

THE COUNSELOR

SPECIAL FOCUS ON VULNERABILITY IN COUNSELING



Dear ORCA Members,

Welcome to 2021...we made it! Sort of.

First, can we please take a moment to celebrate collectively the end of 2020? Like many of you, I know the uncertainty of this past year nearly brought me to the brink. Thank goodness for my clients and colleagues who continually inspire me, and remind me of our strength and resilience. I am so grateful to be part of this hard-working community that strives day-in and day-out to inspire hope, change, and healing.

With 2020 behind us, I look forward--with hope in my heart and committed action on my mind--to a healthier and more equitable future for our communities, our clients and ourselves, most especially for BIPOC Oregonians. Sadly, the unprecedented challenges associated with the pandemic, economic hardship, wildfires, violent white supremacy and extremism, and the recurrent trauma of racial injustices will continue into 2021.

Unquestionably, we are in a time when the counseling profession is needed more than ever. There is a heightened public awareness of mental health and the expressed need for mental health support. As providers, we are confronted with the task to persist and remain engaged in the meaningful work of healing, advocacy and social change. The Oregon Counseling Association and our affiliated divisions (including [OAMCD](#),



[Oregon SAIGE](#), [OACES](#), [OCDA](#), and [COPACT](#)) are committed to this work and will continue to serve as active voices for Oregon's counselors and therapists.

More than ever, we are excited and encouraged by future opportunities for ORCA to engage our members and the community. We will do this through advocacy work including a virtual Lobby Week with Oregon State Legislators (details coming soon!); a networking event and workshop for graduate students, counselor educators and clinical supervisors; and our continued investment in professional development with conference offerings.

There will still be challenges in 2021, but ORCA won't stop working for you. I want to share a heartfelt word of thanks to our members for your continued support. We cannot do this without you! I also want to extend my deep appreciation to the people who make up the ORCA board and our divisions. ORCA is an all-volunteer organization sustained by the dedicated commitment of people who give their time and energy to support our profession.

I hope to see you (at least the virtual you!) at one of ORCA's many activities in 2021, and I wish you all a healthy and safe start to your year.

Tever Nickerson, LPC
President, Oregon Counseling Association

The Counselor is the quarterly newsletter of the Oregon Counseling Association

Volunteer Staff

Sophie Holliday
ORCA Newsletter Editor

Melissa Chernaik
ORCA Communications Chair

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:
ORCA Board Members Speak Out
The ACA Responds to the Violent Insurrection at the Capitol
Vulnerability in Counseling
Ethical Considerations of Counselor Vulnerability within the Context of the COVID-19 Pandemic
We Are Doing Our Best
Life in COPACT
On the Theme of "Vulnerability in Counseling"
Sitting with Vulnerability

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.





Photo by John Price via Unsplash

ORCA board members share their thoughts on the January 6th violent insurrection at our nation's Capitol

By Kate Madden & Tamara Randall

We have been through so much in the last year—as people, as counselors, as community members, as citizens. We've also heard so many calls for solidarity, for action, for outrage or restraint—calls that have come from trusted organizations, respected individuals, and also from opportunistic brands & influencers.

The ORCA board considered issuing a statement in response to the insurrection on January 6th. And we would have been within the current expected discourse to do that. But in the spirit of our profession, we instead had a group conversation that wove themes of consideration, empathy, advocacy, and reflective personal experience into the idea that we needed to respond. A side effect of sitting with the overwhelming reality of living through a global pandemic, the undeniable impacts of climate change, a (third? fourteenth? umpteenth?) call for racial reckoning, and the political division & upheaval that was dramatically highlighted this month is that these public, institutional statements can feel trite, pro forma, and even meaningless and deflating.

I don't exactly know how to express in words to this larger group of ORCA membership the feelings that were shared in that conversation and the ultimate call to deeper questioning we felt was necessary. I will say that I am feeling afraid. Grief-stricken. Soul searching. I am deeply disappointed yet also unsurprised about current events. These feelings extend beyond myself—I feel them on behalf of my

clients, my family, my community, and my country. And I sit with how to be authentic with and also act as an advocate for the clients that I work with.

My mind desperately wants an easy answer and my heart knows that isn't how these things work. What are we actually DOING? How are we supposed to feel? WHAT IS THE RIGHT ANSWER?!?!?!?

I will say that I believe a statement is a mostly-false comfort, one that promises answers that we can't come by easily and risks ignoring the hard work that solid, thoughtful plans require. These are not feelings or issues that are easily or quickly resolved.

What if we are just allowed to say that our hearts are broken and we don't know what to do about it?

Of course we want answers to these big questions that are facing us. Answers that none of us can have on our own, to questions we are a little bit afraid to ask. Let's ask them anyway. Together. ■



Kate Madden is a Registered LPC Intern in private practice in Portland and serves as the Technology Chair for ORCA. They feel pretty honored to listen to folks and support healing and learning as a counselor and as a person.

I believe the board of ORCA is collectively a leadership board. And in times of distress, people look to leadership to help find solace, solidarity, meaning, comfort, and hope.

As individuals, the events of January 6th caused many emotions that cannot be summed up in a tidy statement. But collectively, as a board that represents the Oregon Counseling Association, and thereby our members, I believe it is important to use the opportunity to amplify our values as both an organization and collectively as counselors.

Leadership is about being of service and guiding people towards a shared vision and mission. And if leadership is also suffering we must be vulnerable and share that experience with our members. Like so many right now, the truth is that we are in a constant evolutionary process of figuring out what we can and should "do," so our statements of support are not performative, but backed by action. As Membership Chair, I feel it is important to ask you, ORCA members, what is it that you most need in these turbulent times? How can we continue to best support you and your work? Now more than ever, your voice matters. We want to hear from you

with your thoughts, ideas and needs, and hope that you will share them in ORCA's upcoming membership survey. Watch for that in the coming weeks!

History and present times teach us that the oppressors win when the oppressed feel disempowered, hopeless, tired, and overwhelmed to continue fighting for justice. Yes, these are overwhelming and hard times, but that's why we are a part of this great ORCA organization: it can mean that we are not alone, that we are here for each other, and that collectively we are more powerful together. ■

Tamara Randall is a first generation decolonizing Mexican womxn living on the occupied lands of the Stl'pulmsh (Cowlitz) in Vancouver, WA. In her work as a therapist she focuses on serving from an anti-oppressive and liberation lens. She is passionate about serving ORCA as membership chair and is hopeful 2021 will be a year for collective empowerment in counseling.



