January 2021

Northern Virginia Licensed Professional Counselors

Contents

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Letter from our President

BY FAITH JAMES, PhD, LMFT, LPC – President – president@nvlpc.org

A Look Back, A Look In, A Look Forward

As I prepare myself for this new year, I have been thinking about what to focus my letter on. I decided to focus on Positive Psychology’s concept of a Growth Mindset. About two weeks ago I facilitated a virtual seminar for the Association of Justice called “A Look Back, A Look In, A Look Forward.” This seminar was designed to help their staff mentally prepare for the transition into 2021. A large part of my presentation was focused on how we as Americans have experienced significant trauma personally and professionally during COVID-19.

Some of my research into the effects of trauma on cognition led to the concept of Mind Wandering (MW) by Boals and Banks.1 They assert that the stress and strain from being under continued trauma contributes to an inability of our working memory to function properly. Very interesting, right? I think this is the only time we can tell our supervisors, “Hey, I’m suffering from mind wandering and it’s a real condition.” My audience of Type A analysts appreciated this concept. Everyone can relate to losing oneself for a few hours in the news, social media, or a game on a phone. These are prime examples of Mind Wandering. The authors believe that in order to prevent MW, we should be journaling, exercising, sleeping and spending time with the ones we care about. As therapists, these remedies are a hard sell to our clients at the moment, because many of them are working hard to care for their families. Often times they come last in the equation.

Dr. Odelya Kraybill2 tries to help us with this. She distinguishes the difference between self-care and selfishness. She believes that in order to operationally heal from trauma


Continued on page 2

Go to www.nvlpc.org and your Inbox for the most up-to-date information before heading to an event!
we have to practice good self-care. Her Expressive Trauma Integration Model gives us examples of what a good self-care plan looks like. She explains the importance of the concept of Awareness in relation to what triggers us in our daily lives. Her work resonates with me both personally and professionally. I find it hard to take time away from work if I believe I can make an impact in my clients’ lives. This can lead to fatigue and work errors. I share this with you because as we move into 2021, we need a plan for how to maintain ourselves without feeling selfish about taking time to re-charge our batteries. It begins with our thinking.

A Growth Mindset has its origins in the ideas of Post Traumatic Growth or PTG, “that survivors of traumatic events can not only heal from their trauma, but may actually grow into stronger, more driven, and more resilient people because of their trauma.” It’s the belief that we can go through something traumatic and be transformed for the better. I am channeling my inner Captain America. He goes into the gamma radiation chamber and comes out a superhero. I think we can do that as well. While I realize COVID-19 is not a gamma radiation chamber, I venture to say that it has been transformational for us all. So, you can guess where this is going, right? Let’s take what we need from 2020 that allows us to grow, change and evolve and move right into 2021, because we all have work to do, families that need us, and friends to continue to support.

Faith James, PhD, President, NVLPC

3 How to Maintain Progress After Trauma https://www.psychologytoday.com/blog/expressive-trauma-integration/201804/how-maintain-progress-after-trauma?eml

The Building Blocks for Addressing Emotion Regulation in Play Therapy

BY CHRISTA BUTLER, LPC, RPT-S – Nationally Certified TF-CBT Therapist

Children and families who present for therapy frequently struggle with emotion regulation. This struggle has increased during the Covid-19 pandemic as the stress of the pandemic intersects with existing mental health challenges and systemic issues. In our offices, we are seeing an increase in children struggling to regulate their emotions, and parents struggling to co-regulate as they deal with their own stress and trauma. Having a roadmap to follow as we help children and families learn the skill of emotion regulation allows us to improve skills, track progress, and provide support to families.

Children who struggle with emotion dysregulation experience significant emotional and behavioral difficulties that are impacting them at home, in school, and in their communities. These emotional and behavioral difficulties impact their relationships with family, peers, and themselves. Emotional and behavioral dysregulation is triggered when feelings become overwhelming, and it includes internalizing and externalizing behaviors. The child can have difficulty regaining control of their emotions and behaviors once dysregulated.

When treating emotion dysregulation, regular attendance at outpatient therapy sessions is recommended in addition to other services such as in-home therapy, youth and family
team meetings with all providers and the school, and psychiatry. It is important to have a team approach so the adults can learn how to co-regulate and assist the child when they are overwhelmed. One goal of treating emotion regulation is to expand the window of tolerance for emotions and the ability to cope with emotions without exhibiting unsafe behaviors. The therapist should always keep in mind the family, culture, and community settings in which the work is being done.

