



# THE COUNSELOR

## President's Message

Happy Fall, ORCA members!

This marks my first message as your ORCA President! It is truly an honor to be in this position, and I thank all of you! I spent my first couple of weeks as President at ACA's Institute for Leadership Training (ILT) in Washington, D.C. (see page 24 for more). ORCA's Secretary, Sofia Jasani, and I spent time advocating for folks on Medicare, youth with trauma, and having overall better trauma-informed educators.

I would first like to welcome new ORCA Committee Chairs Neil Panchmatia for Human Rights and Mike Running for Technology. Welcome to the team, y'all!

In early September, ACA's Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) hosted it's national conference in Portland, OR! We were thrilled to host the leaders of this National Division and attend powerful trainings on intersectional advocacy, blended families, more inclusive sex education, intersection of religion and LGBT, body image with LGBT youth, and more! We were also excited to unveil ORCA's new division, [OALGBTIC](#), with their Board members Dr. Deanna Cor and Dr. Javier Casado-Perez. You can [join now!](#)

Also in September, the ORCA Board voted, for the first time in its history, for COPACT ([The Coalition of Professional Associations for Counseling and Therapy](#)) is to support/oppose ballot measures 102, 105, and 106 in the 2018 election via the Voter's Pamphlet. If you haven't heard about this, please read our statement on our website [here](#) or on page 5 of this newsletter. In addition, if you would like to donate to COPACT to continue access to mental health care and protection of counselors and our clients, please go to their website [here](#).

The Oregon Counseling Association has many exciting things coming up this year. **Make sure to "friend" us on Facebook and watch your listserv emails for more info soon!**

On November 9th, our event "The Culturally Informed Counselor" will present two amazing speakers that will be offering 6 hours of cultural competency CEs that day: [Dr. Cheryl Forster](#) & [Dr. Crystallee Crain](#). Check out more [here!](#)

We will also be hosting a Winter Networking event on Friday, December 7th. See more on page 28.

A new venture that ORCA is embarking on is creating a state division of the Association for Multicultural Counseling and Development ([AMCD](#)). On January 18, ORCA Secretary Sofia Jasani and Human Rights Chair Neil Panchmatia will be hosting a Counselors of Color Reception to work on goals for this division.

In March, we'll be hosting our Spring CE event with Ethics training in the morning, and joining COPACT's "Lobby Day" advocating with our lobbyist and legislators in the afternoon.

Thank you for your continued support and Happy Fall! See you in November!

Sincerely,

Gianna Russo-Mitma, M.S., LMFT

President, Oregon Counseling Association



Oregon  
**COUNSELING**  
Association

The Counselor is the quarterly newsletter of the Oregon Counseling Association

### Volunteer Staff

Moira Ryan, Editor

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)

### Advertising Policy

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.

### Statement on Anti-Discrimination

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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## 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

## Part of the Solution: Providing Clinical Assessments for Asylum Seekers

by Georgia King, LCSW

Over the past months, the inhumane treatment of immigrants has made national headlines, and clinicians across the country have been anxious to find ways to get involved. Some are documenting conditions at the border, others contacting government representatives, signing petitions, and providing counseling for immigrants. However, most clinicians don't know that one of the most powerful ways to advocate is actually by working within the legal system itself.

Through partnering with immigration lawyers, clinicians can interview immigrants and provide clinical assessments as evidence in immigration cases. For instance, in asylum cases, clinicians document any signs of PTSD that an immigrant may be experiencing. This documentation will provide evidence of the fact that the person suffered persecution in their home country, and needs asylum in the U.S. Clinicians can also work on a variety of immigration cases, including ones which protect families in danger of being separated.

About 6 years ago, I stumbled into this work by accident, and over time it's become the main focus of my private practice. My mission is now to spread the word to other clinicians about these amazing opportunities, and to train therapists who would like to get involved. I find that providing these assessments is an incredible way to advocate, because it works! These assessments provide powerful evidence for an immigrant's case, and often it's the only evidence the person has. A clinical assessment can easily be the deciding factor in helping a family stay together, or helping a refugee get asylum.

Clients come from a wide range of backgrounds, and from countries all over the world. For example, one of my current clients is an Iranian woman who fled to the US after facing deadly political persecution. Her brother had been imprisoned and executed in Iran, and if she's forced to return, she will most likely meet the same fate. In another case, I'm working with a U.S. citizen who's in a state of desperation, because his wife, an undocumented immigrant, could be picked up and deported at any moment.

There is a huge amount of diversity among immigrant clients, in terms of wealth, education, and resources. Some have fled to the U.S. with nothing but the clothes on their backs; others have an MBA or PhD, and work as accountants or academic researchers. Because of this, not only am I able to create new referral sources and streams of income, I'm also able to provide pro bono services to clients with financial need. I'm very grateful to be doing this meaningful, often life-saving, work. Because I get so many requests from therapists eager to learn about immigration assessments, I offer live webinar workshops on how to get started doing this work.

*(Continued on p. 4)*

*(Clinical Assessments continued from p. 3)*

Counselors, in addition to social workers and psychologists, are often eligible to provide immigration assessments. Regulations vary from state-to-state regarding which Masters-level clinicians are eligible, so it's always a good idea to check with your state licensing board first.

At this moment in time, there's a critical need for clinicians to do this life-changing work. It's such a joy for me to train other therapists to advocate in this unique and powerful way. If you'd like to learn more about the workshops, feel free to email me at [contact@GeorgiaKingTherapy.com](mailto:contact@GeorgiaKingTherapy.com).



**Georgia King, LCSW** is a psychotherapist specializing in immigration law and works with lawyers throughout California and Washington, DC, providing clinical assessments for immigration cases. She has conducted more than 80 assessments, which have supported cases with very high success rates. Georgia has trained with the advocacy group Physicians for Human Rights and has been part of their pro bono asylum program since 2012. Georgia regularly appears in court as an expert witness for asylum cases, and has been a guest speaker at the Georgetown Law School, teaching law students about the impact of trauma on asylum seekers.