Gender and Sexuality 101 for Therapists

- Saturday, March 20th
- Online training via Zoom
- Presented by ORSAIGE President (Keely C Helmick, LPC, CST)
- FREE for ORSAIGE Members
- \$25.00 for non-members
- 2 CE's available



for more info, contact oregonalgbtqc@gmail.com



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.

HEALTHY BRAIN, HEALTHY YOU!

NeuroOptimal® neurofeedback helps manage anxiety, reduce stress, and perform better at school and at work. In-home neurofeedback is an option! Check out our home rental program.

www.BeavertonNeurofeedback.com

Olga Ward
14355 SW Allen Blvd, Suite 120
Beaverton, OR 97005
Phone: (503) 806-0112



BEAVERTON NEUROFEEDBACK

ACA Statement: World’s Largest Counseling Organization Denounces Attacks at US Capitol

The American Counseling Association opposes violence. We strongly condemn the rhetoric from the president and others that led to this despicable event, knowing that it threatens to incite similar acts in the future.

Yesterday was a dark day in American history. We witnessed the desecration of the cornerstone in which our democracy lives and breathes—an attack on the US Capitol, carried out by zealous followers of President Donald Trump. The stress and anxiety brought on by this mob was made more insidious by the fact that this insurrection had been fomented by President Trump.

The American Counseling Association opposes violence. We strongly condemn the rhetoric from the president and others that led to this despicable event, knowing that it threatens to incite similar acts in the future.

“Over the past several months, the increased attack on democracy and the growing examples of racism in our country are responsible for the rise in trauma, stress, and anxiety. We must brace ourselves for the consequences and implications that will result from these heinous actions,” said Richard Yep, CEO of the American Counseling Association. “The riots at the Capitol only serve to increase the fragility of the overall mental health of our country—one that is already besieged by a global pandemic, the fight for racial justice, and the race to address climate change.”

Words matter. The American Counseling Association has chosen to use ours because we realize the enormous responsibility that professional counselors and other mental health professionals

will have in meeting the needs of clients who will be greatly impacted by the barrage of recent events. “This isn’t about politics—rather, we are a nation divided in the midst of a series of crises that now demand that mental health professionals show up to courageously meet the challenges faced by their clients and students,” said Yep. “Healing will be kept in abeyance if actions such as what we experienced yesterday at the US Capitol are allowed to continue.

We call on public policymakers and community leaders to join with mental health professionals across the country to work toward the restoration of a safe, caring, and respectful environment. To do anything less, would clearly be a dereliction of duty and allow the evilness of what we have witnessed to be victorious.” ■

PORTLAND | EMOTIONFOCUSEDTHERAPY™

COUPLE THERAPY TRAINING

Want to feel more confident when working with couples?

- 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 couples.

40 CE HOURS AVAILABLE

TRAINING INCLUDES READINGS, VIDEOS AND SMALL GROUP PRACTICE	NEXT TRAINING GROUP STARTS OCTOBER 2021
---	---

EDWARDS
PSYCHOTHERAPY

Charles Edwards PH.D.
Jamie Levin-Edwards PSY.D.

edwardspsychotherapy.com • 503.222.0557



Vulnerability in Counseling

by Kirk Shepard, LPC CDWF

That first day of telehealth on a tiny square from my laptop computer, my clients began inviting me into their homes. I had a five-week-old baby napping and my partner applying for jobs in the next room. The circumstances made it impossible to ignore this new glimpse into each others' lives. Anxiety was high for various reasons and the inability to make eye contact disrupted my go-to relational interventions.

It is widely accepted that relationships are at the core of this work. The science is clear on this. Connection with another human life is an ingredient for resilience. Relationships are a vital part of our very survival. 2020 was a test not only to the counseling profession but to our collective resilience. Systems of domination and oppression spiraled into a frenzy attempting to maintain power. We regularly witnessed acts of violence against Black bodies committed by the state and broadcast across the internet. Climate catastrophes, political instability, and mass mobilization of mutual aid networks, all converged with the backdrop of a raging pandemic which took hundreds of thousands of lives and forced millions more into isolation and scarcity. I am left wondering how any of my colleagues could avoid being vulnerable in sessions with their clients.

Relational-Cultural Therapy (RCT) informs my counseling practice. Naturally, I have a bias towards the belief that we heal through mutually growth-fostering relationships. RCT has given me a solid framework to practice forms of shared vulnerability with my clients.

Most of the reliable care practices that supported me in doing this work shut down in March. Sure, I had my hot baths and meditations, but there was a sudden cut off from the in-person connections that brought so much sustenance to my life and to my counseling practice. This was all particularly challenging to me as a new parent.

As the year progressed, I began to notice changes in my therapeutic relationships. Over the summer, as protests erupted around the globe in response to the killing of George Floyd and millions of voices declared Black Lives Matter, the COVID-19 pandemic had already taken over 100,000 lives in America. At this point most of my clients began reporting that they were experiencing a traumatic response or feeling intense disconnection. These all seemed like obvious responses to things like a deadly virus spreading with no end in sight, state violence, and economic instability. As my clients processed their experiences, I became aware of how they were excruciatingly relatable to my own. RCT emphasizes therapist authenticity. It's not a model that puts the expert therapist in a position to make interpretations about the "mentally disturbed" client. Instead, "it is both people — or in group or family therapy, all people — participating in trying to carry out a creative act of countering the destructive effects of a white patriarchal, "power-over" society and all of its many manifestations, recognizing that these conditions affect us all" (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991).

Many of my clients didn't know how to talk about the collective grief that had emerged in them. Sometimes I shared with them my own sadness, fear, and grief about the state of the world. These disclosures created movement in the therapeutic relationship. I want to emphasize that a therapist sharing vulnerability doesn't mean that the therapist

uses client sessions to meet their own needs. It is, however, a way to practice mutual empathy. It is a way for clients to cultivate a relational awareness to others and the systems in which we are all embedded. Oddly enough it was moving to a virtual platform that confirmed for me how emotional presence and radical relational authenticity often results in growth or healing in my clients.

