Northern Virginia Licensed Professional Counselors

Letter from our New President

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

Welcome to NVLPC! If you are new to us, we're glad you're here. NVLPC is a thriving, non-profit, volunteer-run organization. My name is Faith James and I am very excited to begin this new year as your NVLPC president. Let me begin by saying that we are dedicated to providing a venue for counselors, students, mental health professionals, and counselors-in-residence to gather, connect, and learn.

We offer NBCC-approved monthly breakfast seminars, worth 1.5 CEUs each. See the website for our most updated calendar of events. Several times a year we offer longer workshops that extend our learning on chosen topics and an annual ethics training. We have a bi-monthly newsletter, a listserv group, networking opportunities, and support groups for students and residents.

As we move into our next year, I want to share with you some of the exciting things NVLPC is working to provide to our membership. First, due to COVID-19, we have launched a new way of presenting our breakfast seminars using virtual technology. While this in no way makes up for our traditional face-to-face delivery, we are determined to have a professional footprint that continues to provide for our continuing education requirements.

Second, we are very involved in how the LPC credential is protected from an advocacy standpoint. To that end we have a wonderful advocacy team within our education department.

Third, as your local counseling organization we will continue to respond to your requests for innovative clinical workshops, a listserv that assists with practice growth and supervision needs, and additional tools as needed.

Finally, allow me to extend a special welcome to returning members; thank you so much for your participation. As a volunteer-run organization, it is you, our members, who keep us going. If you’ve been participating, but haven’t joined, I invite you to join now. For those

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Go to www.nvlpc.org and your Inbox for the most up-to-date information before heading to an event!
Letter from Our New President

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of you who are members, consider becoming more involved. Volunteer for the board or join a committee. If you have an area of expertise to share, submit a proposal for presenting at one of our breakfast seminars. It’s good to have you with us. And please let us know how we might serve you better. Email us; your feedback is always welcome. I’m looking forward to a great year!

Sincerely,
Faith James, PhD, LMFT, LPC
President, NVLPC

Letter from Our Past President

BY SARAH KEELY, LPC – Past President – pastpresident@nvlpc.org

Dear NLVPC Community,

Thank you for the privilege of allowing me to serve you as your President for the past two years. It has truly been an honor. Last month, at our final board meeting of the year, I was surprised by how sad I felt. I didn’t expect that. I thought I would feel relieved as the weight of leadership was lifting; instead what I experienced is the profound care I feel for this community and what we are able to accomplish together. Along with that is a feeling of excitement for all that we’ll do together in the upcoming year, especially as we explore providing more webinars and expanding into advocacy.

As I said in my address at the Annual Membership Meeting, it feels so good to pass the gavel to new leadership. I am especially grateful to Dr. Faith James, our new President, for her steady hand and enduring commitment to our organization. She has been a wonderful collaborator and I look forward to continuing to work together as I step back and she steps forward. I could not have asked for a better Vice President these last two years, and I know she will be a great President. It is with a full heart that I transition to Past President.

Sarah KT Keely, LPC – Past President – July 2020

Using Emotionally Focused Therapy (EFT) in Couples Therapy

AN INTERVIEW WITH SARAH KEELY, LPC

Editor’s note: This article discusses Emotionally Focused Therapy, or EFT, and its use in couples therapy. This is distinct from “Emotional Freedom Technique,” also referred to as EFT, which involves tapping on the body to create balance in the body’s energy system.

Audrey Lipps (AL): What first attracted you to EFT?

Sarah Keely (SK): EFT is an approach to couples therapy that was pioneered by Sue Johnson. When I was first introduced to EFT, there were two things that were immediately intriguing to me. First was the focus on working from an emotional perspective rather than a cognitive perspective. This meant the work is based on what the individuals in the couple are feeling rather than what they are thinking. I find this approach very intuitive.