## Professional Development for Counselors & Therapists

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

Friday-Saturday, December 7-8, 8:30 a.m.-4:30 p.m. | 14 CEUs

### **Applied Suicide Intervention Skills Training (ASIST)**

Leslie Rodgers, LCSW, and Kathy Wilson-Fey, MA

Friday, February 22, 9 a.m.-4 p.m. | 6 CEUs

### **Introduction to Using Visual Arts in Clinical Practice**

Maru Serricchio, LMFT, ATR

Wednesday-Thursday, February 27-28, March 6-7

8:30 a.m.-5 p.m. | 30 CEUs

### **Clinical Supervision** James Gurule, MA, LPC

Sunday, March 3, 9 a.m.-12 p.m. | 3 CEUs

### **Interrupting Hate in Public Spaces** Rabbi Debra Kolodny, JD

Friday, April 12, 9 a.m.-5 p.m. | 7 CEUs

### **Working with Trauma Survivors Who Have Addictive Disorders: An Introduction to Seeking Safety**

Rick Berman, MA, LPC, CGAC II

Friday, May 10, 9 a.m.-4 p.m. | 6 CEUs

### **Changing Minds and Integrating Brains: Clinical Applications of Interpersonal Neurobiology** Debra Pearce-McCall, PhD

### **Starting a Nonprofit for Social Services** with Special Focus on Mental Health and Addictions Counseling

Saturday, December 8, 9 a.m.-4:30 p.m.  
6.5 CEUs, Katelyn Bessette, LPC, CADC-III, NCC



Starting a nonprofit requires patience, time, and perseverance. Workshop participants will learn the basics of creating a nonprofit, and what it takes to turn a lofty idea to a real, tangible business. We will discuss the step by step

process of starting a nonprofit, history and social justice, equity and health gaps, legal requirements, funding, and more. Additionally, we will brainstorm a concept for their organization, or find clarity around an existing idea. \$125 before 11/15

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



## Statement on Oregon Ballot Measures 102, 105 & 106

by Gianna Russo-Mitma, ORCA President

As you know, it's an election year and November is quickly approaching. As a non-profit organization, it is the Oregon Counseling Association's choice (and duty) to fight for the well-being of all Oregonians, whether they be counselors, clients, both, or neither.

There are [three measures on the ballot this November](#) that we, as a Board, voted to take a stance on through COPACT. COPACT ([The Coalition of Professional Associations for Counseling and Therapy](#)) is the organization that works with our lobbyist to ensure that we are protected as counselors and therapists, as well as making sure that our clients and their mental health is protected, and allowing ethical policies to progress. This election cycle, you will see COPACT's name in the Voter's Pamphlet.

This is a new and historic move on ORCA's part, as we believe it is our ethical obligation to stand up for fairness, justice, and access to health care.

### **Ballot Measure 102**

COPACT publicly supports a **YES** vote. This is something that affects many folks in Oregon, especially low income folks and families. This measure would allow local governments to fund and construct more affordable housing, which is desperately needed across Oregon. It passed the legislature with bipartisan support and requires voter approval.

### **Ballot Measure 105**

COPACT publicly supports a **NO** vote. [Measure 105](#) would throw out Oregon's existing "sanctuary" law. This law passed with broad support from Republicans and Democrats and has been protecting Oregonians from unfair racial profiling for more than 30 years. If Measure 105 passes, it could open the door to racial profiling and families being separated, simply because someone is perceived to be an undocumented immigrant. As counselors, we know how deeply harmful and traumatic such family separations are to children. A "no" vote on Measure 105 will keep the existing law in place, ensuring that local police resources are not used to pursue and detain people based solely on suspicion about their immigration status, while also ensuring that local police can continue to hold anyone - regardless of their immigration status - accountable who commits a crime.

*(Continued on p. 6)*



(Ballot Measures continued from p. 5)

## **Ballot Measure 106**

COPACT publicly supports a **NO** vote. This measure targets and disproportionately harms low-income women and public employees, by prohibiting any public funds for abortion, with narrow exceptions. This means that those Oregonians who access health care through OHP, and those who are public sector workers— such as teachers, nurses, and firefighters— would have their reproductive health care options limited. In cherry-picking and prohibiting certain aspects of health care based on ideology, Measure 106 sets a dangerous precedent that could open the door to limiting other types of care, such as coverage for gender affirming care, for example. It is our ethical obligation to stand up for all Oregonians, and this measure disproportionately targets women and low income folks, contradicting who we are as healers.

If you would like to know more about ORCA and our Advocacy efforts, please visit [our website](#). If you would like to donate to COPACT, please visit [their website](#).

Get out there in November and VOTE! Vote like your life depends on it, because it does. And if your life doesn't depend on it, please use that privilege and power to help other folks!

Let's continue to empower not only this profession, but the folks we stand up for everyday.

Thank you.



**Gianna Russo-Mitma, M.S., LMFT**

President, Oregon Counseling Association



### **Upcoming 4<sup>th</sup> Friday Presentations with the Oregon MH CE Consortium**

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

Not sure how to do a webinar? We'll do a free trial run with you prior to the event to make sure you've got the hang of it!

#### **October 26 \* 9-12 and/or 1-4**

Ethics of Cultural Self-Awareness  
+ Social Justice  
Tanya Prather, PhD

#### **November 16 \* 9-12 and/or 1-4 (3rd Friday) - TBD**

#### **DECEMBER GIVING!**

Donate \$100 to *any* charity, show us your receipt, and receive a live or recorded 3 CE webinar of your choice through June, 2019!

#### **January 25 \* 9-12 and/or 1-4**

Clinical Supervision  
Justin Farrell, LICSW

For more info and to register, go to [www.ormhceu.com](http://www.ormhceu.com). Interested in presenting? Find out how on our website.

#### **Who We Are**

We are a group of multidisciplinary, licensed mental health professionals dedicated to bringing you meaningful CEs in a warm, inviting format delivered by NW local and regional experts.

#### **What We Offer**

CEs every 4th Friday  
in person or via interactive webinar  
10% donated to charity every time.



Professional Development & Education

**"The Culturally Informed Counselor"**

(6 Cultural Competency CEs available!)

**Friday, November 9, 2018 @ 9 am - 4 pm** (Registration @ 8:30 am)

**Mark Spencer Hotel in downtown Portland**

**Speakers & Topics:**

"Foundations of Intercultural Communication and Conflict"

**Cheryl Forster, Psy.D.**

"Applying an Intersectional Framework to a Culturally Informed Response to Trauma"

**Crystallee Crain, Ph.D.**

**Following the event:**

**Networking happy hour & ORCA awards ceremony**

(free snacks & non-alcohol drinks & cash bar)

**Prices:**

ORCA Member \$130

Non-Member \$180

Join ORCA now & attend \$155

Students & Interns \$100

Day of/At the door \$200

**Register now: [www.or-counseling.org/PDE](http://www.or-counseling.org/PDE)**



*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.*

## On Unionizing

by Larry Conner, MA, LPC  
COPACT Government Relations Chair

My career as a professional counselor started 31 years ago. My first jobs were in two chemical dependency treatment programs and on a crisis team in a community mental health program. I happen to believe it is a good idea to work in various areas of the mental health system when you are early in your career, finding your path into the field. Registered interns need clinical hours and supervision, and historically both were available in agencies. Registered interns also need experience with various types of clients with different types of mental illness.

This makes sense to me now as someone who has been in private practice for 26 years. All of my varied experience early in my career has made me much more confident and skilled throughout my years of private practice. I received excellent supervision from a number of experienced and skilled supervisors employed by the agencies where I worked.