Our profession is deeply personal. We live in an extremely vulnerable time. Doing this work is both urgent and challenging. It will demand much of us as we continue to live in a constant state of stress while also caring for others. 2020 has made it abundantly clear that our individual and community resilience depends on our relationships. Unfortunately, these types of relationships are very difficult to cultivate under a managed care, in-and-out model of psychotherapy. There are a lot of calls for "more mental health care" in the political and public arenas. A system that limits the number of therapy visits a client can have or restricts a clients access to a broad range of appropriately compensated and available providers is not helpful

for suffering people in the real world. As the foundations of unjust and oppressive systems begin to crack, counselors and healers might consider what it means to be vulnerable and authentic in our work with others. ■ *Article References listed on Page 21*



Kirk Shepard has a private practice in Portland, OR. Their work is built on the premise that we need connections to flourish, and that isolation is a major source of suffering for people on both a personal and cultural level. Kirk tends to work a lot with queer communities, creative professionals, and politically-minded millennials. Power imbalances and oppression are central to all of their therapeutic understandings and interventions.
<http://www.rootstockcounseling.com>

Call for Articles

The Counselor, the quarterly newsletter of the Oregon Counseling Association, invites articles to be submitted for consideration for our Spring 2021 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 for the Spring Issue are due by
April 1, 2021 to editor@or-counseling.org



Photo by Timothy Eberly via Unsplash

Ethical Considerations of Counselor Vulnerability within the Context of the COVID-19 Pandemic

By Greg Peterson, MA, LPC, NCC, ACS

This last year has been a difficult time to endure. From the start of 2020 and continuing into 2021, the time has been fraught with increased challenges to our ability to engage in civil discourse, be compassionate, and engage in self-care. Counselors have been challenged with several pervasive issues that all seemingly culminated together simultaneously. Issues such as systemic racism, police brutality, the COVID-19 pandemic, political unrest, and climate change, have impacted everyone during this time. These issues are complex and could be discussed at great length in many different articles. This article will focus on how counselors can effectively practice vulnerability with their clients around the topic of the COVID-19 pandemic.

COVID-19 has brought about unique complications to our ability to serve clients effectively. Overall, healthcare providers are experiencing an increase in distress and burnout symptoms while attempting to provide care during the COVID-19 pandemic (Aafjes-van Doorn et al., 2020; Brown, 2020; Sweeny, 2020). The pandemic has led to circumstances that healthcare workers, including counselors, have previously not been trained to address. Systemic isolation, an increase in telehealth provision of services, mixed with learning new telehealth treatment modalities, may increase healthcare workers' experience of moral injury due to feeling ill-equipped to ethically meet all the client needs (Litam & Balkin, 2020). Counselors experience the same challenging context of

isolation, fear, and worry about the future and personal financial impacts that clients experience due to complications with COVID-19. The counseling profession is one of the genuine relationships that are grounded in an authentic interaction. An ethical concern arises out of the tension between how counselors can be vulnerable and share their personal experience of this particular year with our clients. This paper uses an ethical decision-making model and recent research to provide some considerations for counselors faced with this dilemma.

Counselor Vulnerability as Self-Disclosure

Depending on the theoretical orientation, counselor vulnerability comes by many different names: authenticity, self-disclosure, and congruence, to name a few. For this article and to have a working place for addressing the ethical concern, this paper uses counselor self-disclosure as the action of counselor vulnerability. Hill et al. (2018) define counselor self-disclosure as "statements that reveal something personal about the therapist." Counselor self-disclosure as an intervention is quite rare. A recent review by Henretty et al. (2014) found that counselors use self-disclosure as an intervention in sessions at an approximate rate of 3.5% of all interventions. Literature reviews have found that clients reported self-disclosure as a positive experience and may lead clients to think more positively of their counselor (Hill et al., 2018; Buckard et al., 2006). In cross-cultural counseling dyads, clients report experiencing self-disclosure as a positive experience (Kern 2014; Buckard et al., 2006). Self-disclosure may be a more beneficial intervention than immediacy for clients of diverse cultural backgrounds (Hill et al., 2018). There are many kinds of counselor self-disclosure, and

effective self-disclosure occurs when the clients' benefits are considered before the self-disclosure. Counselors and clients exist simultaneously within the challenging context of a global pandemic. How then do we, as counselors, decide when to self-disclose or not about the impacts 2020 has had on us?

Initial Consideration for Ethical Decision-Making

I want to provide a small consideration about how to think through the ethical decision-making process. When discussing ethical decision-making, Frame and Williams (2005) commented that "figuring out ethical dilemmas lie not so much in choosing right from wrong as they do in choosing

between right and right." Ethical decision-making is about developing and choosing a course of action between "right" choices that remains within fidelity of ethical principles and are considered beneficial for clients from multiple perspectives. Engaging in navigating an ethical dilemma is never an experience between right and wrong, but one of which color of the rainbow or shade of gray best fits the context to benefit the client. If the problem involved ever has a transparent black and white choice, such as reporting suspected child abuse, the issue becomes one of legal mandate rather than navigating the nuance of ethics. Ethical decision-making requires a careful, systematic review of the problem and the client involved in upholding our field's ethical principles.

Ethics of Self-Disclosure

The American Counseling Association 2014 Code of Ethics provides varying degrees of clarity on how counselors can apply self-disclosure. Counselors have a responsibility to "respect the dignity and promote the welfare of clients" (A.1.a) and act to avoid harm (A.4.a). Engaging in self-disclosure does not cause a formal relationship to change but can cause a viewing of the counselor differently. From a multicultural perspective, counselors are charged to communicate in developmentally and culturally appropriate ways when engaging in informed consent (A.2.c) and throughout the counseling relationship. There is no clear guidance on the use of self-disclosure within the ACA Code of Ethics. The ethical decision-making model developed by Frame and Williams (2005) suggests that addressing our clients' cultural context when reviewing the Code of Ethics should become a requirement as race, gender, culture, and socioeconomic status influence all client and counselor decision-making processes. Hill et al.

Online Professional Development

offered by the Center for Community Engagement
at Lewis & Clark Graduate School of Education and

Friday-Saturday, February 19-20 | 6 CEUs

Understanding Healthcare Barriers for Transgender Youth

This two-part workshop will provide guidance on clinical best practice and holistic patient care. The workshop co-presenters possess years of direct experience in working with this patient population in the fields of social work, mental health, pediatric endocrinology and community-based education, advocacy and support.

Saturday, March 20, 10 a.m.-3:30 p.m. | 6 CEUs

Building a Private Practice from the Soul: A Trauma-Informed & Antiracist Approach to Counseling

Participants will examine the ethical and legal obligations involved in offering services in a private practice setting, professional business choices, marketing and branding, and realities of work/life balance. Approached from an anti-oppressive, antiracist and trauma-informed lense, participants will gain insight into equity issues that impact their professional development and clinical practices.

