Happy New Year! As we begin 2019, NVLPC is excited to explore some new opportunities. We are working with the organization Suicide2Hope to co-host a full day training this spring. This workshop would be in addition to the morning and half-day trainings we currently offer. Based on the success of this, we are hoping to recreate it and perhaps co-host this training or another like it on a yearly basis. Stay tuned for more information.

The NVLPC board is also working on bringing certified supervisor training to Northern VA in September, 2019. Our own Sharon Watson, Supervision Chair, is putting together a proposal to provide a weekend-long, 20-hour, in-person training which will meet the criteria required for training hours to become a certified supervisor. And like the full day workshop mentioned above, our hope is that if successful, this can become a regular part of what NVLPC has to offer.

We’re so glad to have your involvement, support and enthusiasm as members of our organization. Please keep providing feedback - and keep coming!

Warmly,
Sarah Keely, LPC
**Cultural Competency: Theory or Practice?**

1.5 Credit Hours

**When:** Friday, January 11th, Registration and Networking starts at 9:30 AM, Presentation runs from 10:00 AM to 11:30 AM

**Where:** 1757 Golf Club, 45120 Waxpool Road, Dulles, Virginia 20166

**Presenter:** Yesenia Villalta, Psychotherapist

**Contact:** Melat Johnson, Events@NVLPC.org

**Registration Information:** Online registration is available until: 1/11/2019

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

<table>
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<tr>
<th>Members</th>
<th>Early Bird</th>
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<td>Clinical/ General</td>
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<td>Non-Members All Categories</td>
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Register online at any time.

Checks are only accepted on the day of the event. If you wish to secure a discount, you must register online and pay with a credit card.

Walk-in registrations will be accepted on the day of the event starting at 9:30 AM.

**Refund, Cancellation, and Inclement Weather Policies:**
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. During inclement weather NVLPC will host the event as scheduled; events will only be cancelled in circumstances when the federal government shuts down due to inclement weather.

**About the Event:**
Today’s political climate does not make it easy for folks, particularly marginalized communities. As Licensed Clinicians, we have the ability to provide a service while supporting social justice, but first we must start with ourselves. Through this workshop, participants will leave with a greater understanding and ease around the following objectives:

1. Connecting current news to trauma and race
2. Understanding culturally relevant terms
3. Start examining personal biases in a safe way
4. Understanding how biases can translate into the therapy room
5. Being a change agent
6. Accessing Resources for continued learning

Earn 1.5 Contact Hours for attending this event.

**About the Presenter:**
Yesenia Villalta is a Bilingual/Bicultural Licensed Clinical Social Worker in the state of Virginia. She received her MSW from Barry University; her BSW from Virginia Commonwealth University, and received training from the Trauma Center at Justice Resource Institute. She has 10 years of experience working with individuals, youth and families in various settings (Residential, Outpatient, Intensive In-Home Services and Community Outreach). Yesenia works with high-risk families and youth that experience traumatic stress issues related to acculturation, assimilation, depression, and trauma. Yesenia served as the Mental Health Intake & Youth Sexual Assault Therapist at Consejo Counseling & Referral Services in Seattle, WA - a Latino-serving agency where she was also an MSW Practicum Instructor. Currently, she serves as a Social Worker in the Tukwila School District where the focus is to implement trauma informed perspectives in the classroom with goal to reduce discipline referrals among children of color. Yesenia owns private practice in the state of Virginia conducting evaluations for immigration procedures, consulting and coaching. Yesenia is dedicated to working with young adults, families - including healers, and emerging professionals, while addressing the minority experience, specifically first generation.

**Networking Notice:**
As part of our networking opportunities, we invite all members to bring their marketing materials to display, and/or to introduce themselves during our 2-minute introductions. Please let us know that you are interested when you RSVP.
Early Intervention in Psychosis

1.5 Credit Hours

When: Friday, January 25th, Registration and Networking starts at 9:30 AM, Presentation runs from 10:00 AM to 11:30 AM

Where: Springfield Country Club, 8301 Old Keene Mill Road, Springfield, Virginia 22152

Presenter: Marla Zometsky, LPC, CSAC

Contact: Melat Johnson, Events@NVLPC.org

Registration Information: Online registration is available until: 1/25/2019

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

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About the Event:
This presentation will provide an overview of the signs and symptoms of psychosis, including differential diagnosis. We will discuss ways to inquire about, explore and provide support to individuals experiencing psychosis. The presentation will highlight early intervention in psychosis and discuss strategies used in assessment, treatment and engagement of individuals experiencing the onset of psychosis and support to their families.

Earn 1.5 Contact Hours for attending this event.

About the Presenter:
Marla Zometsky has been a clinician with the Fairfax-Falls Church Community Services Board (CSB) for 11 years. She is currently the Manager of the CSB’s Wellness, Health Promotion & Prevention program.