Second, EFT is an approach to couples therapy that goes beyond the scope of most other approaches. I knew the challenges involved. Whereas all approaches to couples therapy start with de-escalation, EFT adds a second step of helping couples re-bond, which helps them to solidify the progress they’ve made and ensure the changes last beyond their engagement in therapy.

AL: Can you describe the EFT process?

SK: The EFT process involves two steps. The first step starts where all couples therapy approaches start, with de-escalation. Couples come to therapy immersed in cycles of negativity...
and conflict; we say the couple is “escalated.” The behavior might be overt, for instance, yelling or more covert such as with avoidance. Couples therapy often ends with de-escalation, with the assumption that now that the couple is no longer emotionally volatile, they can work out their differences independently.

EFT adds a second step, once the couple is de-escalated, to address re-bonding or restructuring the bond. This step involves going deeper into the emotions involved – while the couple is de-escalated and feeling safer with each other. In this state they are able to share at a more vulnerable level which allows re-bonding to occur.

The research shows that if couples do the re-bonding, the positive changes they’ve made in therapy are more likely to last. Couples have the repeated experience of feeling safe enough with each other to share their vulnerabilities. This deepens their connection with each other.

There is significant overlap with Brenë Brown’s work, though Brenë doesn’t talk about it as relational. EFT’s message is: be vulnerable with loved ones, including all kinds of relationships. Interestingly, research has shown that when the partner bond strengthens, it gives the individuals the capacity to be more vulnerable in other relationships as well.

AL: How do you work with couples in session?

SK: My focus is always on what is going on between the couple in the present moment. I have to use what is in the room, because all of the work is done in session. I don’t give homework. As couples work with me, they create new neural pathways or reactivate old ones that create safety and bonding. This feeling of safety translates to the home. In session, I ask about their week, but not “what happened?” I ask, “how was it between you? What showed up in your relationship?” I keep the discussion focused on emotions, avoiding the content details by redirecting as needed. It’s not comfortable for clients to go into the emotional, raw stuff, but that’s our job, to guide them there.

In EFT we have meta-conversations at the same time as we are talking about feelings. For instance, I will ask, “How is this for you? What is it like to talk about this? Is this ok for you?” If a client says “No, it’s not ok,” then I immediately back off, saying, “Thank you for telling me. I needed to know that.” The process takes time. I know that the one who did the betraying is the one who can heal it.

AL: How do you deal with infidelities?

SK: When the topic of past infidelity comes up, I stay in the present. I ask, “How do you feel right now? What is it like for you to tell me about this? How are you feeling physically?” Attention to one’s physical experience helps heighten and intensify the emotion and makes it more present. Then the injury story will come out. It often presents as a flashback or a trauma. Infidelity IS a trauma in the relationship, an attachment injury. A betrayed person may think, “This thing happened in the relationship with the person I’m supposed to be able to rely on. But I can’t trust him/her.” Often the story will pop up in the middle of a session. It’s particularly powerful when talking from an emotional place, e.g., crying, feeling it, remembering it.

AL: Are there any contra-indications to using EFT with couples?

SK: Only the ones that apply to any form of couples therapy, namely, active addiction, violence,
Using EFT in Couples Therapy
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and ongoing affairs.

AL: What does the training for EFT look like?

SK: There are several pieces to the training, which is available through the Washington Baltimore Center for EFT in Falls Church. The Externship is a 4-day, intensive workshop that provides the initial grounding in the process. The Core Skills portion is taught in 4 weekend sessions over 6 months and provides a deeper dive into the steps and stages of the process. Then there are supervised hours prior to becoming a certified EFT clinician.

Supervision Training - 3 Day Event

20 Credit Hours (if attending all 3 days)

When: Friday, September 25 – Sunday, September 27. Check-in begins daily at 8:30am.

Where: Online Training

Presenter: Sharon Watson, LPC, LMFT, LSATP, NCC, Clinical Supervisor

Contact: Candice Arnold, workshop@nvlp.org, Phone: 703-400-0751

Registration Information: Online registration is available until: 9/23/2020

Registration Costs: There is no early bird pricing for this event.