Developing an affective vocabulary, to include learning ways to describe and communicate emotions, is important for enhancing emotion regulation. Depending on the age of the child there may be more symbolic playing than talking to explore and process emotions. However, eventually, the words to name or describe emotions are encouraged, while also helping people in the child’s life understand the way their behavior is also communicating emotions. In family therapy, the work of developing an affective vocabulary can include play-based activities focused on family engagement while discussing and disclosing about emotions.

Safety planning is a key component, which includes teaching parental strategies for providing externalized reinforcement of safety. Safety for self and others is an important piece of emotion regulation. Naming emotions cannot happen if the child does not feel they can safely express them. Parents are coached on how to effectively respond to conflict in the home, which combines strategies for both “doing” and “being.” In helping a child regulate their emotions parents must first learn how to model what regulation looks and feels like. Parents may also need to implement prevention and behavioral strategies.

Skill-building to improve awareness of how emotions are experienced in the body is also helpful. This can include art-based interventions to connect emotions with body parts. Other interventions may include play-based mindfulness, grounding, and deep breathing. Deep breathing can be taught with bubbles to help the child visualize and feel what a deep breath is like.

In addressing emotion regulation in therapy, therapists should track progress on the client’s ability to communicate feelings, identify where in the body emotions are felt, and effective coping with emotions. As with anything addressed in therapy, practice is required for developing and sustaining progress with new skills.

The treatment of emotion regulation is influenced by various theories. Directive play therapy, nondirective play therapy, family play therapy, and sand tray therapy interventions are utilized to help the child and family learn new skills. Attachment theory, an understanding of neurobiology, playful CBT, and play-based TF-CBT all influence the underlying theoretical basis of the treatment of emotion regulation. Art-based, expressive, and play therapies offer containment, while also providing opportunities for externalization, self-expression, and multisensory experiences. This work is truly integrative and individualized to the child and family. Strengthening the parent-child relationship is of utmost importance to provide a safe container for children to feel emotions and express them safely while supporting both the child and parent(s) in the development of skills to improve their relationship and overall family dynamics.

**About the Author:** Christa Butler is a Licensed Professional Counselor, Registered Play Therapist Supervisor, and Nationally Certified TF-CBT Therapist. She has ten years of experience and has utilized play and expressive therapy with individuals, families, and groups of all ages. Christa enjoys integrating creativity into therapy with the use of play, expressive, art-based, and sand tray therapies. Christa is the owner and founder of Creative Minds At Play, LLC. Christa works in private practice with Seven Corners Psychotherapy. Christa is currently accepting clients in private practice and licensure supervisees. Contact: creativemindatplay@gmail.com or Christa@sevencornerspsychotherapy.com
Going Deeper with Anxiety

BY MICHELLE M. MAY, LPC

What if we aren’t taught how to treat anxiety effectively? In graduate school and beyond, we learn about theories and techniques, histories of counseling, ethical guidelines, and how to diagnosis symptoms. But we do not always learn why those symptoms occur, how to treat them, or when and how often to intervene. Identifying and understanding a client’s anxiety gives us the answers to these questions.

What is Anxiety, Really?

We all have it. You may be experiencing it right now. I am, even though I wasn’t aware of it until I typed this sentence. So what is this unconscious process? First, it is helpful to know what anxiety is not. Anxiety is not a thought process like worry. Anxiety is not a core feeling like anger, sexual desire, happiness, grief, guilt, or love. These core feelings have distinct physiological pathways in the body. Instead, anxiety can show up in many ways such as muscle tension, an upset stomach, or dizziness. It is a physiological process that is caused by mixed unconscious core emotions that were previously unsafe to our relational bonds. Like a fever, anxiety lets us know when something deep within us doesn’t feel quite right, whether or not we know what it is. As clinicians, if we learn to notice and identify the different types of anxiety, we can learn how, when, why, and how often to intervene within a session. Anxiety is the most helpful tool in telling a therapist when to step on the breaks or hit the gas.

The Three Types of Anxiety

Striated muscle anxiety, also known as voluntary muscle anxiety, is anxiety that can usually be seen and heard. Fidgeting, sighing, muscle tension, tightness in the chest, and tension headaches are some examples. Most simply put, this type of anxiety tells us that unconscious mixed feelings are present and the client can be invited to feel them. When these warded-off feelings are safely felt, the anxiety alarm can be quieted.