So, why am I writing this? The system of “apprenticeship” in mental health centers in Oregon appears to me to be breaking down. These days an intern working in community mental health is likely facing three major challenges: brutal caseloads, a lack of adequate supervision, and low pay. To my mind, the system of mental health “apprenticeship” sounds like it has become a system of exploitation.

Here are some troubling examples of what COPACT is hearing about. Many Registered Interns carry caseloads that even an experienced clinician would blanch at. We have heard of new graduates carrying up to 100 clients with serious and pervasive mental illness. Because of those caseloads, new graduates are forced to engage in what they consider to be unethical treatment, seeing seriously disturbed individuals for short sessions spread out over unreasonably long periods of time. They are being required to terminate services with clients before they think the client is ready to end services. COPACT is hearing about many new graduates burning out quickly with the big caseloads and forced unethical choices, and they are leaving the field. That is tragic because those new clinicians have put great effort and financial resources into getting their degrees, and they usually carry big student loan debt. Furthermore, the mental health field has invested a lot of time and energy in getting them trained through graduate school and practicums.

The second example of the system breaking down is that COPACT is hearing about Registered Interns not consistently receiving supervision through their agencies, or receiving supervision from a clinician who is newly licensed, and who has limited experience. In many cases Interns have to purchase supervision from an outside source, something that can be quite expensive.

*(Continued on p. 9)*

(On *Unionizing* continued from p. 8)

**All internships should include reasonable caseloads, strong experienced supervision, and good pay. It is as simple as that.**

That brings us to the third example of the system not working well: Clinicians in Community Mental Health Programs are severely underpaid. How are Registered Interns supposed to be able to afford to purchase adequate supervision if their pay is ridiculously low?

COPACT met with Oregon Health Authority Leadership two years ago to try to address some of these issues. We were especially strong in our expression of concern about the huge caseload issue. What we heard at that time was that OHA was not focused on that issue at that moment because it was deeply involved in the implementation of Health Care Reform and the buildout of the CCOs. Unfortunately, we have not seen any change since then in reduced caseloads, consistent supervision, or improved pay.

Over the last several months, COPACT has heard of efforts to unionize workers in community mental health centers in Multnomah County. I can fully understand why clinicians would want to unionize. How else can they seek working conditions that are supportive of their ethical professional development? How else can they find a way to pay their bills?

Our profession is extremely important. New therapists are essential to the health of our profession, and the mental health of countless vulnerable Oregonians. It is tragic that many of those therapists are burning out quickly and leaving

the field. The way it is going, the therapy profession will become sick, and our citizens will suffer enormously.

My message is clear: All internships should include reasonable caseloads, strong experienced supervision, and good pay. It is as simple as that. I am hoping that the managements of the community mental health centers and mental health agencies throughout the state get the message, that working new therapists to the bone while paying them low wages is cruel, unethical, unhelpful, and destructive to the mental health of our state. I hope they hear the message. Now.



**Larry Conner, MA, LPC** is the Government Relations Chair of COPACT.



### CONTINUING ED OPPORTUNITIES

#### INTERSECTING IDENTITIES IN THERAPY

(This fulfills the cultural competency requirement)

Presented by Summer Brown, LMFT

FRIDAY, JANUARY 18, 2019 3.0 CEUs

#### EMOTIONALLY FOCUSED THERAPY (EFT) FOR INDIVIDUALS

Presented by Jamie Levin-Edwards, Psy.D. and Charles Edwards, PhD

FRIDAY, APRIL 26, 2019 4.0 CEUs

#### ESSENTIAL LEGAL-ETHICAL ISSUES IN ONLINE THERAPY

Presented by Roy Huggins, LPC, NCC

FRIDAY, JUNE 14, 2019 4.0 CEUs

To Register: [PacificNWProviders@gmail.com](mailto:PacificNWProviders@gmail.com)  
Learn more: <http://www.pacificnorthwestproviders.com/events>

## 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.

COPACT has two funding sources: ORCA membership dues and direct donations.

### 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 psychologists.
- Helped develop and worked to pass **SB 860**, which creates a structure to evaluate mental health reimbursement reductions as potential violations of parity law. SB 860 may end over 20 years of steady reductions in mental health reimbursement rates in Oregon.
- Kept an eye on revenue raising strategies that would have increased taxes on all mental health related services. That effort died.
- Opposed an insurance company's new policy that would have increased out-of-pocket costs for clients. The company retracted that policy.

COPACT cannot do this alone. COPACT will continue to protect the interests of LPCs and LMFTs as long as you are able to give your financial support. Please donate at [copactoregon.com/donate](http://copactoregon.com/donate) and maintain your membership in ORCA.

## Chronic Mystery Illnesses: What Works

by Katie Playfair, LPC

My husband and I rarely gravitate towards the same types of TV shows so when *Afflicted*, a documentary series on people living with chronic mystery illnesses, appeared on Netflix, we jumped at the chance to watch something so relevant to both of our professional lives. He's a physician and I'm a counselor and we both see quite a bit of health-related suffering in our practices. *Afflicted* prompted so many conversations between us on how to improve our healthcare system to better serve clients suffering from these mystery conditions but the topic I want to focus on today is the vulnerability of these clients to exploitation by healthcare practitioners and our roles as mental health professionals in protecting them.

Nearly every person highlighted in *Afflicted* had suffered significant financial losses as a result of pursuing treatments for their chronic mystery illnesses. Certainly, some ethical healthcare practitioners were featured on the series but in many cases, as we listened to the assessments, diagnoses, and treatments doled out by (sometimes) licensed medical practitioners to these patients, we were in shock. The basic "science" they presented to support their care was often patently false and the treatments cost thousands of dollars of out of pocket expenses. We were literally shouting at the TV as we watched some scenes, saying "No, no, please don't do it! That's not going to work... They're stealing your money!! No!!!" Fortunately, in my private living room, I'm allowed to call out BS science, shout at people I disagree with, and I have an MD sitting next to me to error-check my assessments of validity of treatments. In my office, I am operating under a license to practice COUNSELING, not medicine, I don't have a physician to consult on a whim, and I have a real, vulnerable client in front of me who is desperate to find relief from their suffering. So what can we do in our official capacity as mental health practitioners to protect these clients from harm?

Here are my tips for working within our capacity as mental health care practitioners while helping protect our vulnerable clients:

1. Don't focus on whether the illness is "real" or "just" Illness Anxiety Disorder (IAD). It doesn't matter how medically "real" your client's condition is. Anyone who is relentlessly pursuing medical treatments from many different practitioners needs your support in living with a chronic illness and with not ruining themselves financially in doing so. Feeling stuck "being sick" 24/7/365 is the real problem. Sufferers of IAD have stopped living life, whether they're "medically sick" or not and this is ultimately the clinical problem we want to address.