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Register online at any time.

To cancel, please call or email 48 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.

About the Event:
Participants will learn about:

- the models of supervision, the purpose of training supervisors, the definitions and goals of supervision, regulations and forms
- the supervisory relationship, resident and supervisor personality traits that may impact supervision, and responsibilities of each
- documentation, contracts, competencies, supervision phases, influences in supervision, multicultural and diversity issues in supervision, burn-out and stress, ethical issues in supervision, legal issues, and more.

When participants complete 20 continuing education hours of clinical supervision training and have completed two years of licensed practice, they will have fulfilled the Virginia Board of Counseling requirements to supervise residents in Virginia.

The Supervision Training schedule is as follows:
  Friday September 25th: 9:00am - 5:00pm (check-in begins at 8:30am)
  Saturday September 26th: 9:00am - 5:00pm (check-in begins at 8:30am)
  Sunday September 27th: 9:00am - 4:00pm (check-in begins at 8:30am)
  *****Each day includes a 1-hour lunch break*****

Earn 20 Contact Hours for attending this event (must attend all 3 days to earn 20 CE’s)

About The Presenter:
Sharon Watson is a LPC, LMFT, LSATP, NCC, and an Approved Clinical Supervisor. She worked for the Fairfax County CSB for 18 years in the partial hospitalization program, the assessment program, and as a senior clinician and team leader in adult services. She worked

Upcoming Board Meetings

The next Board meeting will be held in September, 2020. Once the date has been selected, it will be posted on the website. All members are welcome to attend. The meeting will be held virtually.

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The Supervision Corner

BY SHARON WATSON, LPC, LMFT, LSATP, NCC, ACS - Supervision Chair - supervision@nvlpc.org

**DID YOU KNOW?...**

**LSATP & CSAC Guidance Document “Scope of practice”:**

For those of you who are or planning to supervise a LSATP or CSAC resident, there is a new guidance document on the Virginia Board of Counseling website, effective January 23, 2020:

115-11, Scope of Practice for Persons Regulated by the Board to provide Substance Abuse Treatment

I have bolded important aspects of the guidance to highlight the differences in scope:

**LSATP:** “The scope of practice for a… LSATP…is defined in § 54.1-3507, which states that: “A licensed substance abuse treatment practitioner shall be qualified to (i) perform on an independent basis the substance abuse treatment functions of screening, intake, orientation, assessment, treatment planning, treatment, case management, substance abuse or dependence crisis intervention, client education, referral activities, recordkeeping, and consultation with other professionals; (ii) exercise independent professional judgment, based on observations and objective assessments of a client’s behavior, to evaluate current functioning, to diagnose and select appropriate remedial treatment for identified problems, and to make appropriate referrals; and (iii) supervise, direct and instruct others who provide substance abuse treatment.”

**CSAC:** “The scope of practice for a Certified Substance Abuse Counselor is defined in § 54.1-3507.1, which states that: “A certified substance abuse counselor shall be (i) qualified to perform, under appropriate supervision or direction, the substance abuse treatment functions of screening, intake, orientation, the administration of substance abuse assessment instruments, recovery and relapse prevention planning, substance abuse treatment, case management, substance abuse or dependence crisis intervention, client education, referral activities, record keeping, and consultation with other professionals; (ii) qualified to be responsible for client care of persons with a primary diagnosis of substance abuse or dependence; and (iii) qualified to supervise, direct and instruct certified substance abuse counseling assistants. Certified substance abuse counselors shall not engage in independent or autonomous practice.”

To summarize, LSATPs may practice independently, but CSACs cannot. LSATPs can diagnose but CSACs cannot. LSATPs can treat individuals with substance abuse as a co-occurring diagnosis, but CSACs can only treat those whose primary diagnosis is substance abuse.

**Recent petition:** As a supervisor, I believe it’s important to inform your residents that anyone can submit a petition for rule-making and that there may be petitions currently open for comment.