Smooth muscle anxiety, also known as involuntary muscle anxiety, is a higher level of anxiety affecting the airways, GI tract, bladder, and blood vessels. Symptoms of smooth muscle anxiety include migraines, nausea, diarrhea, and acid reflux. The symptoms of smooth muscle anxiety usually need to be regulated before the client can fully face their feelings.

Cognitive Perceptual Disruption (CPD) is the highest level of anxiety. Examples of CPD are hearing issues such as tinnitus, vision disturbances like tunnel vision, thinking problems like an “IQ crash,” dizziness, and lightheadedness. Like smooth muscle anxiety, these symptoms usually need to be addressed before underlying feelings are explored.

By identifying the type of anxiety when it happens, we can become more adept at getting at the source. If we know the cause, we can help our clients’ anxiety diminish in the long run, not just the moment.

Psychodiagnosis vs. Diagnosis

Each of us can diagnose mental health disorders. We know a client has Generalized Anxiety Disorder because she has difficulty concentrating, chronic muscle tension, feels constantly nervous, and has trouble sleeping. We know this because she told us. But do we know why? The client can tell us why she thinks her symptoms exist. But what if that isn’t the whole picture? She might be able to tell us when her symptoms began, but maybe not. And if she wants to know her diagnosis, we can tell her. But is that helpful for much more besides insurance? If we go to a doctor because we have difficulty breathing and we ask the doctor what is wrong, she could say,
Going Deeper with Anxiety  Continued from page 4

“you have chest tightness.” How frustrating! We know this already. What we are really asking is what is wrong with us, why is it happening, and how can we stop it.

A psychodiagnosis does just that. It helps both clinicians and clients link feelings, anxiety, and defense mechanisms by understanding causality as illustrated below. We have feelings and impulses of which we are unaware. They are not experienced. These feelings are squashed as anxiety puts its heavy weight upon them. Naturally, defenses come up to mitigate this discomfort. Often, the defenses are helpful and adaptive, but not always. The type of anxiety within a client’s body tells us if we need to focus on experiencing feeling, regulating anxiety, or identifying and clarifying defense mechanisms.

Trigger → Feelings/Impulses → Anxiety → Defenses → Consequences?

If we treat anxiety as a feeling, we merely help our clients focus on and feel it more. If we only give our clients methods to be rid of it in the moment, we never address the source. But if we begin to focus on the true causes of it — that something is under the anxiety — then we can begin to help our clients experience an entire world within themselves that will lead to lasting change.

Please Support Telehealth by Responding to the NVLPC Survey

BY MICHAEL GREELIS, PHD, LPC

Do you want the option of using telehealth services in the future?

Do your clients want the option of using telehealth services in the future?

NVLPC will survey its members over the next few weeks to determine the benefits of telehealth and desire for its continuation after the Covid-19 crisis is over. When the survey lands in your Inbox, please respond. Your input is critical and will be used for advocating for Virginia’s LPCs and their clients.

Telehealth
Telehealth is the use of video conferencing to deliver mental health services to individuals, families and groups. While the practice had gained some traction due to its efficiency and the ability to serve distant populations prior to the current crisis, state and federal regulators were reluctant to endorse widespread use of telehealth.

In mid-March, the Centers for Disease Control (CDC) and Dr. Anthony Fauci, MD, Director of the National Institute of Allergy and Infectious Diseases, recommended against non-emergency
Please Support Telehealth Continued from page 5

face-to-face meetings for medical care, including mental health. State regulatory boards and the Centers for Medicare Services amended regulations to allow for the practice and reimbursement of counseling services using telehealth. Throughout the country, mental health professionals were encouraged to practice virtually through telehealth to assure continued services for existing clients and new referrals.

Prior to the special regulations encouraging broad based telehealth, the Virginia Board of Counseling guidance document (115-1.4) on telehealth indicated skepticism on the value of virtual services:

1. Counseling is most commonly offered in a face-to-face relationship. Counseling that from the outset is delivered in a technology-assisted manner may be problematic in that the counseling relationship, client identity and other issues may be compromised.

At some point the Covid-19 restrictions against small and large gatherings will be lifted. We will once again have the ability to see clients in office settings, in person, face-to-face.

As professionals, we need to ask and answer important questions. How effective have we been at providing services via telehealth? What are the preferences of our clients? Should telehealth be considered an equally valid platform for services? How should regulators at the state and federal level treat telehealth in the post Covid-19 world?

In order to lead on the future of telehealth in Virginia, NVLPC is seeking a robust return from our professional community on the upcoming survey. Again, watch your Inbox for a link to the survey.

We look forward to your participation in the survey and to sharing the results with you as soon as possible.