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*(Mystery Illnesses continued from p. 11)*

2. Encourage/insist your client to find a primary care physician (PCP) who is board certified in Internal or Family Medicine, that they trust. Preferably, direct them to clinics who use a "Medical Home" model of care, which often includes medical social work support, sometimes psychiatric prescribing services, and more case management than a regular medical clinic. Establish communication with the PCP's office. Traditional PCP services, referrals, and recommendations are more likely to be covered by insurance so they're an essential part of your team. Traditionally trained MDs and DOs are also very good at doing a thorough medical workup of all the really scary and deadly stuff that might actually kill your client and not just reduce their quality of life. In fact, I INSIST that all clients with chronic diseases and/or IAD, get a thorough traditional medical exam and affirmation from their PCP that easily diagnosable and treatable conditions have been ruled out. The PCP can also be your approver of treatment plans that may require reduced engagement in medical treatment activities. They are licensed to answer the question, "Is it safe if my client..." This protects you ethically and legally. This does NOT mean that your client can't pursue other treatments from other types of practitioners. We just want one very qualified medical professional to be aware of everything the client is doing for their health.
3. Cultivate awareness and mindfulness about the time, mental energy, and

financial costs of their pursuit of treatment. Clients with chronic mystery illnesses are often not completely aware of just how much they invest in disease management. Keeping them mindful and oriented can help them make better decisions about the costs and benefits of further investment.

**Sufferers of Illness Anxiety Disorder have stopped living life, whether they're "medically sick" or not...**

**and this is ultimately the clinical problem we want to address.**

4. Focus on reengagement in valuable life activities rather than disengagement from disease-management activities. Stopping disease-management activities that aren't serving the client (as approved by the PCP), is very difficult. Like any safety behavior, doing less is terrifying. So doing less can be more easily done in the context of trading the time, money, or energy for something else very valuable to the client. Doing less does not mean not attending to the chronic disease - it means making a cost/benefit decision on various treatments and planning for a sustainable pace of medical treatment, knowing that for many mystery chronic diseases, the road is years, not weeks long.
5. Watch out for clues that your client is being preyed upon financially:

*(Continued on p. 13)*

*(Mystery Illnesses continued from p. 12)*

- a. Be aware of treatments that the client is paying for out of pocket that aren't covered by insurance. This is a warning sign to pay attention to but it doesn't automatically mean the practitioner is predatory! Some emerging treatments do not yet have enough evidence to warrant widespread use or to make it on an insurance company's "covered services" list but they end up being totally legitimate. For example, there is growing evidence that [sub-anesthetic doses of ketamine may be helpful for treatment resistant unipolar and bipolar depression](#). Yet, while many [insurance companies don't cover it yet](#), you can find evidence that insurers are considering the evidence at hand and may cover it in the future. A non-predatory practitioner will explain uncovered costs and give you the opportunity and resources to help clients advocate with their insurance company for coverage. They'll also often have programs for people with financial need to prevent the treatment from ruining clients financially.
- b. There are no peer-reviewed studies demonstrating the treatment's effectiveness. If a practitioner is relying on "in my experience," as opposed to studies that have been published in peer-reviewed journals to substantiate their treatments, they may be predators. A non-predatory practitioner will be very upfront about a novel combination of treatments being completely experimental and will discuss the benefits and risks of trying the new treatment, openly. If they don't present risks, that's another red flag.
- c. The practitioner isn't treating the cost of the treatment as a potential risk to client wellbeing. A high quality practitioner whose services will not be covered by your insurance should discuss with an estimated total cost of treatment with clients, what that expense means to their budget, and how to reduce its impact. They should also be open to discussing alternative treatment plans that may be less expensive.
- d. The treatment is characterized as a magical unicorn without a reasonable failure rate. Even strong evidence-based treatments for known afflictions can fail. Non-predatory practitioners will set reasonable expectations for the treatment and most treatments shouldn't be promised to be anywhere near 100% effective, especially for chronic mystery illnesses. A realistic "high" cure rate could be 60-80% for complicated cases of anything. Even prolonged exposure therapy for acute PTSD (gold standard treatment for wartime trauma) is somewhere around 90% effective. If a practitioner is making unrealistic promises in exchange for payment, that's a sign something may be amiss.
- e. Their approach is non-systematic/non-scientific. Any practitioner who suggests changing multiple variables at once when addressing a chronic mystery illness should be viewed skeptically. This isn't to say that if several well understood issues emerge in an initial examination, that they can't be treated simultaneously. (I think a doctor might be able to begin treating high blood pressure, thyroid problems, high cholesterol, and diabetes all at once if they were all diagnosed on the same day. I don't know for sure, but this wouldn't raise my personal alarm.) I become concerned when a patient walks out of a practitioner's office with 20 different supplements, all purchased from the practitioner's office (profit to the

*(Concluded on p. 14)*



Photo by Rvan Wilcox, MFT

*(Mystery Illnesses continued from p. 13)*

practitioner), with no particular plan of how to monitor how each intervention influences the patient's overall condition. Most of the alternative practitioners I collaborate with will change only a couple of variables each visit, using the scientific method (observe/examine, identify a question, form a hypothesis, conduct an experiment, collect and analyze data, draw a conclusion, and repeat) and peer-reviewed evidence to identify next steps.

You can use all of these “warning signs” to help your client maintain awareness of their investments in care, advocate for themselves, get second opinions, increase likelihood of a methodical approach, increase their own understanding of their health, and advocate for best practices WITHOUT giving any medical advice or getting yourself into trouble for practicing outside your scope.

Finally, expect to use your motivational interviewing skills intensely and for a long time. Especially for clients who are spending a majority of their time, energy, and money on resolving their illness, it can take a long time for them to recapture other valued activities in their lives. Many have developed the idea on

their own and others have been told by practitioners that the ONLY way to get better is to do more and abandon other valued things in life to focus on their health, often with the (perhaps false) promise that they will get better and do those valued things again, someday. Unfortunately, some chronic diseases will never get better and in my experience, it's best to help clients develop a sustainable approach to managing symptoms or treating the disease. Your client's PCP can be the ultimate “safety monitor” for determining how much a client can abandon disease management activities in exchange for engagement in other valued parts of their lives. My recommendation is to help clients do as much as is medically safe for them to do in terms of engaging in things other than “being sick.” Isn't that what we would do to help our clients with chronic or acute “known diseases” to do?



**Katie Playfair, LPC** has experience as a management consultant to technology teams. Now she uses both counseling and consulting skills to help individuals and organizations with career, work, and mental health challenges.



Photo by Gianna Russo-Mitma



### Are you a licensed mental health provider?

In just one hour a week, you can make a positive difference in the lives of post-9/11 veterans, active duty service members, and their families in your community.



