Letter from Your Leadership

BY SARAH KEELY – President – president@nvlpc.org

Hello to the NVLPC Community! A lot has changed since our March newsletter. Those of us providing psychotherapy services are adjusting to distance counseling; students are now all meeting online exclusively; and those in direct care, essential positions are on the front lines, caring for patients and clients in person, no doubt taking every precaution to protect themselves and those they’re serving—thank you for your dedication.

The NVLPC board has been working hard to shift our services online as well. We’re working on hiring a part-time, temporary Webinar Administrator who will likely have gotten underway by the time this newsletter is distributed. Our goal is to hold at least one of our 90-minute seminars in webinar form before June.

We’re very excited to be going forward with offering the Supervision Training June 5-7 as scheduled. A big thank you to Sharon Watson our trainer for moving ahead in this new format! We’re especially excited that NBCC is allowing all organizations who are already accredited to offer in-person trainings, to offer them live via webinar during this crisis. So we’ll all still be able to earn CE’s by attending.

And please join us for our annual Membership Meeting rescheduled for May 29 via Zoom 11 am- 12 noon. We will be emailing the link to everyone soon. The agenda for the meeting includes our usual vote for candidates for the Executive Board and the announcement of the winner of the Student Essay Contest. In addition, we will be inviting discussion of our experiences as counselors during this unprecedented time. Please join us for this important meeting and an opportunity to gather together.

I look forward to seeing you all on May 29!

Sarah KT Keely, LPC
NVLPC President

Go to www.nvlpc.org and your Inbox for the most up-to-date information before heading to an event!
Maintaining Social Connectivity while Practicing Physical Distancing

BY MATTHEW STEVENS, LPC

Counselors who adopt a cognitive orientation appreciate the way that our thoughts and feelings come together to influence our behavior. The words we tell ourselves have power; and, if we don’t believe that words have power to influence, just consider how the words “social distancing” have come to define our lives in this season. In the spirit of cognitive behavioral theory, the global call to socially distance ourselves during these days of pandemic may, based on our interpretation, yield global maladaptive reactions.

In times of struggle and challenge, relationships are often sources of strength. Consider the essence of counseling that is described in the code of ethics for the American Counseling Association: “A professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.” As professionals, we believe that relationships can change lives, groups, families, communities, states, nations, and our world. Our work with each client is inherently connected to broader aspirations of positive social change. Across the years of our practice, our work ripples across larger and larger areas as it becomes part of ever-widening relational networks.

Rather than focusing on social distancing, our protective barriers should be based more on physical distancing. A focus on social distancing may contribute to existential pain and injury if interpreted as isolating ourselves relationally, as opposed to physically. Our global history is replete with examples of people coming together in times of strife, and we know the amplification of distress that is often associated with isolation and withdrawal. Helping our clients to understand that social relationships can be maintained and even thrive during this season of uncertainty and conveying the importance of maintaining social connections as part of a larger response strategy may be our signature contributions as a professional body.

One area where physical distancing may challenge our clients’ experience of social connection is public worship, an essential expression of religious identity for many of our clients. Exploring the religious practices of our clients, as part of their cultural identity, is an expression of our client-centered care. As religious and faith group leaders grapple with delivering care to their congregations, our clients may struggle to maintain connection with these essential communities. On April 23, Muslims entered the season of Ramadan, a season of fasting from sunrise to sunset until May 23. Traditionally, Mosques host daily community dinners where Muslims break their fast together. Passover, a major holiday for Jews, began April 8 and ended in the evening of April 16. A central fixture of Passover is the Seder, a ritual meal celebrated as a community on the eve of Passover. Christians celebrate Easter or Resurrection Sunday on April 12. Celebrating the resurrection of Jesus, a core belief among Christians, churches are traditionally filled across multiple worship services. Helping our clients maintain their social connection, including their connections with faith communities, by adapting to new ways of participating, is an expression of our belief that relationships can make a profound difference.

After the bloom of COVID-19 begins to fade, millions of people may revert to sharing office spaces, crowding malls, and filling places of worship. If the basis of our distancing has been framed as social, then coming together again to share physical spaces may be entangled because of renegotiating relationships as well as spaces. As professionals, we can anticipate as many challenges in coming back together as we’ve encountered in learning to be distant from each other. Our distinct voice as professional counselors speaks to the importance of relationships. The way we frame the call to distance from each other, whether socially or physically, may significantly influence the healthiness of our reactions to COVID-19, both now and in the future. Let us work with our clients and communities to encourage social connection, even while we are practicing physical distancing!
Effects of the Pandemic in our Clinical Community

In an effort to develop a better understanding of how the pandemic is affecting those in our clinical community, members of the Board were asked to reflect on the impact they’ve experienced in their professional and/or personal lives. Below are responses from a variety of different perspectives. – Ed.

