



# THE COUNSELOR

## Past President's Message

What a beautiful summer it has been in Oregon!

This is my last letter as President (Past President by the time you read this), and I would like to humbly thank you all for allowing me to serve as your Oregon Counseling Association President for the last year. It has been an absolute honor and an incredible experience to have been in this position. I am extremely proud of our association and our members (you!) for stepping up when it comes to advocacy. It's also been a privilege to meet so many of you at CE and/or networking events. I am not leaving ORCA, as I will serve as the Past President for the next year, and if you know me at all, I'll probably stick around. I have been elected as the ACA Western Region Chair Elect, so I will be representing our wonderful region at various ACA events— "West is Best!"

In the issue of *The Counselor*, our new President Alana Ogilvie writes about our experience at last month's ACA Institute for Leadership Training (ILT), along with our day at the United States Capitol advocating for counselors, therapists, our clients, and our community. What an amazing experience that I was thrilled to be a part of for the 3rd year in a row! Make sure to read her article on this below— it's always an invigorating and empowering experience to lobby in D.C.

The day after we got back from (well, about 10 hours after) Washington, D.C., I attended the ORCA summer potluck picnic, where we had a great turnout of members (including many ORCA Board members), with their kids and pups— SO. MANY. adorable pups! (See the update & picture in *this* newsletter).

I would also like to welcome our newest ORCA Board members: Human Rights Chair Lindsey Lundin; Membership Chair Tamara Randall; and Grad Programs Chair Sarah Kushner. We are thrilled and oh-so-lucky to have these amazing humans serving on our Board. Let's welcome them!

ORCA is still looking for a newsletter editor (yes, of *this* very awesome newsletter), so please email me if you are interested.

We also hope to see you all at the Fall conference on Nov 8-9 at the Tolovana Inn in Cannon Beach, OR. If you haven't seen all the social media posts yet, there is more info in this newsletter on our conference called "Every Body is a Beach Body", with presentations on body diversity, weight bias in session, body trust, and fat pleasure; then a yoga session for bigger bodies. We'll also have a Networking event on the first night. Register [HERE](#) by October 1st to get Early Bird rates!

Additionally, ORCA has some awesome new events coming in Spring 2020, so keep an eye out on social media! So make sure to "friend" us on [Facebook](#) and watch your listserv emails for more info soon.

Again, it has been an honor serving as your leader for the last year, and I cannot wait to continue the work with you all of empowering our profession, one counselor at a time. Take care, you amazing counselors and therapists, and enjoy that sunshine!

Gianna Russo-Mitma, M.S., LMFT  
Past President, Oregon Counseling Association  
[pastpresident@or-counseling.org](mailto:pastpresident@or-counseling.org)

The Counselor is the quarterly newsletter of the Oregon Counseling Association



Oregon **COUNSELING** Association

**Volunteer Staff**

Gianna Russo-Mitma, ORCA Past President

Melissa Chernaik, ORCA Communications Chair

For information about advertising or submitting articles, contact [editor@or-counseling.org](mailto:editor@or-counseling.org)

**Membership Info**

Information about ORCA membership may be obtained online at [www.or-counseling.org](http://www.or-counseling.org)

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ORCA reserves the right to edit all copy and refuse ads that are not consonant with the principles of Title VII of the Civil Rights Act of 1964 (EEO). Publication of an advertisement in *The Counselor* is not an endorsement of the advertiser or of the products or services advertised.

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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.

**In this issue:**  
**Summer Picnic Update ..... 3**  
**Lobbying for Counselors @ U.S. Capitol ... 5**  
**Working with Neurological Challenges ... 8**  
**COPACT Update ..... 12**  
**Advocacy & Policy Language 101 ..... 16**

**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.



Oregon **COUNSELING** Association

# ORCA Networking: Annual Picnic



## by April Dodson, ORCA Networking Chair

On Sunday, July 21st, ORCA hosted our annual networking potluck picnic at Sellwood Park in Portland. It was a wonderful opportunity to meet new folks, catch up with old colleagues and friends, and play with adorable dogs! Thank you to everyone who joined us! We love seeing folks meet others in their community to connect with, so we hope to see you at more Networking events. The next one will be at the Fall conference on Friday, November 8th in the evening after the day of CEs.



