a failed bill to require insurers to be more transparent about how they determine reimbursement rates.
- Worked on failed independent mental health agencies bill that would increase the availability of internships.

2013

- Hired Maura Roche as COPACT's lobbyist.
- Passed HB 2768, which amended the Practice Act to make practice definitions more enforceable and better situated for health care reform. It also amended the LMFT internship section to allow the same amount of internship for LMFTs as LPCs
- Passed SB 491, which allowed teens to self-refer to access care from LPCs and LMFTs.
- Worked on HB 2737, which allowed independent mental health clinics to more easily bill insurance, which had the effect of increasing the availability of internships. The bill passed.
- Testified in support of a failed bill to require insurers to be more transparent in their determination of reimbursement rates.
- Helped with the merger of the Oregon Mental Health Counselors Association and ORCA to give COPACT a more secure funding base.

2014

- Hired lobbyist Elizabeth Remley following Maura Roche's retirement.
- During the short legislative session, set up an efficient structure to evaluate bills.

2015

- Participated with the Oregon Insurance Commission work group as it created a bill to address how to define insurance network adequacy.
- Evaluated 88 mental health bills during the long legislative session,

- Supported HB 2307, which prohibits the use of Conversion Therapy on minors.
- Supported HB 2796, which set up licensure process for Music Therapists.
- Helped clarify and support HB 2023, which set up policies for hospitals when discharging mental health clients.
- Supported HB 430, which prohibits licensure boards from issuing a license to a person with a conviction for sex crimes.
- Supported HB 2468, which directs the Oregon Insurance Division to establish specifics for making provider networks more accessible for clients and providers.
- Supported HB 832, which allows for full reimbursement of mental health services provided in a primary care setting and opens that treatment setting to LPCs and LMFTs.
- Closely watched HB 3347, which makes it easier for courts to commit a mental health patient under the basic personal needs criteria.
- Kept an eye on SB 901, which requires insurers to directly reimburse an out-of-network provider who bills the insurer.
- Met with Senator Wyden's staff to lobby for a bill he sponsored in the US Senate to extend Medicare reimbursement rights to LMFTs and LPCs.

2016

- Throughout the year, met with the Insurance Commission work group that was trying to define what makes an adequate provider network.
- During the short session, kept an eye on a number of mental health related bills including SB 1558, which protects students' mental health records. This was an attempt to protect the privacy of survivors of sexual assault on college campuses.
- Met with the Insurance Commission to address how reimbursement cuts have a negative effect on access to mental health care for Oregonians.
- Met with the Oregon Health Authority to address increasing caseloads for therapists working in Community Mental Health Programs.

2017

- Evaluated 74 bills that had an impact on mental health services and LPCs and LMFTs.
- Protected the rights of LMFTs and LPCs to use art in their practices and to provide services to sex offenders.
- Supported Art Therapists in their successful effort to obtain state licensure.
- Successfully fought against legislative efforts to define required topics for continuing education training
- Closely watched a failed bill, which would have allowed clients to receive psychiatric medications from qualified and supervised

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