Since the stay-home protocols due to Covid-19, I experienced the receiving end of telehealth with my child. We are in the continuation and maintenance phase of treatment. My child, an older teen, and I have a pretty good relationship. We had a joint phone session with the therapist. At the start it felt a bit awkward since I was aware the triangle relationship was off balance, with my child and I in a room together and the therapist a voice on the phone. Within minutes, however, it felt normal. The therapist still attended to quiet gaps, still asked relevant questions, still reflected thoughts and emotions, still gave feedback, still addressed concerns and provided information. I did check in with my child immediately after the session to gauge the experience. My child and I were both satisfied with the session and were glad we did it.

I have had conversations with other professionals about the use of Zoom in academic settings, and I find that educator concerns mirror those of clinicians. Both academic and clinical professionals who typically provide in-person services often rely on body language and interpersonal energy to gauge things like motivation, attention, understanding, and degree of processing. To replicate virtually or substitute for these facilitation skills takes extra thought. But I hear that those who figure out how to direct conversation traffic have been successful in delivering clinical and academic services. Collaborative conversations about what works to offset the challenges of virtual delivery platforms, such as this newsletter article is providing, seem to move professionals ahead and lessen the burden on each.

D.A., BS, BA, MS, student at Marymount University

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While my transition to all video sessions has been relatively smooth, quite a number of my clients have chosen to put therapy on hold for now, so my case load is really down. I’m not sure if my former clients will return or if I will need to rebuild with new clients. What I do know is that I’ve received only one call about a potential client, and he didn’t follow through. I wish I could help more given that I know there’s lots of anxiety out there!

Of course, a short commute is always welcome, but I’ve found that my current “commute” (which involves walking downstairs to my basement) has a downside--I hardly have time to transition mentally from whatever I was doing upstairs to my professional role. I’ve had to make a conscious effort to address that.

A.L., LPC, in private practice

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It’s been a month now since I first started using telehealth to provide care to my clients. I hadn’t done it much before, so I wasn’t sure how it would go. While I definitely miss seeing people face to face, I’ve been surprised by how effective video sessions are, despite technical glitches. I was so pleased and relieved my first week to watch how stressed couples with no opportunity for a break from one another, visibly relaxed in session. It truly appears to me that those clients continuing their treatment are coping with these difficult circumstances better as a result. I know I’ll be more willing to continue using this tool even after the COVID-19 crisis is over.

S.K., LPC, in private practice

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Annual Membership Meeting

Our annual membership meeting will take place this year on May 29, 2020, from 11am-12noon. We will use an online meeting format; details will be provided at a later date.

At the meeting we will vote for a new slate of officers. (There are still openings, so if you would like to join a group of committed, energetic volunteers, please contact our Vice-President, Faith James, at vicepresident@nvlpc.org.)

We will also announce the winner of 2020 student scholarship essay contest.

Finally, this meeting will provide a welcome opportunity for our community to come together at a time when our normal face-to-face meetings have been suspended. There will be a time at the end to share our experiences with one another.

Please register through the NVLPC website. Attendance is free.
I am conducting my sessions with both Video and Phone. I already had about five folks that I meet with over Video because they had relocated in other areas of Virginia. With COVID, I had no time to worry about how I would look on camera or anything like that. I just tried to jump in and make some sense of normalcy for clients.

The case load overall for our group practice has not changed dramatically. That said, for our therapists who work with children or who have very specialized techniques such as EMDR, there’s been a significant reduction in number of clients. Most of my folks are still around, although many have asked to suspend.

I find myself relying on my disaster relief training and just working on stabilizing the anxiety my clients are feeling. I am leery of doing a deep dive into things that we would have done in the session room because I am not there physically to create stability with my actual physical presence.

Many of my clients are parents and they are suddenly now “teachers/parents.” This is something that many of them did not want. Also, things are very fast changing. I am happy that most schools are not making parents totally responsible for their kids’ education at this juncture of the school year -- at least that is the report from my families with children in public schools. I make a concentrated effort to keep in contact with those who live alone to minimize their anxiety and depression.