Recently there was a petition presented to the Virginia Board of Counseling requesting a: “Waiver of examination for licensure as a substance abuse treatment practitioner for LCSWs.” The petition did not state there would be any requirements for an LCSW in order to become an LSATP, such as education or experience in substance abuse treatment. An MSW program may include a course in substance abuse, but this is not delineated in the social work regulations. In contrast, it is listed as a requirement in the LPCs regulations. In my comment to the petition I wrote:

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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.
CLINICAL SUPERVISION TRAINING

Webinar

3-Days 20 CE hours Including 2 CE hours of Ethics on Day 3
For LPCs, LMFTs, & LSATPs (& CSACs by 2/19/21) who plan to supervise in Virginia

PRESENTED BY
SHARON WATSON, LPC, LMFT, LSATP, NCC, ACS

SEPTEMBER 25, 26, 27, 2020
Friday 9 am – 5 pm  Saturday 9 am – 5 pm  Sunday 9 am – 4 pm

Webinar information: This will be a live, interactive, virtual visual and audio presentation. Participants will be required to have a functioning camera and microphone on their laptop or desktop. This will allow the training to continue to be as interactive as possible between the presenter and between the participants and will include experiential content such as paper and pencil work sheets, multiple handouts, and many question and answer opportunities. The PowerPoint and handouts will be provided in advance as well as well as further instructions.

Single or multiple day registration  NVLPC member discount available

The option of taking 1 or 2 days is an opportunity for those who already have had some supervision training. Content is not defined by the VA Board so you can choose which day(s) will make a well-rounded experience.

Although a supervisor must document 2 years of post-licensure clinical experience before supervising residents, the required clinical supervision training can be taken during those 2 years of practice or even during a residency.

Day 1: CLINICAL SUPERVISION: THEORY AND PRACTICE  7 CE hours
  ● Training goals  ● Definitions  ● Motivations  ● Models of supervision  ● Role differences: administrative vs clinical  ● Phases in supervision  ● Tasks & Functions  ● Modalities  ● Concepts in the supervisory relationship

Day 2: CLINICAL SUPERVISION: SKILLS AND TECHNIQUES  7 CE hours
  ● Supervisory characteristics  ● Stages of development  ● Competencies  ● Resident self-monitoring  ● Influences in supervision  ● Supervisor & resident personality traits  ● Stress & burnout  ● Multi-cultural & diversity impact

Day 3: CLINICAL SUPERVISION: COMPLEXITIES OF SUPERVISION  6 CE hours
  ● Supervision essentials  ● Process: regulations, contracts, documentation, forms, evaluation  ● Ethical & legal practice in supervision  ● Telehealth  ● Reducing vicarious responsibility  ● Supervisory relationship issues

Full 3-day Training:  $400 for NVLPC members and $450 for non-members
Individual Days:  $150 for NVLPC members and $175 for non-members

NOTE: Select either 3-days or the specific dates for 1 or 2 days
Register in advance - No walk-ins

Registration is open!!! To register go to www.nvlpc.org

For questions contact Sharon Watson at 703.350.5002 or sharonhazwatson@hotmail.com
Northern Virginia Licensed Professional Counselors
PO Box 122, Ashburn, VA 20146
events@nvlpc.org  (703) 400-0751

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.
To put it simply:
LSATP Residency (200 hours supervision) + education & experience + exam = LSATP
LPC (200 hours supervision) + CSAC (100 hours supervision) + CSAC exam = LSATP

Does not and should not equate to:
LCSW (100 hours supervision) + NOTHING = LSATP

Twenty-three individuals commented on the petition, and 22 of those stated they were “Not in Favor.” The one comment in favor said that if an LCSW has education and experience in substance abuse treatment the test should be waived. But that wasn’t what the petition requested. The decision from the Board may be available at the publication of this article but is not available at the time of this writing. Based on prior experience, an overwhelming majority of comments (either in favor or not in favor) does not mean the Board will make a determination that agrees with the majority.