**“Every Body is a Beach Body” 2019 Conference**  
**Friday, November 8 - Saturday, November 9**  
**Tolovana Inn, Cannon Beach, Oregon**

**Friday All Day: 6 CEs**

“Bringing Body Positivity & Size Diversity Into Counseling” with  
 Dr. Cort Dorn-Medeiros & Dr. Stella Kerl-McClain  
 “Promoting Body Trust in Your Work” with Hilary Kinavey, LPC of Be Nourished  
 “Fat Pleasure” with Summer Brown, LMFT  
 (lunch provided by ORCA)

**Friday Evening:**

Networking reception

**Saturday Morning: 1 CE**

Yoga for Bigger Bodies with Julie Westlin-Naigus, LPC (everyone welcome)

**Register now at:**

[www.or-counseling.org](http://www.or-counseling.org)

Registration type	Early bird MEMBER (through 9/30/19)	Early bird NON-MEMBER (through 9/30/19)	Regular FOR ALL (starts 10/1/19)
Professional 1.5 day conference (Fri-Sat)	\$250	\$275	\$300
Student 1.5 day conference (Fri-Sat)	\$150	\$165	\$180
Professional Friday only	\$225	\$250	\$275
Student Friday only	\$125	\$145	\$160

**Prices:**

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

**Hotel rooms are available now for a discounted rate!**

Please call Tolovana Inn at (503) 436-2211 to make a room reservation. Single rooms start at \$79. Make sure to say you are attending the ORCA conference to get the special rate.



*The Oregon Counseling Association has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 2038. Programs that do not qualify for NBCC credit are clearly identified. The Oregon Counseling Association is solely responsible for all aspects of the programs.*

Register here: <http://www.or-counseling.org/>

## Advocating for Mental Health at the United States Capitol

by Alana Ogilvie, LMFT, ORCA President

The American Counseling Association (ACA) held its 11th Annual Institute for Leadership Training (ILT) in Washington, D.C. over one of the hottest weeks the area had seen that year! But despite the heat, Past-President Gianna Russo-Mitma and I were enthusiastic about the opportunity to meet with legislators and their staff to discuss the role of counselors and therapists in our state. I was particularly excited that my first true act as your President would be to represent all of you and your concerns at the federal level.

On the first day we heard from ACA leaders, journalists, and legislative assistants who gave their time to help us understand how business is done in the Capitol. In an attempt to prepare us for the following day's excursion to The Hill, we were provided with handouts for the most important issues facing the counseling profession and the bills we needed support on. Staffers told us what makes for a compelling case and the best ways to ask legislators for support. By the end of the day, I was physically exhausted but mentally invigorated. Gianna and I both felt prepared to walk into our senators' and respective representative's offices with confidence.

Wednesday morning we boarded the bus for the Capitol at 7:15am (that's 4:15am PST by the way, it was a difficult feat) and headed to the Capitol. I am sad to tell you that despite the early hour there was no reprieve from the sun; it was 95 degrees when we got off the bus and walked the grounds towards the Visitor Center to take our usual picture on the capitol steps. Thankfully we were provided with a room in the Visitor Center to collect ourselves (and to dry off) before we had our first meeting.

Gianna and I made our way to Senator Ron Wyden's office first and we were greeted by Natasha L. Rankin, the ACA's Chief Operating Officer. She shared with us that she is an Oregonian and while she works and lives in D.C., she greatly appreciated the opportunity to accompany us to our meetings. I am happy to say that from Wyden's office, to Merkley's, to Blumenauer's to Bonamici's, we became an unstoppable force.

As a powerhouse team of three we were able to stress how:

- The provider list for Medicare has not been updated since 1989. 30 years later, a large portion of the mental health workforce in America consists of LPC's and LMFT's. This means that exclusion of our professions from Medicare limits clients' access and ability to get the care they need.



