



THE COUNSELOR

President's Message

Happy New Year, ORCA members!

The end of 2018 and start of 2019 has been busy here at The Oregon Counseling Association. Our November continuing education event, hosted by ORCA's Professional Development & Education (PD&E) Committee Chair, Tever Nickerson, was a success! Thank you again to our speakers Dr. Cheryl Forster and Dr. Crystallee Crain. Also, a huge congrats again to our four annual ORCA Award winners. We were thrilled to see so many new faces and to meet you all after the event at the networking happy hour!

We also held two of our largest Networking events yet in December and January! In December, we hosted speaker Cordelia Kraus, who discussed evidence-based approaches to working with families who have a loved one struggling with addictive behaviors.

On January 18th, ORCA held its first ever Counselors of Color reception for all BIPOC (Black, Indigenous, People of Color) mental health clinicians. ORCA is hoping to establish a state division of ACA's Association for Multicultural Counseling and Development (AMCD) in the future, so please join us for our first planning meeting on Saturday, April 13 at 11 am-1 pm. (Location TBD, so keep an eye out [on our website](#))

Next, I would like to welcome Jenny Gaffney to the ORCA team as the Ethics Committee Chair! This position is meant to educate and inform members, whether that be through individual questions, newsletter articles, or through events that we host (She will be speaking at our [March CE event](#)). Jenny is extremely well versed in multiple Codes of Ethics for various mental health associations and is a great addition to the team. Let's give a warm welcome to Jenny!

Save the date for the ORCA & [COPACT](#) joint event of Lobby Day 2019! After you register, we will see you at

the Capitol Building (room 350) in Salem, all day on Thursday, March 21. Lobby Day is held annually by COPACT and our lobbyist Elizabeth Remley with [Thorn Run Partners](#), but it's time that we ALL get involved with advocacy efforts and help our profession and clients at a higher level of change. There will also be 3 Ethics CEs included in the morning, so [register now](#), as seats are limited!

Additionally, if you would like to volunteer more with COPACT, contact them [here](#), as the legislative session is here and we have a record number of mental health bills to decide upon. Remember, it's part of the [ACA Code of Ethics](#) that we as counselors not only advocate for our clients and mental health community at individual levels, but at institutional and societal levels as well to address obstacles that "inhibit access and/or the growth and development of clients."

On Saturday May 4 at 12-4 pm, ORCA is hosting a graduate student event with our Graduate Representative Chair, Jess Montee of PSU. This event is meant to educate students on the licensure process, tips on starting a business, how to work in agencies, and will include a chance to network as well.

Speaking of networking, we have networking events for members AND non members on both Friday, April 5 at 7-9 pm, and our annual potluck picnic at Sellwood Park on July 21 at 12-4 pm. Make sure to ["friend" us on Facebook](#) and watch your listserv emails for more info soon.

Thank you all for your continued support and Happy 2019!

Sincerely,
Gianna Russo-Mitma, M.S., LMFT
President, 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

Membership Info

Information about ORCA membership may be obtained online at 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.

In this issue:

Celebrating Diversity + Offering a Seat at the Table	3
New Year's Reflections from a Single Mom	8
A Christmas Memory	10
When the Grief Counselor is Grieving	14
2019's Top 5 Social Media Ethics Issues	16
Can We Call Ourselves Psychotherapists?	20
The Lost Art of Not Trying to Make Everything Better	23
On Authenticity	24
Call for Articles	26

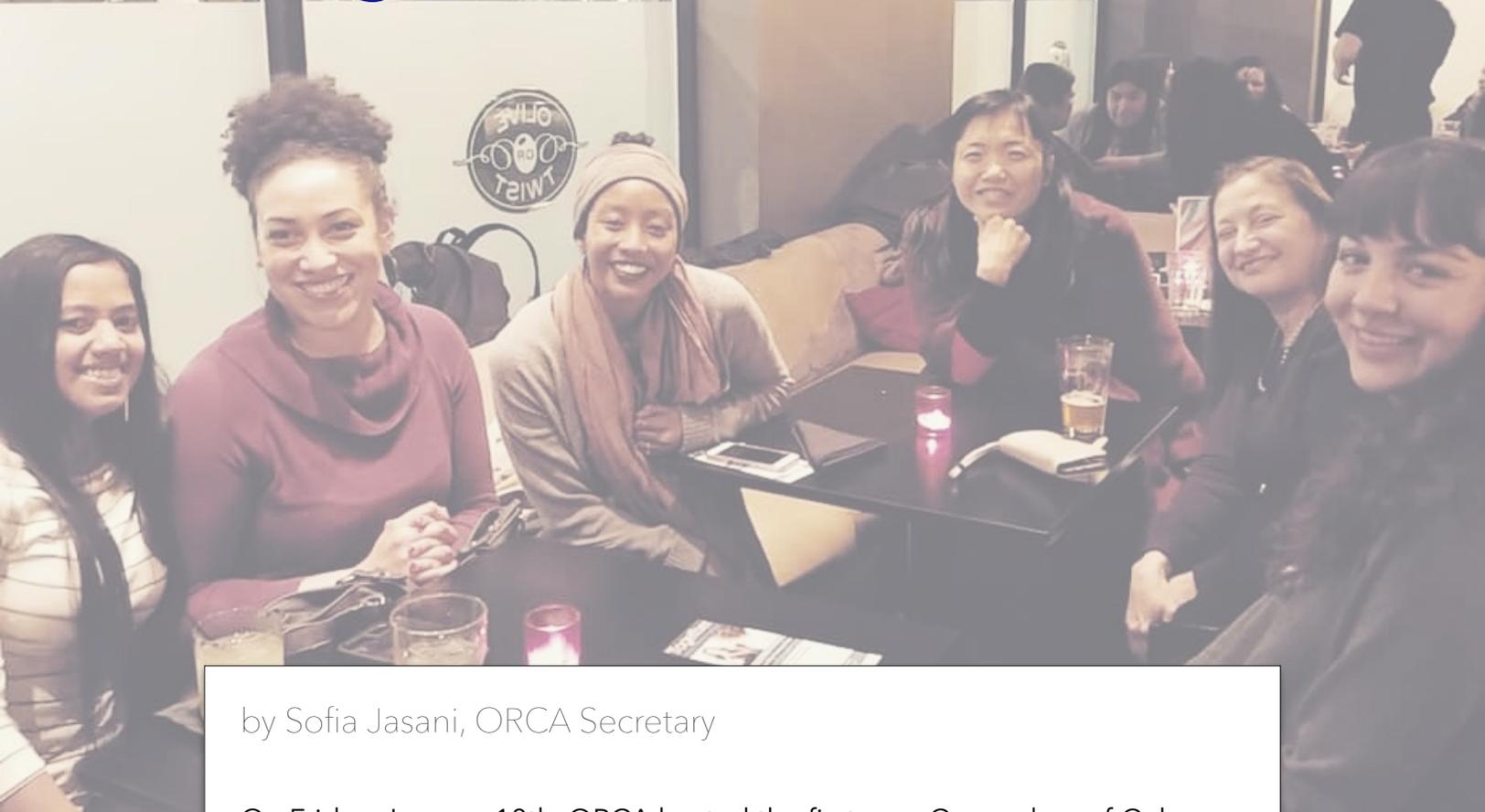
Empowering a profession, one counselor at a time.