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[www.returningveterans.org/for-providers](http://www.returningveterans.org/for-providers)

## OALGBTIC Update

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



### Oregon Association for LGBT Issues in Counseling

Over a year ago, I wrote about the necessity of establishing the Oregon chapter of the Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (OALGBTIC). I am thrilled to announce that, with input from counselors and allied professionals across Oregon, OALGBTIC has been sanctioned as a state branch and the newest division of ORCA!

As an organization, we have heard from many folks who desire support, professional engagement and development, and a referral network for queer clinicians and clients alike. These are some of our top priorities as a budding organization and hope to provide updates to the community through various avenues. We are also currently seeking regional representatives throughout the State. If you find yourself interested in taking one of these leadership positions, contact us!

In order to keep our organization accessible, we have chosen member dues that come at a nominal cost. We never want cost to prevent community building and resources. Additionally, members do not need to be mental health counselors to benefit from our resources; allied professionals and community members are welcome and encouraged to join! OALGBTIC has four membership levels:

- **Professional** (\$15/year): Person who hold a master's degree or higher in counseling or related mental health field and/or be credentialed in counseling or related mental health field through a certificate or license

- **Retired** (\$7.50/year): persons who were professional members of ACA, ORCA, ALGBTIC, or another related professional mental health organization prior to retirement.
- **Student** (\$7.50/year): include persons who are enrolled at least half-time in a graduate counseling or related educational program.
- **Associate** (\$7.50/year): Persons who are interested in counseling but do not meet requirements of the other membership categories.

The OALGBTIC Executive Board encourages membership in ACA and ORCA but this is not required. Please visit <http://or-counseling.org/join-us> and join today! We can be found on Facebook by searching Oregon ALGBTIC and Executive Board members can be contacted at [oregonalgbtic@gmail.com](mailto:oregonalgbtic@gmail.com). We will continue to strength this organization to best serve its members. Thank you to everyone who provided feedback, dedication, and passion to this project and ensuring OALGBTIC's creation. You have made a difference!

#### About the OALGBTIC Executive Board

- Javier Casado Pérez, Ph.D., NCC (he/they) is an assistant professor in the Counselor Education Department at Portland State University and OALGBTIC's **Incoming President**.
- Sasha Strong, M.A., LPC (they/them) is a Ph.D. candidate with a private practice in Portland. Sasha will be our **Inaugural Secretary**.
- Ken Steinbacher, B.A. (he/they) is a master's student in clinical mental health counseling at Portland State University and our **Inaugural Treasurer**.



**Deanna Cor, Ph.D., LPC, NCC** (she/her) is an assistant professor in the Counselor Education Department at Portland State University and is OALGBTIC's **Inaugural President**.

## ORCA's so excited to honor our 2018 award recipients.



**Wendy Curtis, LPC**  
Larry Connor Public Advocate Award



**Dr. Deanna Cor**  
Human Rights Award



**Dr. Karen Hixson**  
Leona Tyler Award



**Tony Lai, LPC**  
Distinguished Service Award

This year's awards ceremony will take place following our November PD&E Event, "The Culturally Informed Counselor." Please join us at The Mark Spencer Hotel at 4:30pm for our happy hour event and to support and congratulate these wonderful people!

# Oregon Society of Clinical Hypnosis

*Welcomes you to another great year*

## The 56<sup>th</sup> Annual Fundamental Course in Clinical Hypnosis Eugene, OR - February 22-24, 2019 - 20CEs

Hosted by: SERENITY LANE      Outpatient Facility - 4211 W 11<sup>th</sup> Ave.  
*Saving lives since 1973*

- **Intermediate clinical hypnosis training April 5-7, 2019 in Portland, OR.**  
Refine & develop hypnotic skills for a broader range of clinical applications and clinical effectiveness
- **American Society of Clinical Hypnosis regional conference in Bellevue, WA, May 2-5, 2019**  
[www.asch.net](http://www.asch.net) - in addition to an advanced pain management course (basic course prerequisite), basic and intermediate courses will be available
- Course provides a firm basis for the safe, ethical and effective use of hypnosis in clinical practice
- Integrate clinical hypnosis into your practice setting immediately with issues you currently treat and more
- Supervised 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
  - Induction, Deepening & Alerting
  - 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](http://www.oregonhypnosis.org)



**We need each other.** To care for our clients, our colleagues, our communities, and ourselves - not just in difficult moments but day in and day out - we need each other.



## Join us.

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

### Membership benefits:

- Maintaining a **strong lobbying presence** in the capitol on behalf of counselors and therapists. ORCA membership dues directly fund a seasoned lobbyist in Salem who provides ongoing advocacy around improving access to healthcare. This role has also supported bills that outlawed conversion therapy for minors, allowed LPCs and LMFTs to bill insurance companies, and much, much more.
- Being 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	\$96/year
Registered Intern	\$72/year
Student / Retiree	\$48/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.*

## Resource Highlight: Sisters of the Road

ORCA improves your Rolodex by highlighting excellent local resources

*Sisters of the Road exists to build authentic relationships and alleviate the hunger of isolation in an atmosphere of nonviolence and gentle personalism that nurtures the whole individual, while seeking systemic solutions that reach the roots of homelessness and poverty to end them forever.*

Sisters of the Road was founded in 1979 alongside community members in Portland's Old Town/Chinatown to address homelessness and poverty. Through hundreds of one-on-one conversations, community members experiencing extreme poverty expressed their desire to have a nutritious, hot meal in a dignified, safe atmosphere free from religious obligations and the opportunity to trade their labor for a good meal, if they could not pay.

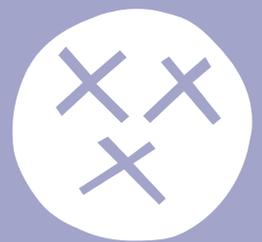
For nearly 38 years, Sisters' purpose has been to meet these needs and build community. The philosophies of nonviolence, gentle personalism, and systemic change inform all actions and decisions at Sisters. We believe that all individuals are equally worthy, that no one has a monopoly on the truth, and that we have much to learn from one another. We consistently refuse to condone any act of violence, harm, or humiliation, including all forms of oppression. All violence is interrupted and we work to resolve conflicts with respect.

With the price of housing skyrocketing, working class wages remaining stagnant, the price of health care becoming unbearable, and gentrification continuing full force for many, homelessness in Portland is more widespread than ever. The 2017 Point in Time count found a 10% increase in homelessness since the previous count in 2015, identifying 4,177 individuals who met the federal definition of homelessness (sleeping outside, in an emergency shelter, or in transitional housing).

*(Continued on p. 20)*



**SISTERS  
OF THE  
ROAD**



Providing nourishing meals in a dignified space, while seeking systemic solutions to end homelessness and poverty—one relationship at a time.