Pastoral Counselor Staff Position

The Center for Pastoral Counseling of Virginia (CPC) seeks an enthusiastic and motivated Clinician, who is looking to join a community of counselors to grow professionally and contribute to the organization. Experience working with couples, children, and Medicare clients is highly desirable. Additionally, we seek applicants who would increase CPC’s diversity in gender, bi-linguality, religion, and ethnicity.

Requirements:
- Must have a Master’s level degree in Counseling, Social Work, or Marriage, Family Counseling.
- Must be licensed as a LCSW, LPC, LMFT, or have Psy.D.
- Be willing to build a case load by networking and marketing.
- Maintain a case load of 15-20 client hours a week.
- Have at least 3 years’ experience.
- Attend staff meetings on the first three Thursdays of each month.
- Contribute by serving on Clinical, Outreach, or Administrative work groups.
- Utilize and maintain Simple Practice, our electronic health record to track clients.
- Comply with all HIPAA and Professional ethics regulations in counselor’s interaction and communication with clients.
- Keep up with continuing education requirements.

Please submit your resume to Clinical Chair, Alexandra Delaroderie at adelarodcpc@gmail.com by 31 January 2021.
Announcing: New Group LISTSERV!

BY SULTANA KARIM, M.A., LCPC, LPC, CCTP – Webinar Administrator at NVLPC – webinar@nvlpc.org

Greetings Everyone,

We are excited to announce that we changed our listserv from Yahoo Groups to Groups.io since Yahoo will no longer be running their Groups feature on or before 12/15/2020.

The listserv is a great resource to connect our members. It is often used to ask for referrals, ask questions, or share information. If you aren’t currently using the listserv - join us!

What is Groups.io?
Groups.io is an email listserv that not only sends messages to all of its members (which is similar to Yahoo Groups), but it can also integrate other services like Github, Google Hangout, Dropbox, Instagram, Facebook pages and import feeds into the group, search the archived emails and attachments by utilizing hashtags, and integrate polls into the group. For more information about Groups.io, please feel free to check out the Groups.io About page at https://groups.io/static/about.

How to join the NVLPC Groups.io listserv?
To join the nvlpc@groups.io group, click this link: https://groups.io/g/nvlpc.

If you have any questions or comments about this listserv, please send me an email at webinar@nvlpc.org.

Happy New Year!

Practicing Alcohol Moderation: A Harm Reduction Alternative to the Abstinence-Only Model

1.5 Credit Hours

When: Friday, January 8th, 10:00 AM

Where: Online Webinar offering

Presenters: Cyndi Turner, LCSW, LSATP, MAC and Craig James, LCSW, LSATP, MAC

Contact: Ericka Nelson Events@NVLPC.org

Registration Information: Online registration is available until: 1/8/2021.

Fees for Virtual Webinars:

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Refund, Cancellation, and Inclement Weather Policies:
To cancel, please call or email 24 hours in advance or you will be charged for the event. If NVLPC cancels an event, you will be refunded the cost of the event. During inclement weather NVLPC will host the event as scheduled; in-person events will only be cancelled in circumstances when the federal government shuts down due to inclement weather.

About the Event:
Since 2013, the DSM-5 has diagnosed alcohol use disorders on a spectrum. However, the most common recommendation for drinkers experiencing problems remains admitting that they are “alcoholics” who must be abstinent, attending 12-step meetings, admitting powerlessness, and relying on a Higher Power. There is over 50 years of research that proves that alcohol moderation is a more effective treatment option for the majority of drinkers than the abstinence-only model. We are entering a “third wave” of treatment that incorporates harm reduction strategies, yet few clinicians are familiar with how to practice it effectively with their clients. This presentation will define alcohol moderation, predict who is a candidate for moderation using the research-backed Alcohol Moderation Assessment, develop and monitor an Alcohol Moderation Plan, and share practical strategies for using harm reduction tools with clients.

Upon completion of the workshop, attendees will be able to:

• Understand why harm reduction is an effective treatment option for the majority of alcohol users
• Predict who is a candidate for alcohol moderation using the Alcohol Moderation Assessment
• Develop and monitor an Alcohol Moderation Plan
• Practice alcohol moderation techniques

Earn 1.5 Contact Hours for attending this event.