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We have had to adjust to many changes and loss in this unprecedented time. Through it all, I am grateful to still have a job because I know not too many people can say the same. I am grateful to have kids running around that driving me up the wall because I know there are people who are completely alone in this pandemic. It can be frustrating and overwhelming at times but I try to remember all that there is to be grateful for.

M.J., MS, NCC, Resident-in-Counseling

I currently work at a private practice for a group consisting of psychologists and LPCs. I transitioned my practice to a Telehealth platform five weeks ago. The flow of the online sessions seems to be completely different: it seems less organic and a little forced at times. Healing moments of silence in the therapy room are now perceived as awkward by the clients, considering that we are both staring at a screen.

I had to cut back on my caseload as my mental health has suffered lately. I have two young children who are struggling with this pandemic and its repercussions on their lives. I also have an elderly mother who needs my attention and constant reassurance. I have been prioritizing self-care (this consists of walks in nature on a daily basis) to cope with this difficult time.

F.N.H., MA, CCTP, Resident-in-Counseling

In my work in residential crisis stabilization, we are still conducting sessions and groups in person on our site. Our main adjustment has been to move temporarily to a larger building which provides more room for social distancing.

Our census has decreased by half over the last few weeks. This is not unusual in the normal course of events and seems to be increasing now that those providing referrals to us have settled into using video for screenings.

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Effects of the Pandemic in our Clinical Community  Continued from page 4

For the most part, we continue to focus on topics which support reduction of symptoms, daily structure, emotional regulation, positive psychology, suicide reduction and so much more. We have done a group once or twice where we directly addressed COVID-19 as we are seeing more clients be admitted who have lost their job due to the removal of eat-in as an option at restaurants.

We have had 1-2 clients over the last few weeks that cited COVID-19 as a reason for their increase in anxiety, depression, suicidality, and/or psychotic symptoms. For the most part, however, our clients continue to present in much the same way they did prior to the pandemic.

Overall, my work has continued on in the way it has for years. We are an adaptable team and do not easily get our feathers ruffled.

R.H., LPC, NCC, Crisis Care program, Fairfax County CSB

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Academically, my school program hasn’t changed. Coursework was already almost entirely online. However, as my cohort has been emailing back and forth, there has been general consensus that it’s been harder to concentrate on the material than usual. Even though it’s an online program, I’ve appreciated that my cohort has been checking in, normalizing the experience, and giving encouragement. I’ve also been heartened by seeing how the local counseling community has rallied to support each other and their clients during this time.

W.R., student, William & Mary’s online clinical mental health counseling program

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COVID-19 impacts vary for online universities based on students’ financial situations. Private and for-profit universities offering hybrid or solely face-to-face instruction are being hit the hardest with trying to adjust, as their campus instruction, boarding and school functions/events are on pause and threatened with financial instability. I am an online adjunct professor at a university where most of the classes are offered face-to-face/on campus. The idea and landscape of shifting more towards a virtual platform is necessary for continuing financial operations. For the counseling student in residency, concerns with meeting CACREP internship counseling hours in the midst of the halt by the various states’ stay-at-home orders has been a major conversation over the past month. Thankfully, CACREP provided a response to address those concerns. If you missed it check it out at: https://www.cacrep.org/news/cacrep-statement-on-covid-19/

Y.N., Professor

Changes to our training events due to COVID-19

We are currently working with presenters to change most of the upcoming trainings to an online format. Fortunately, we will still be able to offer CE credits for attendance at these events. Please stay tuned (via your email and the website) for information on upcoming webinars.

We regret that the Ethics training which was to be offered by Dr. Mary Alice Fisher on April 24 has been cancelled. We hope to reschedule this event next fall or spring.

Bulletin Board

Dan Towery, MA ThM LPC, CSOTP, provides individual, virtual supervision via doxy.me, for residents working toward licensure. Please email Dan.Towery@verizon.net for more information.

DBT skills counseling groups

Dealing with Difficult Emotions 101 & 102, Falls Church, now enrolling new clients. Daytime and evening groups available. 6 weeks, $400. crystalhamling@gmail.com

Sarah Moore, LPC is interviewing new members for Rethinking Your Drinking, a therapeutic book club for women. Please email sarah@sunstonecounselors.com for a flyer & info.
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

JUNE 5, 6, 7, 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 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.
Appreciation for Zeena Zeidburg: The Sad Loss of a Longtime NVLPC Member and Friend