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.



ORCA: Celebrating Diversity + Offering a Seat at the Table



by Sofia Jasani, ORCA Secretary

On Friday, January 18th, ORCA hosted the first ever Counselors of Color Reception. More than 50 counselors, social workers, psychologists, counseling students and counselor educators who identify as BIPOC (Black, Indigenous, and People of Color) gathered for an evening of community, celebration, and support. Human Rights Chair Neil Panchmatia collaborated with President Gianna Russo-Mitma, Past President Dr. Joel Lane, and myself to make the night a success.

It was important to Neil and I to make intentional choices to center the voices and experiences of Black and POC counselors every step of the way when planning the event. The reception took place at Olive or Twist, an elegant Black-owned martini bar in the Portland Pearl District.

(Continued on p. 5)

Oregon Counselors

of Color



Photos by Sofia Jasani

(Celebrating Diversity continued from p. 3)

The evening's guest speaker, Summer Brown, identifies as a Fat, Queer, Black woman. She provides therapy with an Intersectional Feminist perspective to kids, teens, and adults who identify as LGBTQIA+, Gender Diverse, all body sizes, types, and abilities, especially folx in a bigger body or folx who identify as BIPOC. Summer also provides supervision and delivers presentations, including delivering the keynote address at the 2017 ORCA Conference, "Cultural Competence in a Multicultural World."

Another intentional choice was to extend the invitation only to counselors who identify as BIPOC, rather than including White allies. This choice proved to be especially meaningful and poignant. **Several attendees teared up when Summer asked the last time anyone had been in a room full of Black and brown faces. For many, it had been over a year.**

Graduate students and counselor educators from Portland State University College of Education and Lewis and Clark Graduate School of Education and Counseling were in attendance, as well as counselors from Portland, Hillsboro, Tualatin, Lake Oswego, Tigard, and West Linn in Oregon, and Vancouver and Woodland in Washington.

The event marked the Oregon Counseling Association's continued commitment to equity and inclusion. Last year, ORCA established a state division of the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (OALGBTIC). Next year, ORCA hopes to establish a state division of the Association for Multicultural Counseling and Development (OAMCD).

(Concluded on p. 6)



(Celebrating Diversity continued from p. 5)

The first step towards increasing representation of BIPOC counselors in the professional community is acknowledging and addressing the systemic barriers that prevent their participation. One such barrier is financial access. Another is feeling welcome.

The ORCA board is thrilled to announce the development of a new scholarship to make participation and leadership accessible to students and emerging professionals of color. Inspired by the first Black woman to be elected to congress, Shirley Chisholm's famous quote, "If they don't give you a seat at the table, bring a folding chair," the scholarship will be known as A Seat at the Table. Recipients may apply funds towards Association membership and professional development and continuing education. Congratulations to the very first A Seat at the Table recipients, Cyrena



Zbib, Soraya Mortimer, Rebecca Velazquez, and Alheli Tica Figueroa! We look forward to everything you will bring to the table in the coming year!

If you are interested in making a donation or serving on the committee to develop the scholarship fund, or would like to help plan and lead OAMCD, please contact me at secretary@or-counseling.org.

More details will be available at or-counseling.org this spring.



Sofia Jasani serves as part of ORCA's executive council. She is the Education Program Director at NAMI Multnomah, and is also pursuing a Master's degree at Portland State University with a specialization in Clinical Rehabilitation Counseling.