About the Presenters:
Cyndi Turner, LCSW, LSATP, MAC is the Co-Founder & Clinical Director of Insight Into Action Therapy and Insight Recovery Centers with offices in Ashburn and Fairfax Virginia. She is a harm reduction therapist who has been in the addiction treatment field for almost three decades. Cyndi co-developed and facilitates the Dual Diagnosis Recovery Program®, is a clinical supervisor for licensure, expert witness, topic expert contributor for GoodTherapy, therapist for players involved with the National Football League Program for Substances of Abuse, and nationally recognized trainer on alcohol moderation. She challenges the traditional belief that all drinkers experiencing problems are “alcoholics” who need to quit drinking forever and designed the Alcohol Moderation Assessment which predicts who may be successful candidate for alcohol moderation. Cyndi is the author of numerous articles and three #1 New Release books Can I Keep Drinking? How You Can Decide When Enough is Enough, The Clinician’s Guide to Alcohol Moderation: Alternative Methods and Management Techniques, and Practicing Alcohol Moderation: A Comprehensive Workbook.

Craig James, LCSW, LSATP, MAC has been in the addiction treatment field for over twenty years. He is the Co-Founder & Director of Operations of Insight Into Action Therapy and Insight Recovery Centers. He co-developed and implements the Dual Diagnosis Recovery Program® and is a nationally recognized trainer on alcohol moderation. Craig serves on the board of Dandelion Meadow and the Virginia Association of Addiction Professionals.

NVLPC has been approved by NBCC as an Approved Continuing Education provider, ACEP No. 6130. Programs that do not qualify for NBCC credit are clearly identified. NVLPC is solely responsible for all aspects of the programs.

Seeking: Newsletter Editor

NVLPC is seeking a volunteer to take over the position of Newsletter Editor as of June, 2021.

This is a fun, fully remote job for someone who likes communicating with others, pays attention to detail, and wants to help guide a major outreach function of NVLPC. We publish the newsletter six times a year, on a bi-monthly basis.

The editor assembles content, e.g., articles, event details, and ads, for each issue and works with the contracted graphic designer to prepare each issue. In this work, the editor is supported by the Communications Director. All tasks are completely virtual, even post-COVID. No experience necessary – full training and support will be provided. Please contact Audrey at newsletter@NVLPC.org.
The Art of Therapy, The Value of EMDR

1.5 Credit Hours

When: Friday, January 22, 10:00am

Where: Online Webinar offering

Presenter: Joan Monahan, LPC, ACS

Contact: Ericka Nelson Events@NVLPC.org

Registration Information: Online registration is available until: 1/22/2021.

Registration Costs: Early bird pricing ends the Sunday before the Event. Regular pricing is until the day before the event.

Fees for Virtual Webinars:

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About the Event:
Therapy is a masterful process which can offer individuals time to explore various parts of themselves. The value and richness of therapy can be achieved within clients and throughout the therapeutic relationship resulting in a beautiful, artful outcome. Eye Movement Desensitization and Reprocessing Therapy can offer this richness to unfold despite the challenges that clients may encounter in therapy.

Decades of clinical pioneering by the late Francine Shapiro has allowed scientifically researched and empirically validated EMDR therapy come alive. EMDR has been shown to be an effective treatment modality for improving clients’ overall symptoms related to Post Traumatic Stress Disorder, panic attacks, depression, and anxiety.

In this presentation the following objectives will be covered:

• Provide a thorough description of the comprehensive model of EMDR therapy.
• Review case conceptualization through an EMDR lens.
• Provide descriptions of the “art” to be utilized when clients become resistant in treatment.
• Discuss transference and countertransference during various stages of treatment.
• Describe the 8 Phases of EMDR therapy in treatment.

Earn 1.5 Contact Hours for attending this event.

About the Presenter:
Joan has been a Licensed Professional Counselor for over twenty years and possesses over twenty-three years of experience working in the mental health field. This experience has been in private practice, hospitals, and schools. She utilizes a variety of therapies which include:

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What Are You Hungry For?

1.5 Credit Hours

When: Friday, February 12th, 10:00 AM

Where: Online Webinar offering

Presenter: Dr. Lenese Stephens, EdD, LPC, LCPC, MAC, NCC, ACS, BC-TMH

Contact: Ericka Nelson Events@NVLPC.org

Registration Information: Online registration is available until: 2/11/2021.

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About the Event:
Prior to the current state of the union many individuals had not given thought or insight to their evolving relationship with food. There have been many medical interventions in support of weight management and/or weight loss, however, mindfulness based stress reduction (MBSR) and mindful eating practices are becoming a prominent method of addressing eating patterns. This educational & experiential presentation aims to allow attendees to experience MBSR practices in support of cultivating their individual forms stability or grounding during high crises times and the stress response pattern with use of food.