- Support for House Bill 2431 (The Mental Health Professionals Workforce Shortage Repayment Act) would allow for improved access to counseling services. The bill would give areas where counselors are desperately needed the ability to attract new clinicians to these areas through loan repayment options.
- Funding grants for schools across the country to have school mental health services (i.e. school counselors), as well as trauma informed practice trainings for those professionals and bullying-prevention programs.

Every legislative assistant and correspondent we spoke to agreed that the need for counselors in our state is great. They then either reiterated their support and sponsorship of the bills we spoke to them about or agreed to follow-up with their legislator about lending their support. Natasha, Gianna, and I agreed that it could not have gone better!



Thursday was spent sharing with ACA leaders and fellow counselors our successes and frustrations. Counselors from states where mental health is not prioritized encountered resistance, lack of understanding, and general hostility. I recognized our great privilege living in a state where, at the federal level in particular, we have such supportive, empathic, and appreciative legislators.

ACA President Dr. Heather Trepal concluded ILT with the sentiment that all of us know why we pursued counseling as a profession. If a colleague or other professional asks you about your mission, what makes you do the work you do, without hesitation you would tell them about the moment you knew that mental health was your passion. But where we struggle is with the question “what is your mission for the profession?”



While the experience of ILT did not answer this question for me, my eyes have been opened to the impact counselors and our allies can have at various levels of advocacy. Whether we are lobbying for our inclusion in Medicare at the federal level, writing letters to our legislators in Salem, or advocating one-on-one with our clients, we all have the power to make a difference as mental health experts.

Onwards and upwards, my fellow counselors!

P.S. Gianna and I made it on to the American Counseling Association’s Twitter feed and their Instagram story! We’re fairly positive it’s because Natasha was regaling the ACA staff with our great successes. We’ll gladly take the recognition.

*Alana R. Ogilvie, LMFT is in private practice in Portland, OR. In her practice, Portland Sex Therapy, she works with individuals, couples and relationship groups on their journey to sexual health and wellness.*



ACA on the Capitol steps ↻

• • • • •

• ACA ILT Conference & •

• Advocating at Capitol Hill •

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Rep. Blumenauer's office ↻



## Working with Neurological Challenges

by Lavinia Magliocco, PSU Masters Student, Clinical Rehabilitation Counseling

This fall I'm beginning a Master's in Clinical Rehabilitation Counseling at Portland State University. After a professional career in ballet which was interrupted by a serious illness and various injuries, I recovered through Pilates and became certified in 1998, when I opened a studio with a therapeutic purpose in Portland, OR.

In 2003, I met my first client with a neurological disorder. Charcot-Marie Tooth (CMT) syndrome, also known as hereditary motor and sensory neuropathy (HMSN), is a group of inherited conditions that damage peripheral nerves resulting in muscle wasting in the lower legs, feet, and hands. It can appear at birth or develop over time. My client's father and brother were affected early in their lives. She was not compromised until her late forties, in the full flower of her professional career as a teacher and school principal, when she was told to prepare for life in a wheelchair within ten years. They did not take into account my client's determination. Though the medical model often conflates diagnosis with prognosis, doctors' predictions are not all fated to become reality.

Initially, I knew nothing about CMT. I had only my powers of observation and what my client related in her history to begin crafting a therapeutic Pilates strategy. My inexperience with neurological conditions combined with her fearlessness and enthusiasm turned out to be a blessing. I had no

preconceived notion of what she was capable of. Together, we began to explore what her body could do and what might be possible with various kinds of props and assistance. My goal was to allow her to safely experience as much movement as possible while also teaching her how to access muscles in her core that provided stability.