Oregon COUNSELING Association

Professional Development & Education Ethics Workshop & Lobby Day 2019

Thursday, March 21, 2019

9:00 am - 4:00 pm

Oregon Capitol Building Room 350 - Salem, Oregon

9:00-11:00 Presentation from the OBLPCT Licensing Board
(2 Ethics CEs)

11:00-12:00 "Know Your Ethics", Jenipher S. Gaffney, CRC, LMHC, ABVE/D
(1 Ethics CE)

12:00-1:00 Lunch & training from COPACT & our lobbyist, Elizabeth Remley

1:00-4:00 Lobbying with Legislators

Limited space for this CE event!

\$100 ONLY for everyone!

Register here:

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.



New Year's Reflections from a Single Mom

by Aly Anliker, EdM

It's the New Year. It's a perfect time to reflect on events in the old year; what to let go of and what to bring forward into 2019.

We are a multicultural family. My daughter was born in Guatemala. I adopted her when I was 40 so technically I am old enough to be her grandmother. Because I waited for a career and education that would support us, there is very little of my biological family left. She was able to know my father and her maternal great grandmother, though they are both gone now. Because I adopted as a single mother, we have created a family out of friends.

This is the most important thing I bring forward into 2019. Enriching and focusing on relationships and friends that love us both and are like family to us. At the same time, letting go of relationships that don't serve us and welcoming new, healthy relationships.

One of my new goals in 2019 is to become more savvy and careful about money. Like many single moms by choice or by circumstance, money is always a concern; how to make it, how not to spend it, how to invest it and keep out of debt. The holiday cost me. I always try to make up for what I have not provided for my daughter by buying her lots of presents. I'm also making up for my own childhood Christmas of sadness and disappointment. What has helped most is gratitude.

This in another thing I want to bring forward into 2019. Despite a tumultuous year on the political front, I'm aware of the gifts we have in our lives. During the holidays I looked out the window of my family room and

(Continued on page 9)



Upcoming 4th Friday Presentations with the Oregon MH CE Consortium

We are approved to offer APA credit
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!

January 25 * 9-12 and/or 1-4
Clinical Supervision Refresher

February 22 * 9-12 and/or 1-4
CBT for Anxiety

March 22 * 9-12 and/or 1-4
Treating Co-Occurring Disorders +
Pain Issues

April 26 * 4 CEs
HIV / AIDS for MH Clinicians

For more info and to register, go to
www.ormhce.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 local and regional experts.

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

ORMHCE Consortium is approved by the American
Psychological Association to sponsor continuing
education for psychologists. ORMHCE Consortium
maintains responsibility for this program and its content.
Develop. Collaborate. Contribute.

(New Year's Reflections continued from p. 8)

the friends who visit us. I'm also grateful for the furry creatures that share our home with us, a dog named Beaux and two cats, Toonces and Bella.

For all women, it's been a year of great strides with the Me Too Movement. I am grateful my daughter can make choices for her life that support her as a woman and a human being.

Finally in this New Year, I will continue a career I'm passionate about, helping people who have lost their jobs find new ones.

Cheers to you, may your life be filled with people you love, a career that supports you and moments of joy and gratitude.



Aly Anliker, EdM is a career consultant, eFacilitator, and trainer offering career development and transition expertise to individuals, teams and organization leaders. She's especially passionate about job search strategies, resume development and personal branding.

**EMOTION
FOCUSED
THERAPY™**

PORTLAND

Training in Individual and Couple Therapy

- Learn our accessible, cutting edge approach to emotion-focused therapy.
- Increase your effectiveness by using interventions based on the latest EFT research.
- Gain practical skills for powerful, focused work with individuals and couples.

40 CE HOURS AVAILABLE

INDIVIDUAL EFT TRAINING STARTS OCTOBER 2019	COUPLE EFT TRAINING STARTS OCTOBER 2020
--	--

EDWARDS PSYCHOTHERAPY
Charles Edwards PH.D. • Jamie Levin-Edwards PSY.D.

FOR MORE INFORMATION:
edwardspsychotherapy.com • 503.222.0557

**Pacific
Northwest
Providers**

CONTINUING ED OPPORTUNITIES

**EMOTIONAL-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

SEPTEMBER
More information to come

\$100 FOR NON-MEMBERS
\$50 FOR STUDENTS AND INTERNS

To Register: PacificNWProviders@gmail.com
Learn more: <http://www.pacificnorthwestproviders.com/events>

A Christmas Memory

by an Oregon Counselor

My father and stepmother sat at one end of the table, my grandma beside them and my siblings, our significant others and I had claimed the benches and nooks and crannies around the remaining edges of the dining room table. We had a pretty amazing feast laid out for Christmas dinner, everyone having done their part to ensure that all, including the gluten-intolerant, vegans and vegetarians among us, would not go unsatisfied over the holiday. We opened Christmas crackers and wore the paper crowns as we ate, shared stories, took jabs, and laughed at times gone by and exciting things for the future.

Near the end of our meal my father took out a Christmas card and asked if he could read it to us. I had seen him writing it earlier that afternoon as we watched *Lord of the Rings* on television (for goodness knows what reason, it was absolutely available on Hulu) and happily gorged on ginger molasses cookies.

Dad thanked us all for coming to visit him, he was truly moved that we all came to spend the holiday with them. He talked to us about family and plugging-in to the strength of our loved ones when we feel lost or depleted. And then he told us something about himself.

He told us he suffers from clinical depression.

You have to understand: In my mind this man moves mountains without breaking a sweat. He was and is a rock to all who know him. He's a healer, a good one. Having started his own practice, run programs in rural hospitals and taken trips to Papua New Guinea to provide medical services to tribes without much access to modern medicine, I had never truly seen the dents in the armor. But having time to think about it, the signs have always been there...