Presentation Objectives:
1) Defining what mindful eating is and how it can support in alleviating anxiety/stress as it relates to our relationship with food
2) Identifying how experiencing our environment via other senses shapes different relational parts with eating
3) Enhancing ways to incorporate informal/formal mindfulness practices throughout the day in support of alleviating anxiety/stress as it relates to our relationship with food

Earn 1.5 Contact Hours for attending this event.

About the Presenter:
Dr. Lenese N. Stephens, is a mental health group private practice owner, Hopeful Counseling, is a licensed professional counselor and has research interests in mindfulness practices to enhance emotional development, social cultural factors related to body-image and positivity and counselor education and supervision.

The Art of Therapy
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Humanistic, Client-Centered, Cognitive/Behavioral, and Eye Movement Desensitization and Reprocessing. She is an approved clinical supervisor, a certified EMDRIA therapist and an approved EMDRIA consultant.

Joan believes individuals have the power to tell their story and use their voice to create positive change in their lives. She has experience working with trauma, anxiety, depression, and mood disorders. Joan conducts presentations, consultations and workshops for various organizations and companies. The power of utilizing humor and practical examples to humanize the impact of stress resulting in a relaxing atmosphere is Joan's style in presenting. Clients and her audience can feel more at ease with this presentation style. Joan educates individuals about the impact of the mind-body component/connection, communication, and stress throughout her presentations and conferences.

NVLPC has been approved by NBCC as an Approved Continuing Education provider, ACEP No. 6130. Programs that do not qualify for NBCC credit are clearly identified. NVLPC is solely responsible for all aspects of the programs.
Hypnotic Language: Words and Patterns for All Therapists

1.5 Credit Hours

When: Friday, February 19th, 10:00 AM

Where: Online Webinar offering

Presenter: Linda G. Ritchie, PhD

Contact: Ericka Nelson Events@NVLPC.org

Registration Information: Online registration is available until: 2/18/2021.

Fees for Virtual Webinars:

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About the Event:

Overview: Conversational hypnosis is used by a variety of people to improve their communication skills so they communicate clearly and get their point across. The best communicators in the world all use hypnotic patterns when they speak. Politicians, advertisers and salespeople are all well aware of hypnotic language patterns and use them routinely. By using hypnotic language patterns, we as therapists are able to communicate ideas to our clients in a way that allows them to respond to our suggestions without feeling that we’re the one telling them what to do. By learning and using these patterns in your conversations with your clients, you will be able to see the difference a turn of words can make to the outcome. You don’t need to be a linguist or have a background in hypnosis to use hypnotic language patterns. The words and patterns you will learn to use are already in your vocabulary.

As a therapist, your goal is to suggest, persuade, or motivate your client. During this presentation you will learn a foundation for using your words and language patterns to help you create meaning on a deeper level for your clients as you offer suggestions for change. Hypnotic language, words and patterns, are easily incorporated into all models of therapy and will help to intensify the results of your approach.

In this interactive presentation, you will learn the following:

- More than 20 language patterns you can immediately start to use.
- More than 20 words that work “magic” on the subconscious mind outside of critical conscious awareness.
- To distinguish between direct and indirect suggestions.
- To distinguish vague vs. specific language.
- Why these words and patterns will resonate with your clients and help create change.
- To use these language patterns when speaking and writing.
- To add hypnotic language patterns to your therapeutic tool chest.

About the Presenter:

Dr. Linda Ritchie, is a Psychologist, a Licensed Professional Counselor, a Licensed Marriage and Family Therapist, and a Certified Hypnotherapist. She is a certified consultant for the American Society for Clinical Hypnosis, and a certified hypnosis instructor for the International Certification Board of Clinical Hypnotherapists and the Dave Elman Hypnosis Institute. Additional hypnosis affiliations include the International Medical and Dental Hypnotherapy Association and the Society of Neuro-Linguistic Programming. She is a Cognitive Behavioral Therapist with certifications from the Beck Institute for Cognitive Behavior Therapy in Philadelphia and from Doctor David Burns and the Feeling Good Institute in T.E.A.M. Cognitive Behavioral Therapy level 2.