Instructed by Andrea Redeau, MA, LPC, CADC-I; and Julianna Vermeys, MA, LPC, LMHC, NCC

go.lclark.edu/graduate/counselors/workshops

(2018) commented that self-disclosure might be more beneficial for clients of non-Western backgrounds, suggesting that engaging in self-disclosure may be a component of multicultural competence. An alternative perspective would be to engage in broaching skills to discuss the topics of race and other intersectional identities (Day-Vines et al., 2018). Self-disclosure can be one of these broaching skills as counselors can discuss their own experience and progress on addressing and moving past racist beliefs and attitudes towards anti-racist counseling (Burkard et al., 2006).

Ethical Decision-Making Model

The ACA Code of Ethics (2014) states that counselors are expected to use an ethical decision-making guide to navigate complicated ethical dilemmas. The ACA has provided a white paper in Forester-Miller and Davis' (2016) guide for ethical decision-making. When navigating any ethical process, it helps to have a secondary source of information influencing your decision-making to provide additional objectivity.

This article does not use a full decision-making model but has borrowed from the process to discuss elements of a critical approach to review and consider an ethical dilemma, explicitly reviewing the dilemma through the ACA Code of Ethics. When considering self-disclosing about the impacts of COVID-19, the options are binary: 1) to not self-disclose or 2) to self-disclose. There are many different paths to pursue when considering disclosing to clients about personal experiences of COVID-19 and different results about self-disclosing. If a counselor decides to disclose or not, counselors' implementation may differ, depending on the unique combination of the counselor and client dyad. This binary choice is quite complicated, and my thoughts only represent a fraction of the possible considerations that could be addressed when thinking through self-disclosure of the impacts of COVID-19 with clients.

PROFESSIONAL SCANNING SERVICES

CLIENT FILES TAKING UP SPACE?
RETIRING? DOWNSIZING? MOVING? RECYCLING?

I Can Help You Save Time, Space & Money
by Reducing Paper into Digital

****HIPAA COMPLIANT****
PRICE PER BANKER BOX INCLUDES:
Approximately (10"H x 12"W x 15"D)

One Password Protected Portable Flash Drive; I provide the boxes; I'll do the Packaging; I will do the Transporting; Secure Storage at the Law Office; Accurate Digitally Scanned Documents; Reliable File Destruction or File Rebuild; Safe Shredding with Certificate of Destruction.



ADDITIONAL SERVICES AVAILABLE UPON REQUEST
" Protected Digital Backup Services \$10/month or \$100 annually"
Additional Flash drive \$25 each.

Kandice R. Bergsma – Founder
(Legal Assistant to Attorney Paul Cooney)
19824 SW 72nd Ave, Ste 201
Tualatin, Oregon 97062
kandice@cooneyllc.com
O: (503) 607-2711
M: (503) 810-3433

Choosing Not to Self-Disclose about Experience of COVID-19

When deciding not to self-disclose about how the experiences of COVID-19 have impacted a counselor, it is worth considering scenarios in which it would make sense not to disclose. A primary concern for counselors is not oversharing about emotional experiences that they are still navigating and would have difficulty managing their emotional response during the self-disclosure. Hill et al. (2018) provided evidence in a review that when counselors revealed "too much" about their personal lives and conflicts that it weakened the therapeutic alliance

and threatened the therapeutic boundaries. A way of thinking through navigating self-disclosure was once shared with me by my mentor that likened an effective use of self-disclosure to baking bread. Conflicts and life events that we are still working through to understand and manage our emotions would be under-baked or under-proved and not ready to eat. Following that metaphor, an event would be fully baked and ready to eat (or appropriate for self-disclosure) when a counselor has worked through the emotions related to the event and could share without having an emotional response that would be out of the counselors' control.

COVID-19 represents a unique situation in that counselors and clients deal with the same context of the pandemic, isolation, and possible job loss or loss of income. The emotional hindrance of the pandemic continues to move forward as well. It may prove more valuable to a counselor to choose not to self-disclose if it would be too difficult to share about the experiences they have had without managing their emotions. Similarly, if when self-

disclosing, the counselor lost the ability to lead the discussion helpfully and beneficially, choosing not to self-disclose is appropriate. Clients may press to know how the pandemic has affected you. One way of adjusting the response to not self-disclose could be to redirect the conversation back using immediacy to how come the client wishes to know the information. This use of immediacy can be a helpful discussion for the client, which would redirect away from self-disclosure, though, it may not feel authentic to divert away from the topic of the shared experience of COVID-19. An alternative path may be self-disclosing a portion of the experience. Counselors can provide a general statement connecting their emotional experience to the pandemic, such as "The loss of so many lives deeply saddens me as a result of the pandemic." This statement discloses something real of the counselor's experience while also remaining safe and general to the pandemic's overall experience. Due to the many ways COVID-19 has impacted humankind, different experiences could be self-disclosed.

Oregon Society of Clinical Hypnosis

Welcomes you to another great year

The 58th Annual Level 1 Course in Clinical Hypnosis

February 5-7, 2021 - 20CEs

Online - Web-Based Format - Enjoy learning from the comfort of your home or office

Level 2 Clinical Hypnosis Course April 9-11, 2021 - 20CEs

Refine & develop hypnotic skills for a broader range of clinical applications and clinical

An Evidence Based Intervention

Integrates with other treatment approaches - Effective in treating anxiety, depression, PTSD, acute, chronic pain, & many others

- 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
- Mentored practice sessions to help participants develop and refine hypnotherapeutic skills
 - Group Mentored Practice
 - Applications of Clinical Hypnosis
 - Hypnotic Phenomena & Communication
 - Neurophysiology of Hypnosis
 - Screening, Indications, & Contraindications
 - Determining client fit for hypnosis
 - Elicitation, Intensification, & Reorienting
 - Ethical & Legal Issues
 - Hypnosis with Children
 - Self-Hypnosis

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

For more information go to: www.oregonhypnosis.org



Choosing to Self-Disclose about Experience of COVID-19

Deciding that self-disclosure could be an appropriate avenue forward in a counseling dyad requires further self-exploration about what information should be disclosed. Broaching subjects about race and issues of power inject themselves into the conversation around COVID-19 as communities that are more negatively impacted have been marginalized communities. The self-disclosure should be tactfully considered to not fall within the over disclosure, as Hill et al. (2018) described, and should carefully be thought through how the power dynamics within the dyad interact. If the client is an individual with more power due to their intersectional identity, it may be beneficial to share more than, say, with a drastically affected client. When considering clients' diverse identities, it may also be beneficial to self-disclose more due to some individuals of diverse cultural backgrounds wanting a more personal connection with the counselor before engaging or trusting services. When deciding to self-disclose, the decision must be based on the unique context and relationship between counselor and client.