Dad went on to talk about finding his light in the darkness, his family and friends. He talked about continued struggles and moments of exhaustion and numbness. He asked us to remember that no matter where we were or who we were with the power of connecting with family could be empowering and uplifting. He ended by asking us to share something about ourselves that most of the family had not heard before.

The authenticity floodgates had opened.

He asked us to share something about ourselves that the family had not heard before...

(Continued on p. 11)

(A Christmas Memory continued from p. 10)

We talked about family members dying of cancer, job opportunities, new milestones, cutting-off toxic relationships and grappling with personal traumas. **We cried, like a lot, there were happy and sad tears shed by all. And in the end we may not have felt lighter or even better than before but we all left the table feeling more stable. Perhaps more connected to each other and even more connected to ourselves.** I was particularly struck by the fact that this change in all of us hadn't come out of the good stuff, perhaps because what's real isn't always lovely. It doesn't have to be great all the time, because it isn't great all the time. Life can be messy and complicated. Sharing in the hard stuff is what made the good stuff worth it, as scary as it was to talk about.

I was and am incredibly grateful for the experience I had with family last Christmas. I believe it was a beautiful, poignant and well-timed reminder of the importance of authenticity and the ability to be real with another person. Particularly in my work as a counselor.

I may not share my own stories as freely as I did with family in my work with individuals and couples.

I may not share that I also have an anxiety disorder.

I may not share that there is a history of abuse in my family.

I may not share that eating disorders, major depressive disorder and bipolar disorder are common ailments in every generation of my family tree.

But I believe being true and raw and real with yourself is the kind of authenticity that just permeates you. And it permeates your work and your relationships and your life in the most extraordinary ways.

I came back to work before the new year and found myself... invigorated by having shared and by what had been shared with me. It even shifted my work, I believe, for the better. I used more of myself in the room, I offered up stories of mine that I felt had a therapeutic benefit or challenged clients to think differently about an issue. I reflected personal experiences more often with my couples and it moved us all in ways I'm not sure could be captured in words.

I also cussed more often in session and found that to be both hilarious and awesome.

The act of being a real, open and honest person in my sessions has made me a better counselor. And as my dad taught me over the Christmas holiday, being authentic with those around you is the only way for both of you to recharge, to renew, to replenish yourselves.

Plugging-in is the only way.

The author has chosen to remain anonymous in order to protect the identities of persons in the events depicted.

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.

Looking to expand your current counseling education or specialize in your mental health practice?

Explore the benefits of a

CLINICAL MENTAL HEALTH COUNSELING DEGREE



from University of Western States

Master of Science and Doctor of Education programs integrated with sport and performance psychology content

Online classes with customized practicum options in your area, interactive assignments and consistent and meaningful professor engagement



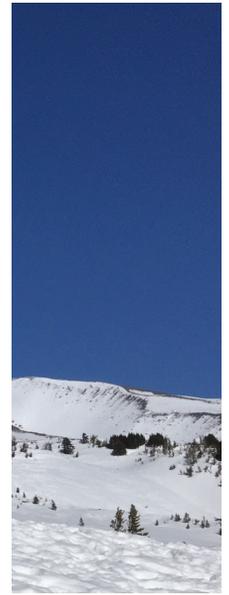
Curriculum includes the standardized patient program, in which trained actors portray clients so students can practice their skills in real-world scenarios and receive feedback

Transfer credits accepted

UWS is taking the lead in the evolution of health care education.
Learn more about the clinical mental health program at uws.edu/OCA



UNIVERSITY of Western States



When the Grief Counselor is Grieving

by Kimberlee Harrison, LPC, GC-C

I'm a Certified Grief Counselor (GC-C), and at any given time I have at least two clients who are experiencing grief. Loss can come in many forms: loss of a relationship, a family, a job, a home, a way of life, and, of course, loss through death. I support people on their journey through processing the losses in their lives. What happens, though, when the grief counselor is grieving?

The month of October was particularly rough: two family members, a childhood friend, and a youth who used to receive services from us all passed away within a 4-week period.. I barely started processing one death when another one occurred...then another...and then another. *That's a lot of loss to try to process.* I had to take time off from both private practice and my full-time job to do some self-care and provide support to those around me.

Self-care during this time meant something different than during other times when there wasn't so much loss. My "regular" self-care practices include painting, therapeutic floating, reading, spending time with family, and sometimes binge-watching something on Netflix. However, this time was different; self-care meant taking that time off and, when I did return to work, not accepting any new clients who needed grief counseling due to a death. I didn't have a problem providing grief counseling for other kinds of losses; I just couldn't do it when death was the cause of the loss. Self-care also meant reaching out to a therapist so I could have some help processing things.

(Continued on p. 15)

(*Grief Counselor continued from p. 14*)

One of the drawbacks of being a grief counselor, at least for me, is that in the past I have leaned toward intellectualizing my grief instead of allowing myself to feel it. I know full well that this isn't a good way to deal with grief. I talk to my clients about it all the time: let yourself *feel* your grief. It's easy to tell yourself, "Yes, that's a normal grief reaction" or "You know that's just a phase in the grieving process." As grief counselors, we need to practice what we preach and let ourselves feel the grief and experience the pain. Intellectualizing it doesn't help us heal faster and, in fact, can make things worse later on.