Linda was an Army officer for 23 years. In her practice she focuses on working with people suffering from the “common colds” of mental health – anxiety, panic, phobias, depression, worry, sadness, difficulty sleeping and unexplained fatigue. She uses a combination of classical and Ericksonian hypnosis,

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1.5 Credit Hours

**When:** Friday, February 26, 10:00AM

**Where:** Online Webinar offering

**Presenter:** Lori Kelly, LPC

**Contact:** Ericka Nelson Events@NVLPC.org

**Registration Information:** Online registration is available until: 2/25/2021

**Fees for Virtual Webinars:**

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***In registering for this event, I agree to allow NVLPC to share my email address with the presenter. This will only be done, as needed, for distribution of presentation-related materials***

**Refund, Cancellation, and Inclement Weather Policies:**

To cancel, please call or email 24 hours in advance or you will be charged for the event. If NVLPC cancels an event, you will be refunded the cost of the event. During inclement weather NVLPC will host the event as scheduled; in-person events will only be cancelled in circumstances when the federal government shuts down due to inclement weather.

**About the Event:**

When we experience stress, it can become stuck in our bodies and can limit healing. Many stressful events of today can subconsciously remind us of unresolved past traumatic events and can lead to ongoing chronic stress patterns that surface as mind and body symptoms. When we remember a past stressful event, the body replicates a physiological response that is similar to the one that occurred at the time of the original event.

Neuro Emotional Technique (NET) is an effective stress reduction tool used by practitioners to improve mind and body stress-related symptoms. NET is an integrative approach that addresses a person's response to stress on a physiological level and can significantly reduce future reactivity to a stressor.

Scientific brain research (visit [ONEfoundation.org](http://ONEfoundation.org)) has established NET as an effective treatment for traumatic stress symptoms related to mind and body conditions. It changes the limbic system reaction to the stressor after only 3-5 sessions.

NET is used by licensed healthcare practitioners from many disciplines, and all practitioners are trained to use NET within the guidelines of their professional and licensing requirements.

NET uses manual muscle test as a bio-feedback gauge to access the person's physiological state. The muscle test is never used as a ‘yes/no’ indicator, and all memory events within the NET process are considered to be the person’s “Emotional Reality,” as these memories may or may not correspond with historical reality.

This presentation is both didactic and experiential and will focus on increasing the participant's knowledge of NET and how it could be utilized to enhance their own clinical practice regardless of approach to psychotherapy.

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Neuro Linguistic Programming (NLP) and cognitive, behavioral and energy psychology to help her clients make the changes in their life they want to make as quickly as possible.
Learning Objectives

• In this session the participant will:
  • Learn about link between stress and physiology
  • Learn about how the subconscious plays into stress response
  • Learn about latest brain research around NET
  • Utilize Professional First Aid Stress Tool for themselves and in their practice
  • Understand the benefits of NET in clinical practice
  • Identify opportunities available for further training
  • Have the opportunity to experience NET in a demo (time permitting)

About the Presenter:

Lori Kelly is a Licensed Professional Counselor (LPC) who has worked with Arlington County for 18 years and is also in private practice in Springfield, VA. Within both settings, she works with adults who struggle with substance use and co-occurring Mental Health challenges. She also sees many who have a history of chronic illness and trauma, and may be going through significant life and career transitions. She comes from a solution-oriented perspective and works collaboratively with individuals to identify healthy ways to move forward. She believes that when we experience trauma and stress it can become stuck in our bodies, so she often utilizes Neuro Emotional Technique (NET) to release stressful emotions held in physiology that are standing in the way of physical and emotional healing. She is one of three certified NET practitioners in Maryland, DC and Virginia (and is the only therapist of the three). She utilizes a holistic approach and often incorporates nutrition, exercise and mindfulness along with CBT and MI.

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$850 Office for Mental Health Professional (Fairfax City)

Room rental for mental health practitioner in beautiful office perfectly located in Fairfax City across from Ratcliffe Park. End unit commercial townhouse complex with plenty of free parking. The office for rent is bright with big window and comes furnished or unfurnished. Shared waiting room, mailroom, copy room and kitchen. Ideal for therapist with established clientele, or someone starting out. LCSW’s, Psychologists, LPC’s enjoy a quiet space to see clients in person (taking the appropriate covid precautions) or, to provide telehealth in a professional space. The office is available now. Please contact Linda Parkes, LPC at 703-587-8001.

Notice

The next issue of the NVLPC Newsletter will be March, 2021. The deadline for article submission, committee reports, bulletin board items, membership spotlights and advertising is February 15, 2021. Please send content to newsletter@nvlpc.org.
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Our Events and Workshop Chairs are working on finalizing details with presenters and venues for some of the events. As the information becomes available, additional information will be provided through future newsletters and the website. Always check the website for the most updated information and registration links.