133 NW SIXTH AVE, PDX OR 97209  
WWW.SISTERSOFTHEROAD.ORG

*(Resource Highlight continued from p. 19)*

If the count had included the thousands of individuals and families who were doubled up in housing for economic reasons, the National Alliance to End Homelessness estimates that there would have been an estimated 20,885 people homeless in Multnomah County on the night of the count.

These statistics play out in painful and personal ways. There is no silver bullet to end the crisis of homelessness, but Sisters provides some necessary ingredients of the solution: a safe place to gather, get out of the elements and find community; a hot, nutritious meal; opportunities to gain job skills and work together for long-term systemic change; and a point of connection where all people will be treated with respect.

Our Hot Meals/Barter Program serves an average of 230 hot, healthy meals Tuesday through Saturday to people experiencing homelessness and poverty. Meals are accessible for very little cost (\$1.50 cash), in exchange for barter credit earned in the Cafe, SNAP benefits, Sisters meal coupons, or for free for all first time visitors, families, or those who cannot work due to physical conditions or caregiving responsibilities. The majority of meals are purchased with barter credit.

Through our barter work program, customers, staff, and volunteers work side-by-side to serve meals and carry out the daily operations of the Cafe. Meals are made from scratch daily. We source thousands of pounds of fresh, local produce each year through partnerships with local farms and grocers. For many of our customers, a meal at Sisters is the only meal they have all day, and we are dedicated to providing the most nutritious meals possible.

Sisters Of The Road is also a space where people are able to find a path out of the shame and isolation that often accompanies homelessness and poverty, and connect with a community of friendship, support and care. Our customers come to Sisters for quality food in a place where they are known by name, treated with respect, and can contribute to their own community through our unique barter work system.

Our Systemic Change Team extends the work of the Cafe by support community members in advancing solutions to problems that impact them. Systemic Change programming addresses hygiene access, increased access to fresh food with our in-house Saturday Farm Stand and at Portland Farmers Markets through our Fresh Change Program, as well as supporting the voices of our community through Sisters Roadies, and building organizing power within the Homeless Bill of Rights Campaign with Western Regional Advocacy Project.

To learn more visit: [sistersoftheroad.org](http://sistersoftheroad.org)



**SISTERS OF THE ROAD**

**MEAL COUPONS**  
**\$2.00 / EACH**

**A loving way to respond to panhandling! Meal Coupons can be redeemed at Sisters of the Road for a healthy meal and a drink.**

**Give someone a meal, start a conversation, and maybe make a new friend.**

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**info@sistersoftheroad.org • (503) 222-5694**

## Clearing Things Up: Emotional Support Animals

by Elizabeth Lester, PSU Graduate Student

Emotional service animals can be invaluable for many clients. Regrettably, misinformation, confusion, and accusations of fraud about ESAs and service animals are rampant.

A common misunderstanding is that ESAs are service animals. The Americans With Disabilities Act (ADA) defines a service animal as any dog or miniature horse “that is individually trained to do work or perform tasks for the benefit of an individual with a disability.” The work performed by the animal must be in relation to the person’s disability – for example, guiding a person with visual impairment or calming a person with panic disorder during an anxiety attack. Some states may have different definitions of what constitutes a service animal; for example, Oregon recognizes service animals in training as service animals (Harlow & Wilde, 2013). Regardless of state-by-state differences, service animals and their handlers are granted public access privileges and protections under the ADA.

ESAs, meanwhile, “provide comfort just by being with a person.” Any animal can be an ESA. However, these animals do not perform tasks related to a disability and are therefore not covered under the ADA. They are nevertheless considered reasonable accommodations under Section 504 of the Rehabilitation Act of 1973 and the Federal Fair Housing Amendments Act of 1988. These statutes declare that public housing cannot be denied to a person with a disability based on their disability, and landlords must make reasonable accommodations to make housing available to these individuals. Furthermore, these acts make it unlawful to refuse *reasonable* accommodations if they would allow the person with a disability to “use and enjoy a dwelling unit.” Essentially, landlords cannot discriminate against people who have ESAs, even if the landlord has a “no pets” policy.

Over the last five years, a big part of the conversation surrounding ESAs seems to focus on their presence on flights. This allowance is addressed in a separate mandate, The Air Carrier Access Act (2003). Under this act, both ADA-defined service animals (i.e., animals trained for disability-related tasks) *and* comforting ESAs are considered service animals and may accompany their handlers the cabin of a plane. In writing, both classes of animal are held to similar standards of access on flights, although it is ultimately up to the discretion of airline personnel to determine legitimacy with “credible verbal assurances,” physical- and behavioral indications, or documentation (i.e., letter of prescription for ESAs; Federal Register, 2003).

The above federal regulations outline the legal differences between ESAs and service animals but may be difficult to understand in layperson’s terms. Furthermore, these laws do little to illustrate the serious consequences that may occur if they are not understood and adhered to. For example, a person with a disability may believe their counselor-prescribed ESA is a service  
(Continued on p. 22)

*(Emotional Support Animals continued from p. 26)*

animal that is allowed public access. As described above, even well-behaved ESAs are not *required* to be allowed in public spaces like shopping malls and coffee shops. Not only would this person be treading murky legal waters, but also the presence of an ESA or any other untrained animal may be a distraction to a working service animal.

**I wish my own counselor had explained this to me; I nearly spent \$150 to register my own ESA under the assumption that her legitimacy would be questioned if I did not do so.**

Educating our clients about the federal regulations around ESAs and service animals can give them the knowledge they need to advocate effectively for themselves. It can also spare them from exploitation. Neither service animals nor ESAs require certification or registration. However, scam companies prey on people with ESAs and service animals by advertising “registries” and “certification” for their animals. In fact, simple Googling “emotional service animal” pops up several different “registries,” all of which look legitimate to an unknowing person. I wish my own counselor had explained this to me; I nearly spent \$150 to register my own ESA under the assumption that her legitimacy would be questioned if I did not do so. Only after investigating on my own did I discover otherwise.

Media may mistake fraudulent certification services as legitimate, “easy” ways to get ESAs, or blame fraudulence as the sole reason why people seek ESAs. Furthermore, media tend to focus on seemingly outrageous choices for ESAs, including a pig, a hamster, and a peacock. These media pieces

often read as mocking and ableist (Marx, 2014). Couple these scam sites and media ridicule with unexpected rises in the registration of assistance animals (Yamamoto, Topez, & Hart, 2015) and it may be tempting to assume the worst of our clients: that they are seeking ESAs for the “wrong” reasons, or worse, they are “faking” their disability to avoid pet rent or airline fees.