This brings me to the "c" word: countertransference. I want to talk about countertransference not in the Freudian sense, but rather in the Oxford dictionary sense: Countertransference is "The emotional reaction of the analyst to the subject's contribution." If we don't take the time to process, experience, and heal, we might have a strong emotional reaction to a client's story of their grief. Countertransference has become a dirty word in therapy - it's something to be avoided. I agree that we need to be diligent and monitor ourselves for countertransference because it can be detrimental to our clients. I would also argue that we are human beings, and we often feel countertransference outside the therapy office, even though the word refers to the phenomenon when it occurs in therapy. We feel it when friends, family members, and even strangers talk about something that strikes a cord in us and brings up all sorts of feelings that we project back onto those people. It makes sense, then, that it could happen during therapy. That's why it's so important to work on our *stuff* before we sit down with other people and help them work through their *stuff*. We don't *want* to have any countertransference, but I daresay it might be an inevitable thing in therapy. The important thing here is that we monitor ourselves

and learn to recognize when negative countertransference is occurring.

Grief is no different than the other "stuff" we go through. It's something that is powerful, that can change our lives and perspective, and it can take time to work through. We all make a commitment to not harm our clients, and we need to make a commitment to not harm ourselves either. That means taking the time to experience our own losses and not rush back into doing work that could bring up some countertransference. We need to be practicing self-care, whether that means bubble baths and aroma therapy or making a conscious decision to not provide counseling for a particular issue that we may be going through in our own lives. There is no shame in seeking therapy ourselves. In fact, I think it's one of the best self-care activities we can do to promote healing. We need to make sure that "do no harm" includes ourselves.

In the past, I've leaned toward intellectualizing my grief instead of allowing myself to feel it...



Kimberlee Harrison, LPC, NCC

is a Certified Grief Counselor (GC-C). She works as the Mental Health Specialist at Janus Youth Programs' homeless youth shelter, and has a [private practice](#). She is the author of

Empowerment through Mythology: A Clinician's Guide to Narrative Group Therapy for Survivors of Trauma and Abuse, and has a mental health YouTube channel called "[Mental Health Minute with Kim.](#)"

2019's Top 5 Social Media Ethics Issues, According to Roy

by Roy Huggins

Given the developments we saw in the world of social media in 2018, it's a wonder we're still using the big networks like Facebook and Instagram. Not only are people all over the world just as active as ever in posting dinner pics and political memes, however, but more and more therapists are using social networks to enhance and assist their practices.

On the balance, this is probably a good thing. Who couldn't benefit from more community around their private practice?

But it has become apparent to professional associations and licensing boards that we as a field need to recognize and adhere to certain professional standards when using social media in our work. Earlier this year, I got the opportunity to work with the Oregon Psychology board's social media guideline committee (and we produced what I think was a very fine set of guidelines. [You can find the final product here.](#)) The committee was formed because of the apparent need to provide more concrete guidance on what works and what doesn't in social media.

I was also inspired by an article from PCT alum Aaron Good on preventing confidentiality breaches due to "overshare" in therapist-focused Facebook groups (you can find his piece in [ORCA's 2018 newsletter here.](#))

So as I sat to write this year's retrospective article, it was clear what my topic would be:

2019's Top 5 Social Media Ethics Issues

1) Oversharing client info in online forums when requesting referrals

There are currently eleven billion Facebook groups dedicated to helping therapists connect with each other (it's true – I counted them myself.) Many of these groups are dominated by referral requests.

Isn't that great?! These are Facebook groups where mental health clinicians can network while helping each other's clients *and* each other's practices at the same time. This is basically what Al Gore invented the Internet for!

There is, however, one snag that we as a field need to work on before it can be the kind of professional cyber-utopia we hope for: **Oversharing.**

When we meet together in real life spaces for networking and consultation, we tend to have a strong idea of how to speak about client cases and referral needs without breaching confidentiality. The online world is a very different context when it comes to privacy issues, however, and we have to be much more restrictive with the information we give.

(Continued on p. 17)

(Social Media Ethics continued from p. 16)

This concern is rooted in ethical issues around confidentiality, but HIPAA is also relevant. In order to navigate this issue well, I think it would be useful for therapists to familiarize ourselves with the HIPAA Privacy Rule's safe harbor method of deidentifying clients. HIPAA's method is more restrictive than the classical deidentification standards we have long used in mental health (e.g. using a client's initials instead of their full name.) For more info, see [our article on HIPAA and deidentification](#).

Aaron Good's article, which I referenced earlier, has a great little template for making referral requests in a way that gets what the client needs without oversharing their info. Once again, [that article can be found here](#). The article is entitled, "Advocacy and Confidentiality."

2) Messy email and texting boundaries

Do you have an office policy, which you give to clients at intake, which spells out how you use (or don't use) email and texting? If you don't have one, I recommend putting that on your 2019 practice resolutions list. You'll probably be glad you did.

Therapist boundaries started getting pushed way back when the landline telephone became a common office item. Later, the cellular phone – and then the smartphone – came back around to give those boundaries a hearty shove of their own!

We can have a fun debate about the ways in which this is good and bad. What is clear, however, is that modern practice requires

compassionate and clear boundaries around communications between sessions. We have had numerous consultations with colleagues who complain of overly long text messages from clients, expectations of instant response time, clients who never check their voicemail, and so on.

We believe that, while it doesn't fix everything, a clear and well-conceived office policy that lays out the best ways to communicate with you between sessions is the strongest solution to these boundary problems. Our free newsletter subscribers can download our Sample Communications Policy in the [free downloads area here](#). If you haven't subscribed to our newsletter, you can [go sign up here](#).