Consider a scenario in which a counselor and client have relatively similar demographic identities, and both are white women in middle age. The counselor has experienced mild inconvenience with missing out on social interactions yet has experienced an increase in financial gain due to more clients wanting to be seen over zoom due to pandemic stress. The pandemic has impacted the client by losing a job and currently has family members hospitalized. This scenario may warrant that the counselor spends more time listening and addressing the client's issues rather than attempting a self-disclosure. Self-disclosure should be utilized to develop and enrich therapeutic rapport building and increase the client's view of the counselor as a fellow human being (Hill et al., 2018). Self-disclosure should include a demystification of the counseling process and a humanizing of the counselor as a person. The shared context of the COVID-19 pandemic can provide a space for counselors to

self-disclose about the difficulties we face to increase the authentic connection between clients and their counselors.

Conclusion

Self-disclosure is a challenging intervention to implement. The rarity of occurrence and the inherent vulnerability counselors experience by showing up as humans within the room leads the intervention to be ignored, avoided or feared. Effective self-disclosure includes consideration for how the disclosure benefits the client, whether it builds rapport, and if the event is one that is "fully baked" for the counselor. Since counselors and clients are within the context of the COVID-19 pandemic, in my opinion, it is worthwhile to let our clients know they are not alone in experiencing the hardships of this year. At the same time, we maintain a rigorous evaluation and process of the information and experiences disclosed. ■ *Article References listed on Page 20*



Greg Peterson is the Ethics Committee Chair for ORCA and OACES. He is a doctoral student in Counselor Education and Supervision at Adams State University, a Licensed Professional Counselor in Oregon, and an Oregon Board Registered Supervisor. Greg works as a clinical supervisor at a community mental health agency in Cowlitz County, Washington, and as adjunct faculty in the CACREP Accredited Masters of Counseling Program at Adams State University. As Ethics Chair, Greg works to promote counselors' ability to identify and navigate ethical dilemmas.



We Are Doing Our Best

By Gianna Russo-Mitma, LMFT

While attempting to write this article, I found myself in conflict between a desire to share my experience as a clinician and educator, and all of the things I am about to talk about in this article — anxiety, worry, fatigue, annoyance, defeat, encouragement, excitement, confusion. It feels like everything we do in the last year has been burdened with more — more emotions, more pressure, more trauma, more pretending that everything is normal in a world that is anything but normal.

How many times this year have you felt fatigued from being a therapist? How many times have you felt like you haven't done enough as a clinician or an educator? How many times have you processed COVID-19 in session or in class? What about election stress? What about racism and racial injustice? What about protests and feds in our city and state? How many clients had to cancel due to forest fires near their homes? How many students were absent because of this? Maybe you had to cancel on clients and classes for those same reasons.

We went through all of these things alongside our clients and students, without time off to process, and most of us without specific training to prepare for virtual work. We learned as we went along, attending telehealth ethics CEs between telehealth sessions, calling insurance companies about insurance reimbursement (thanks for the help, [COPACT](#)), checking the news and checking in on our loved ones between appointment times. Navigating the lack of physical

boundaries between “work life” and “home life” when it’s all in the same space — just a wall apart from partners, kids, noisy (but oh-so-loving) pets, and neighbors. Oh yeah, and trying to process it all for ourselves, while processing the exact same thing hour after hour with clients who are just as overwhelmed as we are.

Having to hold space for everyone else — clients, students, partners, family, friends, and ourselves (we’re usually at the end of that list) — has been a lot. Too much, in fact. And we are doing our absolute best. **YOU are doing the best you can with what you have, with the circumstances at hand.**



Gianna’s dog Guinness is extremely helpful while working from home & encourages self care!

I'll be honest, self compassion and giving myself grace has been a struggle, so I won't pretend to be an expert at practicing the self-compassion I espouse every day. Truth be told, I worked more hours in 2020 than any year before (like many of us). At the same time, I've made a practice of having that phrase on repeat much of the day: *You are doing the best you can...You are doing the best you can...You are doing the best you can.*

This also feels like it has been the year of the ethical dilemma around self disclosure. "How are YOU doing?", clients and students ask me. What do I say in response? Where I've landed during these unprecedented times is that while I do think we can and must maintain the therapeutic focus off of ourselves, clients and students also want to connect with our genuine human-ness. When I give honest answers, they seem to appreciate it and feel validated in their own feelings and struggles.

Lastly, and on top of everything else, the first week of 2021 included an insurrection by domestic terrorists at the U.S. Capitol. For many of us, this occurred while we were in session, rapidly trying to scroll for news updates between appointments and meetings, trying to hold space for ourselves and everyone else, while our nervous systems desperately tried to regulate.

For many of us, it feels like we are doing crisis work each week because something new happens. Hours after the disastrous event at the Capitol, I taught my first class of Winter term at PSU. How was I supposed to concentrate? I used my trauma-informed approach and I wrote my students an email that class would proceed but I would also hold space for them in class — we acknowledged the day and discussed it, took many breaks, checked in constantly, gained consent to continue class, and I stayed after if anyone wanted extra time for questions about class, life, the day, trauma, etc.

I do not have much advice for what to do with clients or students, because we are all continuously learning about this new anything-but-normal. But

what I can share is my experience that when we model genuineness, authenticity, and emotional vulnerability, when we acknowledge that none of this is ok, when we denounce white supremacy, when we take the space to have self compassion and model self care, we create strong relationships and therapeutic alliances to do even deeper work.

Above all, take care of yourself in every way you can (crafting with polymer clay & felt, doing jigsaw puzzles, talking with my spouse & friends, and snuggling with our dog Guinness may all be saving my sanity). Continue to hold space for yourself and practice self-compassion. I believe in us, and that **we are doing the best we can with what we have, with the circumstances at hand.** Counselors and therapists: THANK YOU. ■



Gianna Russo-Mitma, M.S., is a Licensed Marriage and Family Therapist (LMFT) and OBLPCT Approved Supervisor for LMFT & LPC Interns. Gianna is also an Adjunct Professor for both graduate and undergraduate programs at Portland State University, Lewis & Clark, and the

University of Portland. She is the current Western Region Chair for the American Counseling Association (ACA), the current President of the Oregon Association for Counselor Education & Supervision (OACES), a Past President and current Professional Development & Education (PD&E) Committee Chair of the Oregon Counseling Association (ORCA), and a COPACT Board Member. Gianna is the Lead Counselor for Clear Transitions with Family Forward PDX. In Gianna's private practice, she specializes in working with: adults who have parents with narcissistic tendencies, folks with body image issues specifically those facing stigma in bigger/fat bodies, co-parenting after separation or divorce, family of origin issues, and self empowerment.
gianna@giannamft.com



Photo by Isaac Chou via Unsplash

Life in COPACT

By Steve Rodgers, LPC, LMFT,
Chair OAMFT

I am a blessed human being, fortunate enough to have the cognitive abilities and endurance to become an LPC and an LMFT. Like you, I have been part of changing people's lives. As I think about my life as a therapist, priest, teacher, principal, business owner, and author, there are a few things that leap to the top of my blessings list. My relationship with the organization known as COPACT (Coalition for Oregon Professional Associations for Counseling and Therapy) is one of them.