*(continued on next page)*

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Over the years opportunities to work with people affected by neurological conditions including Cerebral Palsy (CP), Progressive Spastic Paraplegia (PSP), and Guillaume Barre increased. I learned to appreciate each client's unique experience. Some clients had shame and discomfort with a disability. Other clients forged identities as disabled people. For each one who learned to move better, there were some who simply worked to not get worse. Slowing deterioration is a worthy goal. Change is difficult in the best of circumstances. Patterns are hard to let go of, whether they are movement patterns or habits of thought and emotion. I learned to let go of what I imagined was possible in order to honor what was actually achievable for each individual client.

Neurological disabilities come with numerous challenges. Clients dependent on public transportation can spend an entire day just to get to my studio and back home. This consumes huge amounts of their precious energy. The trauma of diagnosis late in an otherwise "normal" life as well as navigating a world not made for disabilities results in frequent exhaustion and anxiety.

Clients with CP often undergo numerous surgeries beginning in infancy - sometimes as many as 14 - to "correct" things like toe-walking and knock knees. For these clients, there is trauma from frequent surgical interventions. I am left guessing what a surgeon has done and how that will affect joint motion. When New Age self-healing expectations emerge, as they did with one client who believed she could reverse her disorder, how do I remain positive, encouraging, and open to possibility without fostering unrealistic expectations?

My first CMT client still comes for Pilates and travels around the world using nothing more than leg braces for assistance. Another client who initially used a walker and was driven to sessions by her husband, now does supported backbends, drives herself, and uses only a cane for balance. Successes are testaments to people's determination and capacity to push beyond their comfort zones. It may be important to note that both these clients were diagnosed later in life and managed to slow or even arrest predicted deterioration. Clients with disabilities from birth fare differently in part because they've never navigated gravity without severe compromise. I've wondered whether, having no somatic experience to compare their situation with, it is extraordinarily hard for them to conceive of moving differently. As I embark on my journey in Clinical Rehabilitation Counseling, I look forward to learning more comprehensive ways of serving this population.



*Lavinia Magliocco was a professional ballet dancer with New York's Metropolitan Opera Ballet before certifying in Pilates and moving to Portland in 1998 to open her therapeutic studio, Equipoise ~ enlightened exercise LLC. Passionate about anatomy and bio-kinetic movement, she also teaches Dance at Portland State University where she is beginning her Master's in Clinical Rehabilitation Counseling. She is a writer and holds a BA in English Literature. Find her at [www.epoise.net](http://www.epoise.net) and [www.thespaciousbody.com](http://www.thespaciousbody.com).*

# Problem Gambling Treatment: Online Training for Clinicians and Supervisors

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

## Training Series at a Glance:

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

Learn more and register at [graduate.lclark.edu/programs/continuing\\_education/counselors\\_and\\_therapists/](http://graduate.lclark.edu/programs/continuing_education/counselors_and_therapists/)

## Module Topics Areas:

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

Offered on behalf of:



## Professional Development for Counselors & Therapists

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

Saturday, September 21, 9 a.m.-4 p.m. | 6 CEUs

**The Couples Erotic Flow** Kyle Zrenchik, PhD, ACS, LMFT

Saturdays, October 5 & December 7, 9 a.m.-5:30 p.m. | 30 CEUs

**Gambling Counselor Pre-Certification I**

Rick Berman, MA, LPC, CGAC II; Mark Douglass, LPC, CADC III, CGAC II

Saturday, October 12, 9 a.m.-4 p.m. | 6 CEUs

**Creative Mindfulness: Balancing the 8 Dimensions of Wellness Using Art Journaling** Beth Ann Short MA, ATR-BC

Saturday, October 19, 9 a.m.-4 p.m. | 6 CEUs

**Transgender in America: Looking Back and Moving Forward**

Jenn Burleton, TransActive Gender Project

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

**Sex, Religion and Spirituality in the Therapy Room: The Ethics of Socially Just Integration** Elisabeth Esmiol Wilson, PhD

 [More at go.lclark.edu/graduate/counselors/workshops](http://go.lclark.edu/graduate/counselors/workshops)

## Understanding Personality for Clinical Professionals:

The Enneagram's 9 Points of View

**Friday-Saturday, September 6-7, 9 a.m.-4 p.m.**

12 CEUs, Dale Rhodes, MS, MA

This two-part workshop will provide an overview and in-depth study of the Enneagram tool, a dynamic system of nine personality types, and how it can be harnessed as an effective resource for both personal and professional applications. Day one will serve as an introduction to the tool, while day two will delve more deeply into the core psychological structures, motivations, areas of avoidance and primary defense mechanisms amongst the nine personality types. Participants will explore the dynamic nature of the system, including: stress/security states, fixations and addictive tendencies, type-specific interventions and counter/transference issues.