3) Using the right email or texting services

I said it in 2017, and I'll say it again: there are not a lot of circumstances anymore where it makes sense to use nonsecure email or texting.

Sure, there are still times and circumstances where it makes sense. But the availability of inexpensive, convenient, and effective means of secure communication is so good these days that there isn't much reason to use conventional email or SMS texting so much – unless you work with a lower SES population, of course.

Please note that I'm not saying you need to cut those technologies out completely. Do consider working to move away from them, however, towards reliably secure technology that doesn't require clients to sign away their privacy rights. See our [article on high-privacy apps](#) and [our article on favoring secure texting](#) for more info.

(Continued on p. 18)

(Social Media Ethics continued from p. 17)

4) Nonsecure “Contact Me” pages on websites

This is one of the favored pet peeves of Liath, our Deputy Director. And for good reason.

Tons of therapist websites (eleventy zillion, if I recall correctly) include a page where visitors to the site can fill out a contact form to make an initial inquiry about services. The information they provide then gets sent to the therapist.

The vast majority of these forms send the information provided by a prospective client to the therapist’s web hosting company, which then passes the information on to the therapist via conventional email. It’s a bit of a confidentiality nightmare, but it’s one that isn’t obvious unless you’re familiar with the ways in which websites work.

It is very easy to replace these nonsecure contact pages with a secure forms service from a company like Hushmail, LuxSci, or Paubox. Many practice management systems also provide something similar to these “contact me” pages.

5) Using client reviews on websites and in Google, Facebook, and other profiles

Online reviews are a very effective marketing tool, so business and marketing coaches push us to use them. The truth, though, is that even a hint of solicitation for client reviews is very clearly unethical for every mental/behavioral health profession. For citations and further discussion, see [our article on local business listings](#) and [our article on colleague reviews](#).

This can be a big frustrator for private practitioners who avoid this ethical pitfall while working on their online marketing – only to find that a colleague in their area has a stronger web presence because they used client testimonials to boost their online marketing presence.

Conclusions

Social media is great and we should definitely use it to the extent that we enjoy it and it benefits our practices. Really. There is a need, however, for our field to come together on developing and following some standards and best practices for managing confidentiality and boundaries in the cyberworld. I imagine that 2019 will be a year where we start to put our backs into this effort. Stay tuned for more.



Roy Huggins, LPC NCC is a counselor in private practice in downtown Portland. He is also the Director of Person Centered Tech, where he performs continuing education, consulting, and general punditry on technology, digital ethics, and security in mental health practice. Find him at www.personcenteredtech.com.

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 and maintain your membership in ORCA.

Can We Call Ourselves Psychotherapists?

by Larry Conner MA LPC

COPACT Government Relations Chair

Recently I was asked to join a listserv debate about whether it is legal for anyone other than a licensed psychologist to use the title “psychotherapist.” There were some psychologists, LCSWs, LPCs and LMFTs on the listserv who were honestly confused because the psychology statute in Oregon explicitly states that only psychologists can use the term “psychotherapist.” This kind of thing pops up on the Oregon Psychological Association listserv every few years and typically a great deal of confusion and hurt feelings arise.

So, here is the definitive word from the people who know the answer: Since 2009, LPCs and LMFTs have been allowed to use the terms “psychotherapist” and “psychotherapy.” The reason for that is threefold.

- 1) Our Practice Act of 2009 explicitly gives us the right to assess, diagnose, and treat mental and behavioral disorders.
- 2) Our Practice Act also requires that health insurers operating in Oregon must reimburse services offered by LPCs and LMFTs. As I am sure you know, the CPT codes we submit to insurers for reimbursement are titled “psychotherapy.”
- 3) And lastly, in the last few years, the Psychology statute was amended to exclude LPCs, LMFTs, and LCSWs from its limitations.

The history of this issue is long and in some ways troubling. Psychologists were the first mental health providers to have a statute to regulate their practices in Oregon. Their statute stated, as it still does, that terms related to psychology and psychotherapy can only be used by psychologists. In the past their statute was used to limit the ability of other mental health providers to use those terms. Prior to 2009, if an LPC had a website that said she provided psychotherapy, the Psychology Board could fine her for violating their statute. Many LPCs and LMFTs had such experiences from the beginning of our licensure up until 2009.

Furthermore, for 15 years, whenever we LPCs and LMFTs tried to obtain the right to be reimbursed for our services by insurers, a firestorm of resistance would pop up in committee hearings in the legislature, largely from a number of psychologists who were adamant that LPCs and LMFTs were not trained sufficiently to practice psychotherapy. Each time we were defeated. There existed a statutory hierarchy of mental health providers that was rigid and unbending. Until 2009, we could not get anywhere trying to change the situation.

(Continued on p. 21)

(Continued from p. 20)



What helped us achieve third party reimbursement rights and the right to use terms related to psychotherapy was some prominent legislators becoming increasingly frustrated with the more vocal members of the psychology profession, and then telling them to stop the conflict. Through our advocacy, those legislators became aware that the issue was actually a turf war for market share rather than a significant difference in how LPCs and LMFTs provide therapy compared to psychologists.

Any hint of a turf war between mental health providers is now treated with both frustration and contempt in the legislature. That is one reason why COPACT is exceptionally careful to ensure that any statutory changes we propose do not have the hint of a turf war that looks as if COPACT is trying to put anyone out of work.