Differences between LCSW and LPC licensure: Supervisors should understand the differences in educational backgrounds for these two licenses since their resident may work at a job-site that employs individuals with both licenses. Differences between the two licenses: 1. LCSWs are required to have 100 hours of supervision, whereas LPCs must have 200 hours; 2. LCSW supervisors are required to have 14 hours of Clinical Supervision Training, while LPC supervisors must have 20 hours; 3. the total number of residency work hours required for an LCSW is 3000, not 3,400 as it is for an LPC resident; 4. the total number of face-to-face hours in a residency for LCSWs is 1380, as compared to 2000 hours for an LPC resident; 5. MSW programs concentrate on social theory, public policy, social services, social programing, and may include other clinical topics. Education requirements for LPCs are specifically outlined in the regulations and concentrate on counseling, assessment, and diagnosis. Yet LCSWs can take Medicare reimbursement while LPCs cannot. This last point is something that will be discussed further by NVLPC’s newly-added advocacy chair.

Regulatory Town Hall: As a supervisor, I suggest you tell your residents about this opportunity. You can register as a Town Hall public user. The townhall is “a source of information about proposed changes to Virginia's regulations, including a meetings calendar and board minutes. The site also facilitates public participation through on-line comment forums...” (such as the petition discussed above). The link to sign up is at the very bottom of the Board's Homepage. Once you click on the link, you’ll see a menu on the left. Go down to the bottom and click “sign up”. However, if you’d rather not be inundated with emails, you can periodically go to the same link and click the link for “Petitions” to see if there are any petitions currently open on which you’d like to comment.

Group Supervision: Over the years there has been some debate about how many residents are allowed in individual supervision and how many allowed in group supervision. At least one reputable Clinical Supervision trainer said individual supervision could be up to two participants. However, the question was recently asked directly to the Board and the answer is that group supervision is defined as a minimum of two and maximum of six residents. Group supervision for all licenses is limited to 100 of the 200 hours required. A supervisor is not to misrepresent group hours for individual hours or vice versa on quarterly or verification of supervision forms.

Texting with clients: The typical recommendation is to use texting with clients only for administrative issues like rescheduling appointments. However, if you do text with a client, be sure it’s really your client that’s texting and not someone who has commandeered your client’s phone. You might consider setting up a code or some other indicator that the text is actually coming from your client.

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Advocacy Action: Advocacy for LPCs and MFTs

BY MICHAEL GREELIS – Advocacy Chair – advocacy@nvlpc.org

On more than a few occasions, we help our clients advocate for their well-being. In these uncertain times, it is imperative that we follow our own advice and become consistent advocates for our profession – Licensed Professional Counselors (LPC) and Marriage and Family Therapists (MFT).

I am Michael Greelis, PhD, LPC, Chair of the NVLPC Advocacy Committee. We have two primary goals:

• support for federal and state legislation favorable to our profession and clients
• advocacy for state regulations that help us meet the needs of our clients in a productive regulatory environment.

Reaching these goals involves active support of federal and state efforts with the American Mental Health Counselors Association (AMHCA) and the American Counseling Association (ACA). Letter writing, calls, and visits to legislators and their aides are key advocacy activities. NVLPC will use email and the listserv to get information out.

In addition, the Advocacy Committee needs more members. Anne McKay, LPC and Carol Jarboe, LPC are the first volunteers. We are actively seeking more. Please contact me if you’re interested – drgreelis@aol.com.

Advocacy involving a productive state regulatory environment begins with having an NVLPC member at quarterly board meetings. This will help us monitor and report on actions that may have a huge impact on your practice. In addition, the committee will conduct a review of the large volume of current legislation directed at mental health concerns. The product of this effort will be a summary of known and to this point unknown efforts that NVLPC can consider supporting.

During the 1980’s one of the most useful and popular books on the turbulent business environment of constant mergers and acquisitions was aptly titled Thriving on Chaos. For the next decade, our focus needs to focus on surviving chaos. We didn’t create the chaos, but we certainly cannot afford to be ruled by it. Our advocacy efforts are one way that we can influence and enrich those legislative and regulatory efforts central to our survival and development as a professional discipline.