*\$225 by 8/15, Alumni save 20%. Single day rate available*

**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.*

## COPACT Update: The 2019 Legislature is now on the books

by Larry Conner, LPC, COPACT President, ORCA Public Policy & Advocacy Chair

We just completed a long legislative session in Salem. There was a lot of activity, much of it good, some of it not so much. I will give you a brief summary of what COPACT worked on over the last five months.

### The Mental Health Legislature?

This was expected to be a legislative session largely focused on mental health care. In the first weeks of the session, COPACT evaluated 85 bills related to mental health. Later in the session we looked at 20 or so more. Many of them were excellent bills we supported. Some were troubling. During the session, budgetary issues predominated. COPACT supported the Medicaid Budget and the tobacco tax needed to pay for it. Both eventually passed. But as we have learned so often, mental health is not the first priority in the budget, so total mental health spending was actually reduced, and most of the bills we were supporting did not pass due to their fiscal impact. Oregon's budgetary challenges continue to be hard to overcome and mental health care suffers.

### Bills COPACT supported that passed

**HB 2011** defines that health care professional boards must require licensees to complete cultural competency continuing education. COPACT supported this bill. We also worked to get included in it, language that requires licensure boards to keep in mind the availability of cultural competency trainings when setting requirements. At the same time, we were able to help House Leadership understand how much we don't want the Legislature micromanaging what CEUs we need to take.

**SB 423 and 424** both have to do with mental health and law enforcement. One bill requires that law enforcement agencies can hire only persons who have had a psychological evaluation. The other bill requires law enforcement agencies to set up mental health wellness policies for their law enforcement staff.

**SB 770** establishes a task force to design a Health Care for All Oregon Plan to provide publicly funded health care to all Oregonians (HB 2012 went into this bill)

**HB 2447** requires the Oregon Health Authority to convene a forum for vertically integrated, nonprofit health care systems to envision a health care delivery system of the future.

(continued on next page)

## EXISTENTIAL-HUMANISTIC NORTHWEST

*living authentically - authentically engaging*

*Annual Workshop*

### Rebuilding from the Inside Out:

Somatic Interventions for Individuals, Couples, and Groups



Theresa Beldon, MFT & Kitty Chelton, MFT

This workshop is intended for clinicians who are interested in learning how to recognize, respond to, and help clients learn to regulate problematic emotional arousal. Participants will learn somatic exercises to help with Auto-regulation, Self-regulation, and Co-regulation in individuals, couples, and groups.

Oxford Suites Portland – Jantzen Beach  
12226 N. Jantzen Drive, Portland, Oregon

September 28, 2019 6 CEU's pending

Information and registration at [ehnwpx.org](http://ehnwpx.org)



**Bills COPACT supported that failed**

The bills that passed are only a small percentage of bills we supported. The other bills we supported largely failed because of budgetary issues. The ones we were especially committed to that did not make it covered insurance preauthorization and utilization review, increasing diversity in graduate mental health programs, provider panel access, managing suicidal persons in Emergency Departments, and many others. There were many good bills that did not make it. The bills that did not die because of a lack of funding, died during the chaotic ending of the session just because there was not time to pass them.

**Bills COPACT successfully opposed**

**HB 2930** would have prohibited Public Employees' Benefit Board and Oregon Educators Benefit Board from contracting with mental health providers unless those mental health providers worked with Oregon Health Plan patients. This was a well-meaning bill that was seeking to improve access to mental health care for OHP clients. Your lobbyist, Elizabeth Remley, was able to explain to the sponsors that the challenges for private practitioners to get access to OHP clients would make it impossible for them to contract to serve teachers or public employees. The sponsors tabled the bill. Stopping this bill was one of our first priorities.