But this is all history. What is happening currently is that COPACT, OPA, NASW-OR and several other groups of providers and consumers are working together collaboratively on behalf of all mental health providers and clients in Oregon. This is a great achievement. I believe COPACT is the reason for this. Our lobbyist, Elizabeth Remley, has

been essential to the building of this informal and effective mental health coalition. Even though LPCs and LMFTs experienced unreasonable exclusion and hurtful bias for years, when we finally achieved the passage of the Practice Act in 2009, we decided that our future needed to be working with all the other mental health provider groups rather than against them. Some of this comes from the ongoing integration and collaboration that COPACT has between counselors and marriage and family therapists. By our very bylaws and stated purpose, we stand for inclusion and diversity. I am proud of how COPACT created that inclusive energy and then extended it to all mental health providers.

So, if you are ever challenged by a person who says LPCs and LMFTs cannot call themselves psychotherapists, you now know that is false. You are free to diagnose and treat mental disorders and to call your services, psychotherapy, and yourself, a psychotherapist.

And just a final note. Historically, yes there were some psychologists who were regularly picking fights with LPCs and LMFTs, and there are still a few, very few, of them out there. But even in the ugly past, the vast majority of psychologists were embarrassed by that hostility. That continues today. I have many colleagues and friends who are psychologists, and we work collaboratively both clinically and politically without judgment or division. And thanks to COPACT, that will continue on indefinitely.



Larry Conner, MA, LPC is the Government Relations Chairperson for COPACT.

ORCA 2019

JANUARY 18

Counselors of Color Reception

An evening of community, support, and celebration for BIPoC therapists
6-8pm at Olive or Twist

MARCH 21

Lobby Day & Ethics Workshop

Earn 3 Ethics CEs and get trained to lobby with your legislators
9am-5pm at the Capital Building in Salem

APRIL 5

ORCA Networking Event

Guest Speaker PPD Behavioral Health Unit
7-9pm location tbd

APRIL 13

OAMCD Planning Meeting

Oregon branch of the Association for Multicultural Counseling and Development
11am-1pm location tbd

MAY 4

Graduate Student Event

Professional Development & Networking
Lunch provided!
12-4pm at Second Profession Brewing

MAY 19

NAMI Walk

Join Team ORCA in support of the National Alliance on Mental Illness
1-3pm at the Eastbank Esplanade

JULY 21

Annual Potluck Picnic

12-4pm at Sellwood Park



Oregon
COUNSELING
Association

www.or-counseling.org/events



Looking for CE credits to support your license? Visit <https://returningveterans.org/> to register today for:

- **Professional Ethics and the Treatment of Trauma** (April 19, Tigard, OR)
- **Suicide Prevention Strategies with Veterans** (May 10, Bend)
- **Why People Die by Suicide** with Thomas E. Joiner PhD (June 28, Portland)
- **Brain Injury and its Effect on Behavioral Health Treatment** (Sept 20, Vancouver)

Want to attend these events for free? Become an RVP volunteer! Visit our website or call 503-954-2259 for more details.



The Lost Art of NOT Trying to Make Everything Better When You're Going Through a Thing.

by Roger McKeever, Yogi

To be perfectly honest, the last few weeks have been difficult. I've been edgy, agitated, grumpy, and just not myself. I've mostly felt like a deflated balloon. As the darkness has intensified so has my need to hibernate. More accurately, isolate. I've tried to use all of my coping tools, but nothing really worked. There's just been this underlying anxiety that has been vibrating at the core of my body. I know a lot of you can relate to that feeling of anxiety that doesn't really have a name or words, and yet it just doesn't go away. It's real. I kind of dropped off of social media, and I stopped spending time with my friends.

I felt embarrassed and ashamed of my situation so I just kept isolating. Wednesday, I finally reached out to a good friend and confessed: I've disappeared not because I'm busy, but because I'm embarrassed and afraid of my situation. We talked for an hour or so. Not surprising, the anxiety dwindled.

Tonight, feeling the stir to write and re-engage, I called my friend and asked for help on a topic to write on. Due to this clenching anxiety, I've had writer's block. I literally said: Give me a topic to write about that isn't dark, heavy, or revealing of my situation. To which she said: You should write about "wanting to write about something happy when not feeling happy." To which I said, "No, I'm not writing about that. Give me something else, something more positive, something spiritual. Anything. Not that."

What I've committed to in my life, in my work, and in my relationships, though, is a deep, raw, and vulnerable kind of honesty. But damn, there are some vulnerable places that are so sensitive that I want to run, push away, fight, scream, isolate and do anything but reveal the truth.

For the many things that we say yoga is, this... THIS... is the yoga that is the hardest and most necessary. Satya. Truth. The willingness and courage to put it all the table without shrinking back. This is what I am dedicated to.



Roger McKeever, E-RYT 500, is the founder of [Sacred Tremor](#). He is an inspirational teacher, storyteller, adventurer, spiritual activist, and artist. He is known for demonstrating the transformational power of yoga. He is playful, intuitive and grounded; his instruction is challenging yet nurturing.

On Authenticity

by Moira Ryan, LPC
Editor, *The Counselor*

A lot of the time, this field is akin to detective work. We worry that our helpees are not being honest with us, or we wonder about which parts they're hiding. "I'm smelling underlying trauma," we say to one another, or, "Maybe a talk with the department head?" or, "I have to wonder if he's using more often than he's telling me." This search for what's real makes so much sense. We know how much of ourselves we're concealing. We hide most of our unpleasant, nutso thoughts and our weird, compulsive behaviors because we know that if the world saw us as we really are, the world would reject us. We conceal ourselves in shawls of mindful, positive gratitude because the world is largely not a safe place. We strive to create a safe place in which our clients can actually access their experience and move toward ever-increasing congruence. We watch our clients for signs of dishonesty because we want to do all that we can to help them move into their authentic selves.