BY TRACY GINTER BUSHKOFF, ED.D., LPC, ACS, NCC

In 1999, I joined then NVCCC (Northern Virginia Chapter of Clinical Counselors), now NVLPC, as co-president with Dr. Sharon Straw-Thomas and met Zeena Zeidburg, a pleasant force of cordial nature. I believe Zeena was the Secretary or Treasurer and was so excited to have us join the Board. Ever since I met Zeena and saw her at so many NVLPC events, I have received warm greetings, many hugs, and the squared-off, stand-in-front-of-me, direct question, “Now how is your family?” Zeena always wanted to know that everyone was well and healthy – that was so important to her and I imagine she had those same genuine compassions for her clients. Zeena made a point of coming to offer positive feedback and support to me when I was NVLPC President (2005-2008) and to let me know she thought I was doing a “great job.” She was a constant at almost every NVLPC event and luncheon and, given her tenure, knew so many people.

Zeena died on February 20, 2020, following a stroke. I will note with great awareness her absence at the next NVLPC event I attend for she often had a comment or question for the speaker or presenter. But I will also miss that squared-off stance, thoughtful question and warm inquisition of “now, tell me about your family.”

With sadness but also a smile,
Respectfully submitted,
Tracy Bushkoff, Ed.D., LPC, ACS, NCC

National Military Appreciation Month: Honoring the Military through the Counseling Profession

BY YASHIKA D. NEAVES, PH.D. - Education Director - eddirector@nvlp.org

May is National Military Appreciation Month (NMAM), highlighting six national observances this year:

- Loyalty Day: the first day in May (May 1st)
- Public Service Recognition Week: the first full week in May (May 3rd – 9th)
- Victory in Europe Day (VE Day): May 8th
- Military Spouse Appreciation Day: the Friday before Mother’s Day (May 8th)
- Armed Forces Day: the 3rd Saturday in May (May 16th)
- Memorial Day: the last Monday in May (May 25th)

As an Army Veteran, military spouse, and daughter of a retired Armed Forces member, I am proud to honor my former comrades, U.S. Service members, and fallen warriors. I look forward to this designated month as our nation reflects on those who sacrifice their lives for the freedom and liberties of others. Simultaneously, NMAM reminds me of the nearly 200,000 service
members going through the military-to-civilian transition with invisible wounds, reintegrating with their civilian counterparts unnoticed and fragmented.

The invisible wounds of the military and veteran communities are the threads impacting their help-seeking behaviors and ultimately their mental health. At a breakfast training given earlier this year, I presented a talk titled, “Tackling Misconceptions in the Military-to-Civilian Transition Space: What Every Counselor Should Know.” In celebration of NMAM, it is fitting to revisit a few of those military cultural highlights.

- There are significant differences between Pre-9/11 and Post-9/11 veterans and their help-seeking barriers (e.g., shame and stigma, mental health beliefs, and attitudes towards mental health) and other factors affecting ability to access support (e.g., cost, health insurance, transportation/distance, time constraints, lack of knowledge about resources, language problems, dissatisfaction with health care system, reliance on other resources, including family/friends, and family problems). It is important to identify these factors in the early stages of counseling to understand the customized frameworks for clinical treatment with evidence-based and strengths-based modalities.
  - Post-9/11 veterans reported more emotional, traumatic or distressing experiences and suffered more from post-traumatic stress than their pre-9/11 counterparts, according to a Pew Research Center survey conducted in 2019.
  - Although some factors have decreased as help-seeking barriers for Post-9/11 veterans, conversely, Pre-9/11 veterans are being challenged at significantly higher rates.

- There are also cultural distinctions between Reserve Component (RC) members (National Guardsmen and Reservists, also known as weekend warriors) and Active Duty members, which must be considered during intake or when making assessments. RC members, both previously deployed and non-deployed, are more susceptible to mental health crises if they were previously activated with an active duty unit but apart from their RC unit. In these cases, they were disconnected from their customary unit support. This leads to a lack of the same level of comradery as their active duty counterparts during mobilizations. Thus, when RC members reintegrate back with their families (demobilize/homecoming) off assignment, those impacting factors, which may include detachment, are internalized and dismissed without community or social support. Understanding this dynamic is essential for mental health counselors to build rapport and therapeutic facilitation with RC members.

- Current and former military members with security clearances are typically reluctant to open up in counseling out of concern for jeopardizing their civilian or military career. With changes on the constraints when filling out or updating the “Questionnaire for National Security Positions,” Standard Form (SF) 86, this security clearance pitfall should be addressed with military clients who may be apprehensive to speak freely during counseling.
  - Mental health counselors need to know that applicants can answer “no” to SF86 Question 21E, which asks, “Do you have a mental health or other health condition that substantially adversely affects your judgment, reliability, or trustworthiness even if you are not experiencing such symptoms today?”
  - If an applicant received counseling or is receiving treatment for: adjustment issues, grief, marriage, as a first responder, or for trauma as a result of sexual assault, their career is not in jeopardy because mental health counseling is not a basis of denial for renewing or obtaining a security clearance (this includes interim security clearances).
What Does it Mean to be a Trauma Informed Therapist?