**SB 808** would have required health professionals to take Suicide Assessment and Intervention CEUs each license renewal period. Elizabeth's direct work with on this bill helped us make the point that some required CEUs make sense and some do not. As a result, this bill was tabled. COPACT started a dialogue with Legislators about how requiring us to take CEUs they think we need, can get in the way of our learning what we actually can use to help our particular clients. In the case of **HB 2011**, COPACT agreed that Cultural Competency Training could be helpful for our clients. At the same time, we made the point that requiring repeated trainings in Suicide Assessment and Intervention was unhelpful.

**SB 133** was a bill we worked hard to change. It went through three complete rewrites. We watched it carefully. Suddenly it turned into a bill that would have punished providers who refer clients out of state for mental health or chemical dependency treatment, if similar services were available in Oregon. We challenged that immediately, and the sponsors backed off to write its final form which prohibits kickbacks for referrals to chemical dependency or mental health treatment programs. The bill passed in that form.

**A Holdover from 2017: SB 860 and Mental Health Parity**

COPACT continues to stay engaged with the Department of Consumer and Business Services as they develop the report on SB 860 from the 2017 Legislative Session. As a result of SB 860, DCBS is in the middle of an investigation of insurance practices related to Oregon's mental health parity law, specifically focused on reimbursement cuts.

DCBS invited COPACT to attend quarterly updates on the progress of the bill, and two of those occurred during the session. Your lobbyist, Elizabeth Remley, and Larry Conner, along with members of OIMHP, attended those meetings. While DCBS cannot reveal much detail in advance of the report, staff indicated there will be significant work to do, both administratively and legislatively, as a result of the report. That suggests SB 860 may end up having a meaningful positive effect on mental health care providers in Oregon. We will have to wait and see. The report is due in September 2019, and we anticipate it will show there are significant disparities between reimbursement reductions for mental health services and physical health services. COPACT will continue to track the development of that report and work with legislative leadership to develop legislation to address the lack of parity for the 2020 Short Session.

**Your support for this work is essential. Please remember to keep your memberships in ORCA current, ideally with automatic renewal, and to donate to COPACT at [copactoregon.com](http://copactoregon.com). If you are interested in joining us, please contact us at [president@copactoregon.com](mailto:president@copactoregon.com).**

It is always an honor to advocate for you. The COPACT team deeply appreciates your support.

## Call for articles!

*The Counselor*, the quarterly newsletter of the Oregon Counseling Association, invites articles to be submitted for consideration for our Fall 2019 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.

**For Fall 2019, we would like articles to celebrate the upcoming Conference, “Every Body is a Beach Body”, so we would love to receive articles on: size diversity, body diversity, weight bias, fat liberation, and anything alike! We look forward to seeing the amazing things y’all can write!**

**Submission of articles, etc due for Fall on by October 1, 2019 to [editor@or-counseling.org](mailto:editor@or-counseling.org)**

This newsletter is always available to everyone, and may be found online [here](#). We welcome submissions from members of ORCA as well as non-members. Folks of color, LGBTQ folks, folks with disabilities, and other marginalized folks are particularly encouraged to share their voice and their experience. To include a range of perspectives, each article will be succinct-*ish*, with an ideal word count of between 400-1,000 words (not including references, figures, artwork, and photography, if you like).

With the certain knowledge that diverse perspectives make for a more skilled, savvy, and effective environment - and with awareness of the various ways that ORCA is impacted by varied -isms, we’re seeking to invite more diverse voices to participate in shaping ORCA’s future work. We hope this includes new voices coming on to serve on our Board (if pursuing a career as a licensed professional counselor), or to participate in committee meetings or other events, as well as by shaping the voice of this newsletter.

Thanks for your time!