Please support NVLPC advocacy alerts by calling or writing members of Congress or state legislators. Also, consider volunteering for the advocacy committee.
Student Essay Scholarship Competition: May, 2020

Since 2013, the Northern Virginia Licensed Professional Counselors (NVLPC) has solicited essays from active student members enrolled in a masters or doctoral counseling program. Annually, NVLPC student members are given the opportunity to submit a 600-word essay on the work they plan to do in continuing their growth and development in the field of counseling. The author of the winning essay receives a $1000 scholarship.

This year, there were three NVLPC student candidates who shared their stories and goals towards future careers in the counseling field. The 2020 winning essay, by Joseph Coram, was read aloud at the recent Annual Membership Meeting and is being published in this issue of the NVLPC Newsletter. The other submissions will be published in future issues.

Thank you to all who participated in this competition. We wish you the best in your continued endeavors to pursue your education in the field of counseling.

Winning Student Essay

Leaving “Guyland”: Evolving Masculinity and Emerging Adulthood

BY JOSEPH CORAM

In the course of becoming a therapist, I have talked to many men who feel they are caught in a double bind: the pressure to “be a man” is as constant and insistent as ever, and yet what that actually means is increasingly unclear. The shared understandings around what a man should be, say, do, think, and feel, and the social scripts that make playing those roles a live option, have all fractured under the weight of feminist critiques, a changing social landscape, and increasing awareness of the direct line from many patriarchal ideals to toxic masculinity and rape culture. Many men feel defensive, defeated, and misunderstood, and this prompts either attack or withdrawal. Age-old pressure to be strong, stoic, and independent meets newer pressure to be warm, nurturing, empathic, and domestic; and lacking any salient models of ways to integrate these traits, many men end up drifting into their identity and prolonging their adolescent moratorium well into their twenties or thirties. Feeling unmoored, maligned, and misunderstood, many men defer their attempts to wade fully into life, and the weight of this “failure to launch” keeps a flourishing future too long out of reach.

I grew up with a father who was far more nurturing than many, but was very much a “man’s man.” As a sensitive, artistic, and highly expressive kid, I carried a lot of pressure to live up to an ideal I could never fully resonate with, and I often felt alienated and excluded. Since so much of me never fit the mold of traditional masculinity, I often wondered whether what made me different in fact just made me deficient. My struggle to break free from the inertia of that post-adolescent limbo that Michael Kimmel calls “Guyland” required hard, courageous work, as well as a willingness to be vulnerable, to own my sensitivity, and to reach out for connection. I met others who saw the world differently and who helped me realize there is more than one way to be a man, and this really brought home to me that I have a say in what kind of man I will choose to become. If I can offer that kind of support to young men in my role as a therapist, I can take a step toward helping create a world where being a man does not mean a divorce from your true self.

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My drive to help meet this need has led to my first explicit career goal: to work directly with college-age men to help them find a masculine identity that makes sense to them. For the past year of my schooling, I have been developing a clinical project that is intended to empower emerging adult men who are struggling to make sense of masculinity while they also work to become adults. The developmental milestones of this particular stage all require support that is so often very hard to find. Toward that end, I have been designing a six-session psychoeducation group for college-age men focusing on this overarching question: “What will masculinity mean for me, and how will I live into adulthood in a way that is true to that understanding?”. The group’s specific functions will be to educate participants on some of the current research on masculinities; to explore how different models of masculinity have influenced them; and to facilitate open, honest sharing that might help some young men feel a little less alone, and set the stage for further conversations in the future. That kind of openness and vulnerability takes courage and support, and I want to be there when it happens.

Seeking Presenters

We are still looking for presenters for our breakfast trainings throughout the year. If you would be interested to share your expertise with our membership, please see the proposal page on the website.

Contact Information

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