BY MICHELLE MARKET, LPC, CEDS

As we enter this new year and new decade of 2020 I have been reminded of the phrase “hindsight is 20/20.” When I reflect back on how I worked with trauma when I first became a therapist twenty years ago and how I work with trauma now, my approach has done a complete 180. I can recall my days working in community mental health and inquiring about trauma during the intake session, not at all looking for signs of whether a client was getting flooded, disconnected, or if the client was being re-traumatized. Fast forward twenty years, and now I no longer ask about details of the trauma in the initial intake session. Over the last decade, my treatment with clients has been influenced by the works of Janina Fisher, Peter Levine, Pat Ogden, and Laurel Parnell.

In Janina Fisher’s compassionate approach to trauma treatment, she teaches us that

- the symptoms tell the story better than the story
- slower is faster
- if it isn't working - we've given the client too much to chew
- simplicity is the key to complexity
- repetition facilitates new patterns
- the goal of trauma treatment is to be here instead of there

A Chinese Proverb tells us that “I hear and I forget, I see and I remember, I do and I understand.” One of the first teachable moments with clients is to introduce them to the window of tolerance, teaching them that we gain the most healing when we can think and feel at the same time (our optimal window of tolerance).

Being a trauma informed therapist means pacing the work with our clients. It is our ethical responsibility to create safety in the context of helping them heal from their trauma. I love the metaphor of using the gas and brake while in session with a client. This presents us with the opportunity to pause within the session to have our clients check in and start to notice, are they in their window of tolerance? Are they in hyperarousal or hypoarousal? Are they in their body or out of their body? To help them take notice of what emotions are coming up while inviting them to come from a place of curiosity and compassion. I believe that our clients are the experts on themselves while also holding space within the therapy room for them to be students of themselves.

I have come to adopt the mantra that slow is fast in trauma healing. Many of our clients come in for symptom relief and often have this belief that if they just quickly re-tell their story, then that will be the fastest way to heal. In the book *Trauma and Recovery*, Judith Herman presents three stages of trauma recovery. Stage One: safety and stabilization, Stage Two: remembrance and mourning, and Stage Three: reconnection and integration.

Overall, I would conclude that for many of my clients I spend the bulk of trauma work staying in Stage One. During this stage of trauma treatment, I am helping the client to make meaning of the symptoms, often time referring to symptoms as creative strategies for survival, while also pointing out that those strategies are no longer serving them. In this stage we are working on self-soothing, connecting to outside resources, affect regulation, grounding and containment. I tell my clients that I want them to have as many resources, tools, and strategies as possible.

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The Supervision Corner

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

Supervision + Covid-19 = Tele-Mental Health for Residents and Supervisors

In this edition, I’m concentrating on telehealth practice which, in the light of COVID-19, is now our new world reality for both therapy and supervision. Let’s answer some questions about tele-health practice and practicing over state lines.

What do the Virginia regulations say about telehealth counseling?

Telehealth counseling is not addressed in the regulations, so licensed counselors and residents have already been allowed to see clients virtually in Virginia. But now, due to COVID-19, this is one of the notices on the Virginia Board of Counseling website which confirms it (note my bolding):

In response to telehealth, any licensee, including a Licensed Resident in Counseling can practice telehealth within Virginia….The laws and regulations are silent as to whether Licensed Residents in Counseling can provide Technology-Assisted Counseling, but at this point, nothing prohibits it. Please see the link to the 115-1.4: Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision for more information. The Board is in the process of updating this Guidance…

What are the telehealth platforms available?

Here is a list of platforms in alphabetical order that can be used for telehealth (there may be more). Be sure you sign a Business Associates Agreement (BAA) in order to be HIPAA compliant.

BetterHelp  MyClientsPlus  TheraPlatform  WeCounsel
CounsSol    SimplePractice  TherapyNotes  Zoom
Doxy.me     Talkspace      TheraSoft    Vsee
GoToMeeting TheraNest

However, due to COVID-19, HIPAA rules have been relaxed. The link to what is now allowed for telehealth platforms is on the COVID-19 notice home page of the Board of Counseling:

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html…where it states:

Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency ….Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

Although the rules have been relaxed, it’s for an unknown period of time, so it may be prudent to as move to a HIPAA compliant site before it’s required.