It is not the job of counselors to question the legitimacy of our clients’ lived experiences with disability, nor is it ethical to blindly prescribe ESAs. Instead, counselors should remain informed and have conversations about ESAs and service animals with clients when appropriate, or seek consultation when concerns arise. Taking appropriate, educated steps may help disentangle truth from myth and could greatly enhance the experiences our clients have with their ESAs, while also protecting service animal teams. Education is much more conducive for the therapeutic relationship and is more validating to the client than putting their disability on trial; something many people with disabilities – visible or invisible, mental or physical, service dog or no – already face (Evans, 2017; Kassenbrock, 2015; Medina, 2017; Kool, Middendorp, Boeije, & Geenen, 2009). While it may feel tedious for us to tackle federal rulings on behalf of our clients with disabilities, it is a necessary and crucial step to take if we are to be better advocates for them.



**Elizabeth Lester** (she/her) is a second year clinical rehabilitation counseling student at PSU. Her clinical interests include LGBTQIA+ young adults with invisible disabilities, resiliency and adjustment to disability, trauma and disability, and the benefits of service animals. When she has

time, Elizabeth enjoys painting, exploring the Gorge, and walking her cat, Poppy.

## Verifying a Reasonable Accommodation Request: An Extreme Example

Hi YOU,

I'm writing today toward providing YOU with verification of need around MY CLIENT'S reasonable accommodation request. It is my clinical belief that MY CLIENT has a disability, that the accommodation requested is necessary for their use and enjoyment of YOUR services and community, and that this accommodation will achieve its purpose.

Herein, I'll do my best to answer the questions you've requested. It is my sincere hope that the original form I filled out with the below information, the letter I sent more recently, and this email will provide sufficient information to assist MY CLIENT with their reasonable accommodation request.

*1. The person's disability and functional limitations as it relates to their environment?*

MY CLIENT meets the definition of disability under federal civil rights laws. According to federal law:

"The Americans with Disabilities Act applies to housing programs administered by state and local governments, such as public housing authorities, and by places of public accommodation, such as public and private universities. In addition, the Fair Housing Act applies to virtually all types of housing, both public and privately-owned, including housing covered by the ADA. Under the Fair Housing Act, housing providers are obligated to permit, as a reasonable accommodation, the use of animals that work, provide assistance, or perform tasks that benefit persons with disabilities, or provide emotional support to alleviate a symptom or effect of a disability. [...]"

"In situations where it is not obvious that the dog is a service animal, staff may ask only two specific questions: (1) is the dog a service animal required because of a disability? and (2) what work or task

has the dog been trained to perform? Staff are not allowed to request any documentation for the dog, require that the dog demonstrate its task, or inquire about the nature of the person's disability."

Due to disability, MY CLIENT has difficulty with calming themselves in the presence of particular thoughts and emotions. These emotions are triggered by stressors such as particular social and physical environments. Upon procuring a psychiatric service animal, this animal will assist MY CLIENT with calming during stressful situations related to their disability.

*2. The documentation needs to address the psychiatric service animal specifically. Meaning, what type of animal it is and the dog's name.*

The dog is as yet unnamed, as YOU request that MY CLIENT wait to have their reasonable accommodation request approved before they procure a psychiatric service animal.

*3. How has the animal historically been necessary to deal with the person's diagnosis?*

Not having a psychiatric service animal has been emotionally and mentally detrimental to MY CLIENT'S wellbeing.

*4. When did the animal begin acting as a psychiatric service animal?*

See above.

*5. Why is another accommodation not appropriate?*

In my clinical opinion, having assessed and treated MY CLIENT from THIS DATE to the present, alternative treatments will be relatively ineffective for treatment of their disability.

If you have further questions or concerns, please don't hesitate to email me at this address or to call me at MY PHONE NUMBER. I would appreciate a written response to this request within two weeks of the date of this letter. Thank you for your time and attention to this matter.

Sincerely,

An Oregon Counselor

# ORCA: Advocating for You in DC

By Gianna Russo-Mitma, M.S., LMFT  
ORCA President

The American Counseling Association (ACA) held its 10th Annual Institute for Leadership Training (ILT) this July in Washington, D.C.. The ORCA Board Secretary, Sofia Jasani and I were truly honored to represent Oregon and the Western Region in our advocacy efforts. We came home to Oregon ecstatic about the breakout session knowledge, networking with other states' leaders, and being able to walk into the U.S. Capitol and advocate for Oregonians with our representatives and their staffers (who work so incredibly hard!)

One of the best parts of ILT are the connections made with other passionate branch leaders who want the best for their states and folks as well. We also met with our region (Oregon is part of the Western Region), where we discussed plans for the ACA Conference in New Orleans in March 2019 ([we hope to see you there!](#)).

*(Continued on p. 24)*



(Advocating for You continued from p. 23)

Last year at ILT, the goal was to talk about specific bills and get our representatives to vote on them. This year, ACA decided to do something different, after realizing we are all counselors and not lobbyists. We were lead by the awesome team of Art Terrazas and Dillon Harp. They empowered us to tell our representatives our stories and why mental health care, and health care in general, is so important.

In meeting with Senator Wyden's staff, we were honored to teach them what *intersectionality* is and why it is so important to understand for more equitable mental health care. It's exciting when counseling and productive, affirmative language come into play on a bigger stage in politics.

When we met with Senator Merkley's staff, they informed us of their initiatives to have higher quality mental health care in schools. We discussed how early intervention is important, the role that trauma plays in youth development, and we provided some counseling information for their team to research.

Our scheduled appointment with Representative Bonamici turned out to be scheduled with a staffer instead, as she had other things to do (she was voting on the House floor, so we gave her a break!). We met with the same staffer as last year, so he remembered us and our lobbying efforts, so we ended up talking about how the Congresswoman would like to implement better policies on trauma informed care in schools.

If you are interested in larger system advocacy work, ORCA would love to see you at the March 21, 2019 CE and lobbying event in Salem, OR for our annual Lobby Day with COPACT. ([Check ORCA's website after November 9th](#)).

If you have ideas or want to get more involved, please email me at: [president@or-counseling.org](mailto:president@or-counseling.org).

Let's get out there and get to work!



Gianna and Sofia with reps from the Western Region, advocating at Congress, and posing with Supreme Court role models

## 6 Self-Care Tips for Hope

by Suzanne Sanchez, LPC

Our nation is undergoing a huge cultural shift. As a result, the country becomes more divided all the time, and we all find ourselves picking sides. What is evident is the “us” versus “them” mentality which has become ever more distinct in these times. As counselors, we know the consequences of such all-or-nothing-thinking, and because we can easily empathize with suffering, it’s important for us to use our skills and knowledge to take care of ourselves while we support our clients. Still, having hope is not easy.

The discord present in our society makes being a counselor today especially hard, yet it is an especially important job. The dissonance within human consciousness on a national level is a result of deep-rooted American culture and history coming out of hiding. Such knowledge can make hope difficult.