*A final decision regarding in-person events is pending*

NVLPC has been approved by NBCC as an Approved Continuing Education provider, ACEP No. 6130. Programs that do not qualify for NBCC credit are clearly identified. NVLPC is solely responsible for all aspects of the programs.

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The Supervision Corner

BY SHARON WATSON, LPC, LMFT, LSATP, NCC, ACS – Supervision Chair – supervision@nvlpco.org

What NOT to do as a Supervisor

I recently presented my 20-hour Clinical Supervision Training during which I always ask “what were the positive and negative experiences you had with your own supervisors?” The negatives I heard this time were many of the same that I’ve heard before. It reminded me again of the unfortunate experiences many LPCs have had with their supervisors during their residencies. I’m sad to say that I must repeatedly tell current residents not to believe everything their supervisor says because supervisors don’t always know the right answers and don’t always do the right things. Here are some of the participants’ responses:

“My supervisor…

“…used to talk about herself and the issues she was dealing with all the time…I felt like I was her counselor…”
“…would do supervision with me by phone while she was driving in her car…it felt like she couldn’t concentrate on what I was telling her.”
“…acted unprofessionally on the job.”
“…would talk negatively about her other residents…I didn’t know what she was saying about me behind my back…”
“…flirted with me.”
“…didn’t do her own documentation on her own clients so was a poor role model.”
“…was unavailable.”
“…was inconsistent.”
“…wouldn’t sign off on my residency paperwork and wouldn’t tell me why.”
“…was emotionally unstable.”
“…was insecure.”
“…was culturally incompetent.”
“…had anger management issues.”

After hearing these experiences, repeatedly, over many trainings, I always have so many questions: Where were these supervisors trained and by whom? Did they do their supervision training on-line? Were they clinicians who hadn’t kept up with the regulations? Did they think these behaviors were okay? Did they know what they were doing was unacceptable? Did anyone ever address these behaviors with them? I’ll never know the answers, but what I can do is address them here in the same way as I do in my supervision training.

As a supervisor, you are responsible for the following:

• Read the most current regulations, which means checking the Board of Counseling website regularly to see if there is an updated regulation, guidance document, or other information.
• Abide by the regulations.
• Act professionally and treat your residents professionally.
• Take responsibility for your role as a supervisor.
• Ask for feedback from your residents on how you can improve your supervision and do not punish your residents for being honest.
• Maintain open communication with your residents.
• If you have personal issues that affect your supervisory skills, seek therapy for yourself to resolve them.
• If you are uninformed about any topics of significance like multicultural/diversity or ethical issues, seek training.
• Individual and group supervision is to be face-to-face,

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Integrating
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Lori lives in Annandale, Virginia. She has an 11 year old and a 13 year old, and life pretty much revolves around them right now; but she tries to fit in exercise (she is a huge Kazaxe fan) and yoga whenever she can. She also loves NET and is looking forward to being able to attend trainings and workshops again!
visual (either in person or virtually), and synchronous. Phone audio (without video) does NOT count towards supervision hours.

- If you run group supervision, have your own video on and require all the residents in your group to have their cameras on and to be in visual attendance.
- If you don’t have the time to do good supervision, don’t do it.
- If you feel something is “off” in supervision, discuss it openly with your resident, encouraging candor.
- Model excellent clinical and case management skills. These are the skills you want your residents to exhibit while in their residency and when they’re licensed, and when possibly becoming supervisors themselves.
- If you have concerns about a resident, don’t wait until they ask for you to sign off on their verification of supervision form to tell them. Discuss your concerns as soon as possible with your resident so they have time to correct their errors. Otherwise, you are being unfair to them and unnecessarily wasting their time and money.
- There should be no “surprises” in supervision. If there’s an issue, address it.
- Do not act sexually toward your resident.

- If you’re not sure you’re doing supervision as it should be done, seek supervision of your supervision.
- If you’re disinclined to pay for supervision of supervision, consider starting a peer support group for supervisors in order to meet and discuss issues about your residents.

And just to remind everyone:
- Remember that split fees are unethical, if not illegal. That means all the client payments earned by your resident must go to you. You then, in turn, must return to your resident the entire amount. The resident then pays you separately for supervision, use of the office, use of office staff, etc.

The ideas and suggestions expressed here are my own and not those of NVLPC and are based on the Virginia Board of Counseling regulations. If you have any questions about this article or any of my previous articles or if you have ideas for future supervision topics, please let me know. I’m happy to research any questions you may have regarding supervision, residency, and the regulations. You can email me at supervision@nvlpc.org.

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