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Can I counsel a client in another state using telehealth?

The Guidance Document referenced above states:

4. When working with a client who is not in Virginia, counselors are advised to check the regulations of the state board in which the client is located. It is important to be mindful that certain states prohibit counseling by an individual who is unlicensed by that state.

There is no reciprocity between any of the 50 states regarding licensed counselors or residents providing therapy across state lines and there may not be any kind of portability for many years because of the wide variations in licensure requirements between states. Even though Virginia regulations are one of the strictest, each state wants to be in control of who and how they license, so our licensure requirements may only make a difference if trying to be grandfathered into licensure in another state. Here are 3 links to sites that list all 50 states and their regulations regarding telehealth:

https://telementalhealthtraining.com/states-rules-and-regulations

So, whether or not you can provide counseling to a client in another state where you’re not licensed (as a counselor or resident) depends on the regulations of the state in which the client sits. If a state doesn’t allow counseling from an out-of-state therapist then it can’t be done. The links above only list the regulations on the use of telehealth for licensed counselors within their state. In order to find out if an out-of-state licensed counselor or resident can provide counseling you will have to call the licensing authority in that state to find out.

If there are changes based on COVID-19 to allow counseling across state lines, it means each of the 50 states have to make their own determination about whether or not to allow it. So, in order to treat clients in other states it may require you to be licensed in that state, get temporary authorization to practice in that state, or simply to temporarily practice. But that means following multiple state licensure regs. I found this link that appears to answer the question for all 50 states:

http://theshrinkspace.blog/covid-19-teletherapy-across-state-lines/

I heard about PSYPACT so doesn’t that mean I can practice across some state lines?

PSYPACT only applies to licensed psychologists and in only some states. The information on [https://telehealth.org/blog/psypact-telepsychology/](https://telehealth.org/blog/psypact-telepsychology/) states:

PSYPACT is an interstate compact specifically designed to facilitate the practice of telepsychology and the temporary face-to-face practice of psychology across state lines. The PSYPACT involves the formal approval of a “model act” developed by the Association of State and Provincial Psychology Boards (ASPPB) to allow approved professionals from a PSYPACT state to legally practice over state lines in any one of the other PSYPACT member states. These states now include Arizona, Utah, Nevada, Colorado, Nebraska, Missouri, and Georgia. Illinois is slated to join this group as of January 1, 2020. States seeking to join the PSYPACT must formally accept the ASPPB model act into state law.

But, can’t I treat clients across states lines if I have a Telehealth Credential?

This was a NVLPC yahoo group question about telehealth credentialing (like the telehealth credential through NBCC). The credentialing from any provider trains a counselor in how to provide virtual counseling but does not authorize a counselor to cross state lines to provide counseling. It’s important not to confuse credentialing with individual state licensure requirements.

Can I provide virtual (telehealth) supervision?

Virginia has previously allowed telehealth supervision within Virginia via “the use of secured technology that maintains client confidentiality and provides real-time [i.e. synchronous], visual contact between the supervisor and the resident.” [18VAC115-20-52]

Can I use telehealth to supervise across state lines?

If you’re asked to supervise someone out of state, the first question to ask is if the state where the pre-licensed individual lives and wishes to practice allows virtual supervision within their state. Second question is, does their state require the supervisor to be on-site. Some states have a form for capturing out-of-state supervision (like Virginia), but it isn’t clear if that’s only for an individual who has moved into the state and wants to document hours they’ve earned from another state where they previously lived. If it’s not

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clear in their regulations (some state regs are really difficult to read and understand), ask the prospective supervisee to call or email their state licensure board to ask if an out-of-state supervisor can be registered and used while they are practicing in their state. Then, have them send you the email response as well as a link to the relevant regulation. Based on some previous research from about 8 months ago, I have a partial list of states that allow virtual supervision within their state (which may make it more likely they would accept an out-of-state supervisor). The percentages denote the amount of the of virtual supervision allowed out of the total number of hours required (i.e., Florida allows 50% of the supervision hours to be virtual).