And at the same time, we're fighting imposter syndrome, or freaking out about whether we're offering clients the correct kind of psychoeducation, or if that psychoeducation piece is even accurate, or are we encouraging the coping skills folks need right now, or worrying whether we're practicing some new intervention we just got trained on the right way. There's an underlying current that we need to be the expert in the room. Otherwise, what's the point of the degree, of the program, of the job title, of the salary? If we aren't experts, then wouldn't it just be cheaper and easier for people to talk to their friends or family about their problems? Oh wait, but right, the world is not a safe place. We need to become experts in being the safe place. That's paramount.

I'm thinking now about the group norms of case presentations in grad school, and of consult groups afterward. One person shares what they can about their feelings about this work, and the rest of the circle is encouraged... to offer advice. Not to empathize, or invite curiosity, or learn from the speaker, really - just to offer

advice. "Have you considered ACT?" "Have you talked about sleep hygiene?"

Grad students worry about whether profs notice they're not doing the readings, or whether they're aligning with the right professors. Grad programs worry about accreditation and the liability of expelling students who aren't meeting basic standards. Interns worry about lying about their contact hours while not giving clients enough advice about coping skills. Big agencies worry about whether they're adequately aligning with donors. Agency applicants and new adjuncts worry about portraying themselves as emotionally healthy and knowledgeable about change-inducers. Scarf shoppers new to private practice worry about presenting themselves as naturally warm experts deserving of taking down clients' credit card numbers. And then clients worry about whether or not their therapist's "good enough," being liked by their (anxious) therapists, what topics feel safe to broach, and how do they go about being "good" patients?

I bring this all up to provide context for this sentiment: we are *so grateful* to our authors this quarter, for choosing to bravely show us some parts of themselves that aren't super-positive. They write about how hard it is to be broke; they write that they suffer from anxiety; they tell us they're dealing with profound grief. Not easy things to share with an anxious, judgmental world.

Last month, I learned that a colleague killed himself following a disciplinary action. He did something wrong, wasn't able to talk to his supervisor about it, got caught, and then couldn't see a way forward. Not all of us can trust our colleagues or supervisors (or therapists) to accept us, wherever we're at, whatever mistakes we've made, no matter how inconvenient (or incorrect) our perspective. This makes it so much harder for us to learn. When we're trapped in silence, in communities of fake positivity or performed expertness it can be so much harder to differentiate between our crappy behaviors or weird-o thoughts and our underlying identity. Which makes it really difficult to accept ourselves and others - and when we can't do that, it can feel impossible to imagine a future in which we're actually grounded, focused, grateful, and calm enough to truly accept where our clients are at.

Moira Ryan, LPC is in private practice in Portland.

Join Team ORCA for the 2019 NAMIWalks Event!

The Oregon Counseling Association will once again lace up our sneakers and walk together on Sunday, May 19th, 2019 in support of the National Alliance on Mental Illness. Join our team for the 2019 NAMIWalks event! We are walking to raise awareness of mental illness and raise funds for the important work of NAMI Multnomah.

Please JOIN OUR TEAM and walk with us, or support our team by making a donation to a team member listed on our ROSTER. Donations on this page are fast, secure and easy.

<https://www.namiwalks.org/team/ORCA>

All funds raised directly support the mission of NAMI to provide support, education, and advocacy to individuals and families right here in our community. Your support means a lot to our team and the 43.8 million Americans who experience mental illness in a given year.

Last year, lead by team captain Sofia Jasani, Team ORCA raised \$3,526 and was ranked tenth out of 147 teams. With your help, we can do it again!

The NAMIWalks Event takes place rain or shine on the third Sunday of May every year. The 5k walk begins and ends on the Vera Katz Eastbank Esplanade near SE Water & Main. The route is wheelchair accessible, and well-behaved children and dogs are welcome!



Call for articles

The Counselor, the quarterly newsletter of the Oregon Counseling Association, invites articles to be submitted for consideration for our Spring 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 Spring on by April 1, 2019

to 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

Editor, The Counselor

ORCA BOARD OF DIRECTORS

EXECUTIVE OFFICERS

President
Gianna Russo-Mitma
president@or-counseling.org

President Elect
Alana Ogilvie
presidenelect@or-counseling.org

Past President
Joel Lane
pastpresident@or-counseling.org

Treasurer
Laurie Kerridge
treasurer@or-counseling.org

Secretary
Sofia Jasani
secretary@or-counseling.org

COMMITTEE CHAIRS

Networking
Sue Ujvary
networking@or-counseling.org

Communications
Melissa Chernaik
communications@or-counseling.org

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

Graduate Programs
Jess Montee
gradprograms@or-counseling.org

Technology
Mike Running
technology@or-counseling.org

Ethics
Jenny Gaffney
ethics@or-counseling.org

ACEP Administrator
Joel Lane
acep@or-counseling.org

DIVISION PRESIDENTS

OACES President
Lisa Aasheim
OACES@or-counseling.org

OCDA President
Shannon Aniciete
OCDA@or-counseling.org

OALGBTIC President
Deanna Cor
oregonalgtic@gmail.com

VACANT POSITIONS

Human Rights
Membership

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