In 2015 lead the implementation of the Turning Point program, a Coordinated Specialty Care program for individuals between 16-25 years of age who have experienced the onset of psychosis. During this time, the program was selected to be included in a SAMSHA evaluation study on how CSC programs increase access to essential services and improve client outcomes. Ms. Zometsky previously served as a senior clinician with the CSB’s Intensive Case Management team, supporting homeless adults with serious mental illness. In addition, she has experience working in a residential substance abuse program for adolescent males, providing services through a school-based mental health program and facilitating cultural-adjustment workshops for immigrants and refugees. She is a CSB facilitator for Mental Health First Aid and represents the CSB on the Trauma-Informed Community Network.

Ms. Zometsky is a Licensed Professional Counselor and a certified substance abuse counselor. She earned a Master of Education (M.Ed.) in Counseling and Development from George Mason University and a Master of Public Health (MPH) from George Washington University. She also completed a certificate from the Harvard Program in Refugee Trauma, Global Mental Health: Trauma and Recovery.

Before entering the mental health field, she worked as a U.S. Senate staff member and later as a program officer with a nonprofit where supported good governance programs in West Africa.

Andrea Borrelli, NCC, LMHP-R, is a resident in counseling with a Master of Arts in Clinical Mental Health Counseling from Marymount University. She has been working in the field of counseling for three years with experience working with youth and families, substance use, trauma, and early-intervention for psychosis. Andrea recently joined the Fairfax

Continued on page 4
The Road to Licensure

1.5 Credit Hours

When: Friday, February 8th, Registration and Networking starts at 9:30 AM, Presentation runs from 10:00 AM to 11:30 AM

Where: 1757 Golf Club, 45120 Waxpool Road, Dulles, Virginia 20166

Presenter: Dr. Amy Fortney Parks

Contact: Melat Johnson, Events@NVLPC.org

Registration Information: Online registration is available until: 2/8/2019

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

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About the Event: Please see website for event description.

Earn 1.5 Contact Hours for attending this event.

About the Presenter:
Dr. Amy Fortney Parks brings with her over 30 years of experience working with children, adolescents and families as both an educator and psychologist. She is a passionate “BRAIN – trainer” and strives to help everyone she works with understand how their own unique brain works!

Dr. Parks is the founder and Executive Director of WISE Mind Solutions, LLC and The Wise Family in Alexandria, Virginia. She is a Child & Adolescent Psychologist and a sought after parent coach for families around the world! Dr. Parks has a Doctorate in Educational

Continued on page 5

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.

Early Intervention continued from page 3

County Youth and Family team as a Senior Clinician after coming from Turning Point, where she acted as a clinician and case manager for 16-25 year olds experiencing their first episode of psychosis. During her time with Turning Point, Andrea worked closely with the Coordinated Specialty Care team to provide direct support to individuals and families in an individual therapy, family therapy, group, and, at times, community-based setting.

Networking Notice: As part of our networking opportunities, we invite all members to bring their marketing materials to display, and/or to introduce themselves during our 2-minute introductions. Please let us know that you are interested when you RSVP.

Bulletin Announcements

All members are welcome to submit 25 words (or less) announcing a workshop, group or other news. For inclusion in the next Newsletter, please send to newsletter@nvlp.org by December 10.
Internal Family Systems Therapy: Deepening Your Understanding

1.5 Credit Hours

When: Friday, February 22nd, Registration and Networking starts at 9:30 AM, Presentation runs from 10:00 to 11:30 AM

Where: Springfield Country Club, 8301 Old Keene Mill Road, Springfield, Virginia 22152

Presenter: Kirsten Lundberg, LPC, LMFT

Contact: Melat Johnson, Events@NVLPC.org

Registration Information: Online registration is available until: 2/22/2019

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

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About the Event:
The Internal Family Systems (IFS) Model was developed by Richard C. Schwartz, PhD., and offers an evidenced-based, non-pathologizing model of healing. The IFS model pairs systems thinking with the idea that multiplicity exists within all of us. I will provide an introduction to Internal Family Systems therapy, introduce the basic assumptions of the IFS model, discuss the role of the therapist in the model, identify the basic goals of the IFS model, and identify and describe the process of healing within the IFS model.

The learning objectives of this presentation are:
- To introduce the basic assumptions of the IFS model
- To identify the role of the therapist in the IFS model
- To identify the basic goals of the IFS model
- To identify and describe the process of healing within the IFS model
- To provide an opportunity for participants to explore their own internal systems and “parts”
- To provide participants an opportunity to watch a live demonstration of the model with me and my colleague, Martha Fischer.