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Arizona (some)</td>
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<tr>
<td>Arkansas</td>
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<tr>
<td>Florida (50%)</td>
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<td>Kansas (possible)</td>
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<td>Kentucky</td>
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<td>Louisiana (25%)</td>
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<td>Minnesota (25%)</td>
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<td>Montana</td>
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<td>New Hampshire</td>
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<td>New Mexico</td>
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<tr>
<td>Oklahoma</td>
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<tr>
<td>Oregon (75%)</td>
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<td>Texas</td>
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<tr>
<td>Utah</td>
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<tr>
<td>West Virginia</td>
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<tr>
<td>Wyoming</td>
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</tbody>
</table>

The following states said they did not allow virtual supervision:

- Hawaii
- Missouri
- New York
- Pennsylvania

This information may have changed due to COVID-19 so be sure to verify current regulations.

Author’s note: I have not confirmed the accuracy of the information in any of the links I’ve provided so please confirm any information before implementing. The ideas and suggestions expressed here are my own and not those of NVLPC. If you have any questions about this 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@nvlpco.org.

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Student Essays from 2019 Competition

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.

In 2019, there were seven NVLPC student candidates who shared their stories and goals towards future careers in the counseling field. The 2019 winning essay, by Debbie Rackham, was published in the July, 2019, issue of this newsletter.

This month we are proud to publish two more of the submitted essays, by Susannah Volkers and Karen Sherfick. Thank you to all who participated in this competition. We wish you the best in your continued endeavor to pursue your education in the field of counseling.

The winner of the 2020 Student Essay Competition will be announced at the Annual Membership Meeting on May 29 and published in the July issue of the newsletter.

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Student Essay

My Mother Remembered: A Pillar of Pursuing Counseling

BY SUSANNAH VOLKERS

Of the approximately 9,470 days of life I have lived, five days stand out among the rest. These five days mark significant life events—pillars that make me who I am: 1. **October 13, 1999:** The day I chose to put my trust in Jesus Christ. 2. **June 3, 2005:** The day my family adopted my teenage sister Rose from Guangzhou, China. 3. **January 21, 2015:** The day my mother was diagnosed with Ovarian Cancer. 4. **June 30, 2016:** The day my mother passed away. 5. **March 16, 2018:** The day I married my husband Cody.

Days 3 and 4—involving my mother’s sickness and death—are the reason why I am pursuing a Master’s degree in Counseling.

My life up until my mother’s cancer diagnosis had been marked by goodness and joy. I grew up with nurturing parents and four siblings, given the best of education, and on
Northern Virginia Licensed Professional Counselor
$1000 Student Scholarship Essay Contest

Northern Virginia Licensed Professional Counselors (NVLPC) is offering a $1000 Student Scholarship to be awarded at the General Membership Meeting in the spring of 2020. Scholarship winners must be active student members of NVLPC and currently enrolled in a counseling program.

Eligibility Criteria

- Active membership in NVLPC
- Currently enrolled in a master’s or doctoral counseling program verified by enrollment documents, such as, an official/unofficial transcript or proof of enrollment from the admissions department
- Submission of an essay demonstrating a desire to continue growing and developing in the field of counseling

Application Process

1. Write an article of 600 words or less on any topic which interests you. Include an introduction of the topic, explain your interest and how you hope to apply that interest to your career goals in counseling. For example; my topic could be about the healing aspects of owning a dog. My interest would describe what I’ve observed in how dogs heal hurts in humans. In conclusion, I would discuss the desire to do pet therapy with my future clients. Look for examples in the 2019 newsletters.

2. By submitting an article, you authorize transfer of the rights of ownership for publication in the NVLPC newsletter regardless of winning status.

3. The application must be submitted in a separate file from that of the essay. Please do not include any identifying information on the essay page.


Contact Kiana Cummings at studentdevelopment@nvlpc.org for questions and submission of your application, including all required documents.

A scholarship sub-committee will review submitted applications based on the following rubric:

- Area of interest is applied to counseling
- Demonstration of a desire to continue to develop the interest through counseling
- Writing mechanics and information sharing

Completed applications should be submitted to Kiana Cummings at studentdevelopment@nvlpc.org.

APPLICATION IS DUE: May 20, 2020 (by midnight)
Northern Virginia Licensed Professional Counselors (NVLPC) is offering scholarship(s). These will be awarded at the General Membership Meeting.

Please complete the following application, include it with a copy of your college/university transcript (unofficial/official) and essay.

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### Applicant Information

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### Current College/University Enrolled:

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Please submit application, transcript (official/unofficial) and essay to Kiana at studentdevelopment@nvlp.org by the Deadline Date of May 20, 2020.
top of that, had the outdoors of the beaches of Hawaii as my playground for the first 18 years of my life.