The Oregon Counseling Association



## 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!

As you know, ORCA puts out this quarterly newsletter, *The Counselor*, in February, May, August, and November.

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 Gianna Russo-Mitma at [pastpresident@or-counseling.org](mailto:pastpresident@or-counseling.org) (Gianna used to be the newsletter editor long before she became President!)

We look forward to hearing from you creative folks!

- Oregon Counseling Association

## Advocacy & Policy Language 101: Terms we can all understand

*Do you ever get confused when you hear all the policy and legal talk around counseling and therapy? What does reading a bill even mean or what do we look for? What happens afterward? What are all these acronyms? Here's a helpful sheet to welcome you to the world of mental health policy and working with COPACT.*

•**COPACT:** Coalition of Oregon Professional Associations for Counseling and Therapy (works under the direction of ORCA & OAMFT) - since 2010

•**Thorn Run Partners:** the name of our lobbying company. Elizabeth Remley and Rachael Wiggins Emory are our primary lobbyists. Occasionally we will be helped by other members of their team.

### **Professional Organizations:**

•ORCA: Oregon Counseling Association

•OAMFT: Oregon Association of Marriage and Family Therapy

•ACA: American Counseling Association (ORCA is a state branch of this) ORCA members are not required to be members of ACA.

•AAMFT: American Association for Marriage and Family Therapy OAMFT is an interest group in AAMFT. OAMFT members must be members of AAMFT.

•OMHCA: The Oregon Mental Health Counseling Association - Merged with ORCA in 2013.

•OSCA: Oregon School Counselor Association. COPACT will rarely work on behalf of school counselors.

•NASW-OR: National Association of Social Workers, Oregon Chapter

•OPA: Oregon Psychological Association

•AMHA: American Mental Health Alliance - a practice group in Oregon that has moved into politics through its Willamette Valley group, OIMHP (Oregon Independent Mental Health Professionals)

\*NAMI: National Alliance on Mental Illness. A patient advocacy and lobbying organization.

•Informal Mental Health Coalition: an informal working group consisting of COPACT, OPA, NASW-OR, OIMHP, and NAMI, that works together on mental health legislation in Oregon.

### **Administrative Agencies:**

•OBLPCT: Oregon Board of Licensed Professional Counselors and Therapists - licensing board for LPCs and LMFTs. Exists to protect the public and define the licensure process since 1989.

•Oregon Board of Psychology: licensure board for psychologists

•Board of Licensed Social Workers: licensure board for social workers

•MHACBO: Mental Health and Addictions Counselors Board of Oregon. Certifies QMHAs and QMHPs.

•QMHA: Qualified Mental Health Associates who work in community mental health centers with a bachelors degree or less. Includes many CADCs.

•QMHP: Qualified Mental Health Professional who work in community mental health centers with a masters degree or a BS in Nursing, and who do not qualify for licensure.

•CADCs: Certified Alcohol and Drug Counselors.

•OHA: Oregon Health Authority - Responsible for a large part of the mental health system in Oregon including the Oregon Health Plan, community mental health, CCOs, Oregon State Hospital and other mental hospital facilities.

•OHP: Oregon Health Plan - Insurance for persons on Medicaid. Usually administered through CCOs

•CCOs: Coordinated Care Organizations - private insurers that cover OHP clients. Each CCO has a region of the state to cover OHP clients. Some CCOs are non-profit. Some are for-profit.

•DCBS: Dept of Consumer and Business Services which includes the Division of Financial Regulation (DFR), which oversees the commercial insurance industry in Oregon.

### **Legislative Information:**

•Legislative Concept (LC): an initial rough draft for a bill that is written by the Office of Legislative Counsel.

•Office of Legislative Counsel: The Legislature's lawyers. They draft bills and amendments. Just to confuse everyone, it is also referred to as LC.

•HB: House Bill - A bill that originates in the House.