For me, life is about relationships and those I have made through COPACT will endure. I have been with COPACT for ten years. I started as the legislative liaison to OAMFT (the LMFT professional association). There were not that many of us then. The last few years have seen an amazing increase in those understanding the importance of this work. The reality is that to a larger degree than many like to admit or understand, politics matter. It impacts every aspect of your practice and your licensure.



COPACT has, since its inception, been building relationships with many in the therapeutic community, politicians, those who care about mental health, and others. Our goal has always been to increase access to mental health in Oregon for those who need it. You can go to the [COPACT website](#) to see some of what we have accomplished over the years. The more counselors and therapists involved in the process, the greater the influence over positive outcomes.

To be part of an organization that benefits those in need and seeks to protect those who serve that population is an honor. I have been the President, Secretary, and Treasurer of COPACT. I don't say that to brag. I say it to speak of the generosity of the other members. They listen, they care about each other, those who need therapeutic help, and the profession.

Politics is people. We live in a time when many are losing hope in the political arena. We see egos at work rather than service. BUT, I have met more amazing servants in the political and therapeutic arenas than not. I love getting into good discussions where people share and banter ideas back and forth. I am often a bit surprised that within COPACT we agree on so much, that we are able to focus on critical issues that directly impact our profession and those we serve. Everyone brings a unique perspective and talent to the table that are all respected.

We are fortunate to be working with amazing lobbyists from Thorn Run Partners, who carry much of the weight. Led by Elizabeth Remley, Rachael Wiggins Emory, and Maddy Do--three well-respected lobbyists in Salem--COPACT is becoming an increasingly prominent and respected voice for mental health issues.

I strongly encourage all of you reading this to support COPACT. You might even take a risk and sit in on one of our meetings; we don't bite. You might consider calling, writing, or meeting with representatives from your district. I guarantee that you will meet some remarkable human beings, help our profession, and feel good about yourself. Thanks for letting me share. ■

Photo by Laura Ockel via Unsplash



On the Theme of “Vulnerability in Counseling”

By Gemma Baumer, LPC Intern

Although I'm just 15 months into working with clients and recently graduated with a Master's Degree in Counselor Education, I'm no stranger to therapy from the other side of the room. My father died when I was six, and I've spent my life leaning into the supportive space of therapists, each one offering something unique. One played chess with me as we talked about death at eight years old. Another gave me the gift of letting me spill the contents of my over-crowded mind at sixteen. Another, at nineteen, at the end of each session, would gently and sweetly ask what I'd like to leave behind for her to hold. Now, I feel such regard for my therapist, she is like an auntie — a person I can rely on to install such trust in me, I cannot help but learn more for myself.

I've learned from all of these experiences the ways I want to be with people as a counselor. As a client, one is not privy to the technicalities, interventions, or conceptualization imbued in our education as clinicians, but certainly we feel the warmth, the realness, and the kindness. Especially in moments of deep pain or triumph, we grasp the felt sense of how it is to be fully seen and to be with another. When our full humanity — however fraught, tangled and tired it may feel to wear — is reflected back through the eyes of a loving other, we come to feel more fully open to our own experience.

There has been a deeply humanizing quality to the collective experience that has been 2020. In so many ways, it has been the year of not being able to breathe. We share in a disenfranchised, disenchanted uproar around social, racial, and

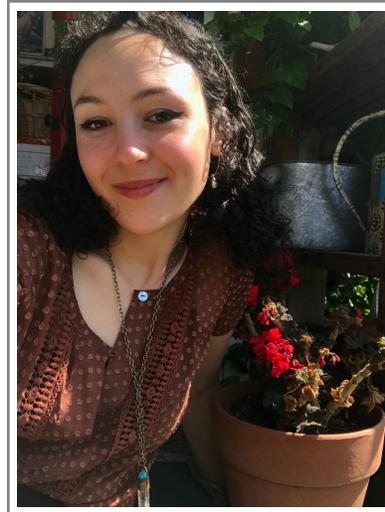
economic injustice, while also facing our own mortality. All of this with the added layers of isolation akin to a dystopian novel. While we as therapists must always confront parallel processes of pain and expansion, sorrow and growth, there is a different edge to undergoing a historical experience contemporaneously with our clients. I've found a great humility in leaning into our collective frustration right now. For me, this highlights the foundation of any relationship — we deepen when we go through something challenging with another. I find that more people are willing to reach across the line to ask how I am doing, not to distract from themselves but rather to appreciate that they are being held by another human who relates to them through their own lived experience.

I see frequently how the corners of our minds that feel most isolating are what connect us most to each other. We are each unique but we exist in patterns. I see my role as to open to another's perspective, to face it with them, just for an hour, and see their imperfect, messy courage in the face of challenges where one might otherwise see what they could have done differently. Doing so changes our own experience. It helps expand attention as we catch ourselves, inevitably whirling around in the tiny universe we each inhabit. It is remarkable the changes I have seen from those who work to just accept themselves. It is paradoxical — we joke in sessions about the effort it can take to allow.

But truly, we never completely undergo something in the same way as another. Our experiences are unique to the lens through which we process them. Going through 2020 with all my clients is like processing the same reality through the lens of a kaleidoscope. The heaviness I feel at one moment is as crushing as another moment is uplifting —

experiences of inspiration, gratitude, rising from the ashes. I get to see that this is what we do as humans — we take the deepest of pain and we turn it into something beautiful. We make our lives into a creative act from which we spin sorrow into gold. The work is as philosophical as it is practical, personal as it is relational. I love to feel aligned with the most intimate reaches of our human experience through that of another. In spite of the challenges of holding a collective trauma, I am genuinely glad to be engaging in this work at this moment in history. I think it is helpful to step into another's experience, lest we feel suffocated by our own. I feel curious what we will all make of the challenges we've endured this year. Most importantly, I have trust in the meaning we make from pain. And I feel lucky to get to offer the space for others to look upon their lives more tenderly.