We counselors see with such clarity. We have had to open our eyes and hearts to the atrocities of being powerless, of being a minority, of being an outsider, of being oppressed, in order to help and support our clients. But not every profession has to do this. For many such open-heartedness is unnecessary to do good work. In fact, for some, being awakened to the inhumanity of the world infringes on their ability to be successful in their profession. Hope for such individuals can feel trying.

As counselors, we naturally feel for our clients, friends, family, and colleagues who are suffering. As a result of this natural connection, we feel outrage at the lack of understanding and empathy in our country. We are bombarded with messages and reminders of this lack of compassion in the news, in social media, and unfortunately, even face-to-face. Our work is mentally and emotionally draining so we struggle to find hope.

But don’t lose hope!

One component of remaining hopeful and pushing forward is good self-care. When we prioritize taking care of ourselves, we arm ourselves with an ability to be mindful in our words and actions, to be resilient through our suffering and frustration, and to be energized in order to create change.

Here are some self-care tips for how to manage all of this, whether it’s you, or a client:

### 1. **Unplug as Needed.**

When we feel anxiety, we can become obsessive. If you're finding yourself trying to find out the latest news every opportunity you get from the moment you wake up until you go to bed, it's time to unplug for a while. Maybe it means turning your news alerts off on your phone. Maybe it's taking a break from the morning news broadcast. Maybe it's just staying off of social media. Whatever ways you find yourself being obsessive, allow yourself to unplug for a bit so you can work on letting your anxiety decrease.

*(Continued on p. 27)*

*(Self Care Tips continued from p. 26)*

If not knowing what is going on is too much, then ask someone in your life to give you a short synopsis of current world events, and let that be enough.

## 2. Talk to Like-Minded Friends.

Choose wisely the people with whom you want to chat. Feeling validated and understood is really important. Talking with people who you know are in opposition with your preferences and beliefs is only going to add to your own anxiety and frustrations. Even though you may want to talk about the world's problems with every person you meet, be intentional about talking with people who feel similar to you, at least for right now.

## 3. Be a Social Advocate.

Find a cause. Pick a population that's being oppressed, where you're a part of it or not, and allow for yourself to compassionately and passionately take action. Think about how you want to take part in making change. Whether it's sharing a news article on social media, supporting someone who's suffering, going to a march or rally, or proactively making calls to your government officials, find something you can do to help make a difference within the problems you feel most displeased.

## 4. Laugh.

Allow for yourself to laugh at the situation. Find humor wherever you can. Watch a funny movie or television show. Get on YouTube and find some funny cat and dog videos. Of course, what is going on in our world is seriously serious, but there's got to be a way to make light of situations to help you and everyone around you get through it all.

## 5. Feel it all.

In every moment where we feel pain and sorrow, we have great opportunity for joy. These moments of self-awareness evoke hope. But if we don't fully allow for ourselves to connect, because we avoid or

we overburden ourselves with anguish, we then lose hope causing ourselves a downward spiral. When you feel the anxiety, the sadness, and know unfairness, there is a freedom which emerges, and you can find the motivation to push through and know that on the other side is peace and bliss.

## 6. Take Breaks and Respite.

Not only is it important to unplug when you need to, but on a larger level, you need to find a way to get a break from life and work stress. Make time for fun activities and hobbies. Socialize with friends and loved ones. Have a spa day. Get out in nature. Read some fiction. Go on vacation. Be alive.

The tips above require you to view your self-care needs on a spectrum, rather than simply black-and-white. Falling into the same all-or-nothing thinking patterns our country is currently suffering is easy to do. Instead, stay self-aware and challenge yourself. Challenge yourself in assessing what level of self-care you need. Challenge your automatic judgments of people who disagree with you. Challenge yourself in how you talk with people who do not have the same knowledge of the iniquity which exists in the world. Self-awareness will cause pain, and when you identify and practice the self-care you need to get through the pain, you will remain hopeful.



**Suzanne Sanchez, LPC** is a therapist who loves to create self-care, work-life balance, and connection opportunities for other therapists. She recognizes how easily burn-out occurs in the counseling profession, and she wants to help colleagues manage stress so they can be

passionate, motivated, joyful therapists. Download her free guide, "5 Strategies for Preventing Burnout in Private Practice" at <http://www.suzannesanchezcounseling.com/preventing-burnout/>.

# ORCA Networking Night

**Friday, December 7th at  
DeNicola's Italian Restaurant  
3520 SE Powell, Portland**

This is a free event, however the restaurant will add 20% gratuity to cover the cost of the banquet room, so we ask that you check out their menu and consider ordering dinner with us.

Guest speaker Cordelia Kraus will discuss evidence-based approaches to working with families who have a loved one struggling with addictive behaviors via the CRAFT (Community Reinforcement and Family Training) approach and its second evolution, "Invitation to Change." These are options besides Alanon that some clinicians may not know about.

This event is for everyone in the field of mental health, whether student or practicing, ORCA member or not. Bring your business cards and a warm handshake for all the counselors you'll meet!

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## Save the Date

Stronger Than You Know Conference  
Friday, Feb. 15, 2019 | 8 am - 4 pm  
Eugene Hilton

Keynote Speaker Rosalind Wiseman, Educator, Parent Expert & Social Activist



Rosalind Wiseman is a teacher, thought leader, author, and media spokesperson on bullying, ethical leadership, the use of social media, and media literacy.

She is the author of *Queen Bees and Wannabes: Helping Your Daughter Survive Cliques, Gossip, Boyfriends, and the New Realities of Girl World*—the groundbreaking, best-selling book that was the basis for the movie *Mean Girls*.

*Ophelia's Place Stronger Than You Know Conference, is a professional development opportunity for youth serving-professionals that provides tools and resources to empower diverse groups of youth.*

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## Call for articles

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

Submission of articles, etc due for Winter on by January 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.

People of color, LGBT folx, people with disabilities, low-income folks, people diagnosed with mental illness, and people with experience being treated as a case in need of management 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 400-1,200 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!

Moira Ryan, LPC

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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-Elect, at [presidenelect@or-counseling.org](mailto:presidenelect@or-counseling.org)

Photo by Gianna Russo-Mitma



## Save the Date

### First Ever Counselors of Color Reception!

The Oregon Counseling Association invites all BIPOC (Black, Indigenous, People of Color) therapists to join us for an evening of community, support, and celebration!

Let's come together to create an ongoing professional and social networking space for us by us.

Spread the word with your BIPOC colleagues!

**Friday, January 18th**

**6:00 - 8:00pm**

Location tbd

Contact Sofia Jasani [secretary@or-counseling.org](mailto:secretary@or-counseling.org)  
[www.facebook.com/oregoncounselingassociation](http://www.facebook.com/oregoncounselingassociation)  
[www.or-counseling.org/events](http://www.or-counseling.org/events)



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