•SB: Senate Bill - A bill that originates in the Senate.  
(continued on next page)

## Advocacy Language (*continued*)

•Amendment: language that is being added to a statute or a bill. Most of the bills we work with are amendments to existing statutes. Occasionally we will see a bill that might become a brand new statute. When reading a bill, pay attention to **bold** and *[bracketed italics]*:

- **Bold print:** language that is being added.
- *[italics and bracketed print]:* Language that is being deleted.

Bills can only be amended in committee, not on the House or Senate floors like in Congress.

•House and Senate Health Care Committees: the committees where most mental health legislation shows up. Occasionally we will deal with a bill in the House or Senate Human Services Committee, the Judiciary Committee or the Joint Ways and Means Committee.

•Joint Ways and Means Committee: If any bill has a fiscal effect on the state budget it must go to this committee, which is made up of both Representatives and Senators, to assess the financial effect of the bill to see if there is money in the budget to cover the cost. This is also the place where many bills go to die, sometimes because there are no funds available, and sometimes to just die quietly.

•Relating Clause: the initial statement of what a bill pertains to, that appears at the beginning of the bill. If a bill's relating clause is limited to a particular group of people or agency, that is all the bill can contain, and it cannot be amended to include anything else. If a relating clause is broad, it can be amended in unexpected directions.

•Placeholder: a bill with a broad relating clause that is likely not going to proceed as written, but will likely be amended to become something very different.

•Sponsors: legislators who have agreed to sponsor a particular bill. Some bills are proposed directly by a committee or the Governor's office.

•Carrying a bill: when a committee passes a bill out of committee, they choose a committee member to carry the bill into the House or Senate Chamber and to manage the debate for the bill's passage.

•Sunset Provision: a limit on the time a bill is in force. Some bills are written as temporary statutes and the date to end the life of the statute is called the Sunset.

•Effective Date: Most bills are written to come into force on the turn of the next calendar year. Other bills are written as emergencies that come into force immediately upon passage.

•Long Session (odd # years): About first week in February until June. This is when most big pieces of legislation are passed, as well as the state's two-year budget.

•Short Session (even # years): Last about 4-6 weeks and are largely designed to pass legislation related to the budget; Legislators have the right to propose a limited number of bills that are unrelated to the budget.

•SB 860: A bill that was passed several years ago that requires DCBS (the insurance commission) to study reductions in mental health reimbursement as potential violations of parity law. We talk about it often because we are watching closely the implementation process.

•Parity Law: An Oregon Law that requires that mental health care and physical health care are treated the same way by insurers.

•Insurance Statute: Chapter 743 of Oregon Revised Statutes that covers the insurance industry.

•ORS: Oregon Revised Statute is the collection of all Oregon laws passed by the legislature.

•OAR: Oregon Administrative Rule is a document written by an administrative board to flesh out the statute they work under. For example, OBLPCT works under the Practice Act (ORS 675.705 - 675.825) passed by the legislature and the Rule (OAR Chapter 833) written by OBLPCT. Law is a combination of Statute and Rule. LPCs and LMFTs are responsible to follow both the Statute and the Rule.

•The Practice Act, (ORS 675.705 - 675.825): the statute we passed in 2009 and which we work under. It officially identifies LPCs and LMFTs as core providers of mental health services in Oregon, alongside Psychiatrists, Nurse Practitioners, Psychologists, and LCSWs, and makes us eligible to receive insurance reimbursement.

•Title Act: a statutory definition that some people have earned a title, like LMFT or LPC, that those who don't qualify for licensure cannot use. In 1989, the initial licensure statute for LPCs and LMFTs was a Title Act.

•Practice Act: a much more complex statute that defines what a particular licensed health care profession provides and restricts the practice of that profession only to those who qualify for that license. We passed a Practice Act in 2009.

•Education Exemption: a complexity within our Practice Act defining that our statute only applies to those persons who have the required educational training to become LPCs or LMFTs. The Education Exemption, ORS 675.825(4), was written as a political compromise to allow Alternative Providers, who do not qualify for licensure, to not be put out of business by our Practice Act.

## 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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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](mailto:president@or-counseling.org)