Practicing therapy offers so much more than I could have ever hoped for. I see it as an act of love. ■



Gemma Baumer recently graduated from Lewis & Clark Graduate School of Counseling and Education. She is working on her internship through the Hakomi institute, at the M.E.T.A clinic, and will be starting a position at Live True in downtown Portland. She is also a passionate member of Existential Humanist NW, where she serves on the board and curates the blog. She is profoundly honored to be part of the counseling profession, and excited to take the next leaps into her career in the coming months.

23rd Annual Columbia River Eating Disorder Network Conference

Gender Diversity in the Treatment of Eating Disorders: Best Practices and Affirming Care for Transgender, Gender Diverse and Non-Binary Clients

Friday & Saturday, April 23 & 24, 2021 • Friday 9 a.m.-1 p.m., Saturday 12:30-5:30 p.m. PST • Online

Transgender, gender diverse, and non-binary individuals face significant health disparities, and recent research shows that these communities have a significantly higher risk of developing eating disorders than their cisgender peers. The 2021 program will address the need for more competent care for these clients, as well as provide a deeper understanding of the unique challenges they may face as they navigate recovery.

Join the Columbia River Eating Disorder Network as we examine cisgender privilege, care disparities and best practices as we work towards greater gender inclusion and equity in counseling and the treatment of eating disorders.

Details: \$125 by 3/26, \$150 after. Includes CEUs. Reduced rates for CREDN members, students, and medical/nursing residents.



2021 Virtual Program



Lindsay Birchfield, MS, RD, CD Registered Dietitian, Gender Activist, Creating Peace with Food



Sand C. Chang, PhD Psychologist, Author, Trainer, Clinic Director, Octave Health



Vaughn Darst, MS, RD Registered Dietitian, Senior Coordinator of Gender Affirmative Care, Center for Discovery



Shilo M. George, MS Speaker, Trainer, Lush Kuntux Tumtum Consulting



Kia'ikai Iguchi, MSc, MS, RD, LD, CD Registered Dietitian, Rogers Behavioral Health

...and more!

View full program and register online at go.lclark.edu/graduate/credn



Sitting with Vulnerability

by Nelly Kaufer, LPC

"I need to take a pause and look in the mirror to realize what I look like now", says a new friend of mine in her late seventies. It's like that. How I appear on the outside often doesn't match how it feels inside. I count on this in my work. Otherwise, I'd need to cancel sessions more often than I do. I, too, fluctuate between states of wellness and angst, integration and confusion. I am not only the wise, evolved "know-it-all" professional that some clients project unto me. Nor the incompetent therapist that others imagine me to be, likely to distract themselves from who they fear they are. I'd like to believe I'm invariably a good therapist, though my immersion in Buddhist psychology informs me otherwise.

We sit day in and day out, year in and year out, with client after client — their pain-anguish-anger-fear-rage. You name it. But this pandemic year has been different: there's more now and it's worse for many. Worse in many ways, the collective fear and loss and each of our personal ones. They're hurting. They wouldn't bear their soul and shame to a stranger if it was otherwise. We're hurting too. Stress upon stress. What is from the pandemic, what is from the moral degradation in our nation, what is from my personal pain? What is from my history, what is the client's unacknowledged or not yet integrated angst? What is the soup containing each, along with other ingredients? I can't imagine how I would

be able to do this without the on-going experience of holding my seat in meditation.

I worked at San Francisco General Hospital for the AIDS Health project in the late 1980's during the last pandemic. The gay men I worked with looked so vulnerable as they withered away into death. I learned to sit with hard things. But as a lesbian, I knew I was far less vulnerable to that plague than were they. Not the current one. It hovers in the air in these tiny aerosols we share.

We are vulnerable. In Buddhist psychology this is the "first task" or "ennobling truth." To know we are vulnerable is ennobling. To deny or voraciously defend against this knowledge of our vulnerability makes things worse, even though this might be our instinct. Refusing to wear a mask, refusing to call off sacred in-person connections with friends and family is a denial of vulnerability.

When I taught guided meditation, I would speak inspirationally of the "air we breathe" and how it connects us to one another. Now I understand that breath connects us in ways that are both comforting and potentially deadly and everything in-between.

The word vulnerable comes from the Latin "vulnerabilis" meaning "wounding" or "injurious." With the addition of the suffix "ability" we have the word "vulnerability." While this word refers to a susceptibility to wounding, might we instead focus on developing the ability to endure, soften and

learn from our emotional, physical and existential fragility.

Our vulnerability is entangled with what we hold dear, what matters most to us, and how we regard ourselves and the lives we have created. Our vulnerability is best touched with tenderness, yet we so habitually treat it with harshness and fear. Vulnerability and pain can't be "fixed" away. Being cared about by another helps. Even when the source of the pain remains. ■



Nelly Kaufer, LPC is a seasoned psychotherapist and the founder of Pine Street Sangha, a meditation center in Portland, Oregon. She has been teaching meditation, mindfulness and Buddhist psychology to mental health professionals for over 20 years, continually refining her perspective and approach. Thanks to a grant from a

Buddhist foundation, she is creating a one-year, in-depth CE certificate program for mental health professionals which will nurture a meditative and contemplative practice, along with an experiential knowledge of Buddhist psychology, to integrate into their clinical orientation and interventions. www.reflectivecounsel.org

Community Counseling Clinic



Low-cost counseling services

The PSU Community Counseling Clinic is open for telehealth counseling services! We provide virtual and low-cost services for individuals, relationships, families, and groups. In the future, in-person services will be available at our state of the art clinic located in PSU's new Vanport Building. We seek clients who are able to attend sessions on a weekly basis, and we prioritize clients experiencing financial hardship or barriers to services.

Counselors are graduate students in the Department of Counselor Education, supervised by expert licensed and/or board certified faculty. The clinic does not offer medication management or crisis intervention services.

Reception and scheduling:

Tuesdays/Thursdays 10am–7pm, Fridays 10am–5pm

Cost: \$15 per session

Vanport Building

1810 SW 5th Ave
Portland, OR 97201

For more information, call 503-725-4620!