Then, in my fourth and final year of undergraduate studies at Wheaton College, my role model, confidant, and altruistically-minded mother received an unexpected diagnosis that changed my life: Stage III Ovarian Cancer. In an instant, in a day, everything changed. She was no longer the active, ultra-marathoner in her late 50’s that was a nutritionist by profession. She was in an instant a cancer patient, fighting for life, a hopeful statistic.

My mother fought cancer for 18-months, and if anyone could have beat it, I thought she would. We had the best of medical care and a family that held strong to holding each other up. Those 18 months were long, hard, and filled with fear and anxiety.

One of the hardest parts of this season was being a young person. I was 22 years old at the time, and felt like I was the only one my age who was having to face death at my doorstep. While everyone was busy finding jobs for post-graduation, or getting a “ring by spring,” or thinking of their spring break vacation, I was filled with worries about Ovarian Cancer outcomes, when I could see my mom next, what conversations I should have with her before it was too late. It was a season of loneliness—I felt alone and often misunderstood by my peers.

This season of my life has come to pass, as she has since passed away. No one will ever replace my mom, and she surely will not be forgotten. One of the ways that I choose to remember her is to hold her as a source of inspiration and hope in my heart as I pursue a Master’s Degree in Counseling. I aim to obtain the tools, skills, and training in my degree program so that I can be equipped to walk with individuals who are in a season of suffering, particularly due to grief and loss.

I have gained a deep passion for walking with young men and women who have suffered loss unexpectedly, and believe there to be a large demographic of individuals who need care in this area. As suicide rates continue to rise, cancer continues to go uncured, and the digital revolution evolves, there is a niche of adolescent and young adult counseling that I hope to meaningfully contribute to. I hope to gain a therapeutic approach to caring for individuals in a way that is genuine, empathetic and holistic.

Soon, I hope to add Day 6 of Memorable Days to my list: Graduating from my Master’s Program (expected: May 11, 2020).

Student Essay continued from page 12

A Champion for Social Justice in the Wake of Natural Disaster

BY KAREN SHERFICK

We hear stories about the increase in natural disasters and the effects happening around the world. Many of the personal stories of natural disasters are left untold. People are not as familiar with the influence of social justice on communities affected. I have one of those personal stories about a town that is close to my heart because it is where part of my family still lives, 100 miles inland from the Atlantic coast in North Carolina.

Hurricane Matthew, in 2016, was one of several natural disasters to hit my family’s small farming community that is in one of the poorest counties in America and does not make the national news. This tremendous storm caused excessive flooding with its downpours causing trees to crash down, crushing cars and power lines. The power went out for an extended period of time. What that meant for my family and others is that they lost their entire year’s supply of frozen food in their freezers that they rely on to sustain them.

The bridges at either end of my family’s road were completely destroyed from the creeks over-running them. My family waited as they always did, hoping maybe this time help would arrive. Even when a shelter was announced somewhere in the county they could not get out and no help ever came. The nonexistent help was nothing new and is usually the case when a natural disaster strikes here.

The real devastation and frustration I find is with the deficient resources available to that community which has been the status quo for as long as I can remember. I have watched and felt helpless as others have, feeling like an afterthought, waiting for a long time while watching the county seat and the urban center in the next county over get the attention of the resources, getting power back, roads fixed, and infrastructure restored. The helplessness changed for me when I was introduced to social justice in my counseling program.

Learning the premise of social justice being about fairness and inequality and the idea that as a counselor I could play a role was exciting to me. In an article by Sandi Logan-McKibben

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in the Summer of 2017 edition of the Chi Sigma Iota’s association publication the “Exemplar,” there was an interview with then-President Dr. Barbara Herlihy, and I was struck by what she said about the future of counseling and how the distinct skill set of counselors puts us in a position to help with social justice. She had been affected by natural disaster and the lack she experienced influenced her to grow in her perspective around social justice. Hearing this I saw how the history of inequality in that town which I found so disheartening was actually to be a source of inspiration for me.

I found promise in learning more, like the Disaster Cross-Cultural Counseling model of Bemak and Chung (2011) and their concept of being culturally sensitive when working with people after a disaster, where the entire community has been deprived of rights, privileges, power and influence their whole lives and how group workers can come together in solidarity to help individuals and communities become self-reliant. Learning about social justice and disasters has sparked a true passion for me. My overall career goal as a counselor, is to do what I can in advocating to ensure access to necessary resources. Specifically, I want to work with individuals in the field to help empower communities in time of crisis and develop skills to do my part to champion social justice domestically and in the long term, internationally.

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