ORCA BOARD OF DIRECTORS

EXECUTIVE OFFICERS

President

Tever Nickerson
president@or-counseling.org

President Elect

Jeff Chistensen
presidentelect@or-counseling.org

Past President

Vacant
pastpresident@or-counseling.org

Treasurer

Laurie Kerridge
treasurer@or-counseling.org

Secretary

Sofia Jasani
secretary@or-counseling.org

DIVISION PRESIDENTS

OACES President

Gianna Russo-Mitma
OACES@or-counseling.org

OAMCD President

Sofia Jasani
oregonamcd@gmail.com

OCDA President

Andrew Longhofer
OCDA@or-counseling.org

ORSAIGE President

Keely Helmick
oregonalgbtic@gmail.com

COMMITTEE CHAIRS

ACEP Administrator

Tever Nickerson
acep@or-counseling.org

Communications

Melissa Chernaik
communications@or-counseling.org

Ethics

Greg Peterson
ethics@or-counseling.org

Graduate Programs

Cynthia Glidden & Wanting Wu
gradprograms@or-counseling.org

Human Rights

Vacant
humanrights@or-counseling.org

Membership

Tamara Randall
membermgr@or-counseling.org

Networking

April Dodson
networking@or-counseling.org

Professional Development & Education

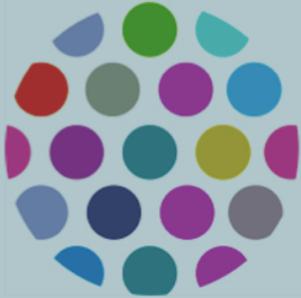
Gianna Russo-Mitma
continuinged@or-counseling.org

Technology

Kate Madden
technology@or-counseling.org

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

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



Join us.

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

Membership benefits:

- Maintaining a **strong lobbying presence** in the capitol on behalf of counselors and therapists. ORCA membership dues directly fund a seasoned lobbyist in Salem who provides ongoing advocacy around improving access to healthcare. This role has also supported bills that outlawed conversion therapy for minors, allowed LPCs and LMFTs to bill insurance companies, and much, much more.
- Being part of an organization that stands up for **social justice**. Advocating for diversity and human rights is at the heart of what we do.
- Opportunities to **connect and network**. Whether IRL during professional development events, Networking Nights, our annual summer picnic - or online via our members-only listserv - ORCA makes building professional relationships easy.
- Opportunities to grow as a leader in the profession, and to make your voice heard on critical issues. ORCA has many mentoring and **leadership opportunities** available to help grad students and new professionals jump-start their careers.
- **Discounted member rates** at our professional development events and conferences, which provide Continuing Education units necessary for licensure and certification.
- Guidance to help you comply with the **ethical standards** of counselors and therapists in Oregon. Expert consultation around ethics, technology and the law are offered free of charge to all ORCA members.

Membership dues:

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

*The Oregon Counseling Association is volunteer-run and membership driven, which means that we depend on our fellow healers joining us as members. [Join us.](#) **We can't do this without you.***

Reference Page for Articles Included in Newsletter

Ethical Considerations of Counselor Vulnerability within the Context of the COVID-19 Pandemic

By Greg Peterson, MA, LPC, NCC, ACS

- Aafjes-van Doorn, K., Békés, V., Prout, T. A., & Hoffman, L. (2020). Psychotherapists' vicarious traumatization during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S148–S150.
<https://doi-org.adams.idm.oclc.org/10.1037/tra0000868>
- American Counseling Association. (2014). *2014 ACA Code of Ethics*.
<https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf>
- Brown, S. (2020). How are counselors coping with Covid-19? Sally Brown explores the impact of Covid-19 on the therapy profession and how practitioners are adapting to best support their clients -- and themselves -- in these extraordinary times. *Therapy Today*, 31(4), 16–20.
- Burkard, A. W., Knox, S., Groen, M., Perez, M., & Hess, S. A. (2006). European American Therapist Self-Disclosure in Cross-Cultural Counseling. *Journal of Counseling Psychology*, 53(1), 15–25.
<https://doi-org.adams.idm.oclc.org/10.1037/0022-0167.53.1.15>
- Day-Vines, N. L., Booker Ammah, B., Steen, S., & Arnold, K. M. (2018). Getting Comfortable with Discomfort: Preparing Counselor Trainees to Broach Racial, Ethnic, and Cultural Factors with Clients during Counseling. *International Journal for the Advancement of Counselling*, 40(2), 89–104.
- Forester-Miller, H., & Davis, T. E. (2016). Practitioner's guide to ethical decision making (Rev. ed.). Retrieved from <http://www.counseling.org/docs/default-source/ethics/practitioner-s-guide-toethical-decision-making.pdf>
- Frame, M. W., & Williams, C. B. (2005). A Model of Ethical Decision Making From a Multicultural Perspective. *Counseling & Values*, 49(3), 165–179.
<https://doi-org.adams.idm.oclc.org/10.1002/j.2161-007X.2005.tb01020.x>
- Henretty, J. R., Currier, J. M., Berman, J. S., & Levitt, H. M. (2014). The Impact of Counselor Self-Disclosure on Clients: A Meta-Analytic Review of Experimental and Quasi-Experimental Research. *Journal of Counseling Psychology*, 61(2), 191–207.
<https://doi-org.adams.idm.oclc.org/10.1037/a0036189>
- Hill, C. E., Knox, S., & Pinto-Coelho, K. G. (2018). Therapist Self-Disclosure and Immediacy: A Qualitative Meta-analysis. *Psychotherapy*, 55(4), 445–460.
<https://doi-org.adams.idm.oclc.org/10.1037/pst0000182>
- Kern, E. O. (2014). The Pathologized Counselor: Effectively Integrating Vulnerability and Professional Identity. *Journal of Creativity in Mental Health*, 9(2), 304–316.
<https://doi-org.adams.idm.oclc.org/10.1080/15401383.2013.854189>
- Litam, S. D. A., & Balkin, R. S. (2020). Moral injury in healthcare workers during COVID-19 pandemic. *Traumatology*. <https://doi-org.adams.idm.oclc.org/10.1037/trm0000290>
- Sweeney, M. (2020). Counseling Clients during New York City's COVID-19 Pandemic: Observations on Fundamental Elements of Emotions Management. *Irish Journal of Psychological Medicine*.
<https://doi-org.adams.idm.oclc.org/10.1017/ipm.2020.42>

Vulnerability in Counseling

By Kirk Shepard, LPC CDWF

Jordan, J. V., Hartling, L. M., & Walker, M. (2004). *The complexity of connection: Writings from the Stone Center's Jean Baker Miller Training Institute*. New York: Guilford Press.

Banks, A., & Hirschman, L. A. (2016). *Wired to connect: The surprising link between brain science and strong, healthy relationships*. New York, NY: Jeremy P. Tarcher/Penguin.

Kent, J., & Peet, R. (2018). *Under pressure: Herbs for resilience*. NC: Janet Kent and Roger Peet.