Networking Notice:
As part of our networking opportunities, we invite all members to bring their marketing materials to display, and/or to introduce themselves during our 2-minute introductions. Please let us know that you are interested when you RSVP.
What I Would Have Told My Younger Self, When I was First Starting out in the Field

BY MICHELLE MARKET, LPC, CEDS

A few times a year I have the privilege of getting to speak to a group of interns in the exact location where I did my internship 20 years ago. It feels like going on a time travel adventure, a deja vu kind of moment. Last month, and at the very last minute, I decided to switch my talk from a topic that I had scheduled six months in advance (co-dependency), to what I wish I had known when I was first starting out as an intern and starting my journey as a therapist. I wanted to pass on these pearls as a reminder to have compassion for yourself whether you are new to the field or a seasoned therapist in need of a self-care reminder.

Do your own work. We can only take our clients as far as we ourselves have gone in our own therapeutic process. In the words of Sophia Bush “you are allowed to be both a masterpiece and a work in progress simultaneously.”

Get good clinical supervision, have a mentor, consult with peers. Supervision doesn’t stop after you are licensed. If I had known what I know now, I would have kept with supervision those first few years after licensure. Now 20 years later, I get more supervision than when I was a resident. These peer groups and consultation experiences give me the chance to continue to hone my skills and get much needed support when working with complex cases.

Honor your humanness. You don’t need to know everything and it is ok to admit that. What I have learned through the years and continue to learn is that it is ok to make mistakes; it is ok to NOT know the answer; and even better, it is ok to take a pause and a moment to gather your thoughts.

Embrace being a student for life. Find the techniques and theories that resonate for you, which often takes time. As the field continues to evolve allow yourself to be a student and with the same curiosity, see what fits and what doesn’t for you clinically.

Consistency, repetition and boundaries. Starting on time and ending on time. Finding a ritual that works to help your clients transition into the therapy room. Experiment with starting your session with breath work, allowing your clients to settle into themselves, and helping them to connect to what they are noticing in their body. This is especially helpful with clients who are dysregulated. Another ritual is having your clients end sessions voicing a take away as a way to summarize what resonated with them from the session. What did they learn about themselves? What will they put into practice outside of the therapy room?

Practice self-care. We can’t pour from an empty cup. What are you doing for your own rest and renewal? How are you taking pauses within your day? Are you tending to your own emotional, physical and psychological care? What are you doing for fun? What are you doing that is non-work related? What are you doing between client sessions to regroup? Before opening the door to your next client make sure to take a pause, even if it is just deep breathing for one minute. Small moments create big lifts, invest in your self-care; in this work you are your most important asset!

Michelle Market, LPC, CEDS is a Certified Eating Disorder Specialist and EMDR practitioner and describes herself as a self-care enthusiast. She specializes in trauma and disordered eating with an expertise in working with binge eating. She is in Private Practice in Herndon, Virginia and works with adults, providing individual therapy and group therapy for binge eating disorder. She offers individual supervision for individuals pursuing LPC licensure as well as providing consultation for those working with eating disorders. www.michellemarket.com
## Calendar of Events 2018-2019

<table>
<thead>
<tr>
<th>Date</th>
<th>Speakers</th>
<th>Title of Event</th>
<th>Location</th>
<th>Time</th>
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<tbody>
<tr>
<td>9/14/18</td>
<td>Jaime Hoyle, JD, Executive Director, Virginia Boards of Counseling, Psychology, and Social Work</td>
<td>VA Board of Counseling: Case Studies on Defending Your License</td>
<td>East</td>
<td>10:00-11:30am</td>
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<tr>
<td>9/28/18</td>
<td>Rona Hitlin-Mason, LPC, LLC</td>
<td>Divorce Options: What Clients Need to Know to Make Healthy Decisions</td>
<td>West</td>
<td>10:00-11:30am</td>
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<tr>
<td>10/12/18</td>
<td>Lisa Kruger, PhD, LPC, NCC</td>
<td>Shame and Moral Injury in Military Culture</td>
<td>East</td>
<td>10:00-11:30am</td>
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<tr>
<td>10/26/18</td>
<td>Erika Carlson, LCSW and Rachel Cherian, LCSW</td>
<td>Dialectical Behavior Therapy: Treating Clients with Risky Behavior</td>
<td>West</td>
<td>10:00-11:30am</td>
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<tr>
<td>11/2/18</td>
<td>Lisa Ferentz, LCSW-C</td>
<td>Fall Workshop and Mini-Expo: Trauma, Attachment and Creative Modalities for Grounding, Soothing, and Containment</td>
<td>Hilton Garden Inn, Fairfax</td>
<td>9:00-3:30pm</td>
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<tr>
<td>12/7/18</td>
<td>Christina Frank, LMFT, Certified Teacher of Digital Citizenship</td>
<td>Technology and Today’s Youth: Parenting in the Digital Age</td>
<td>East</td>
<td>10:00-11:30am</td>
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<tr>
<td>1/11/19</td>
<td>Yesenia Villalta, Psychotherapist</td>
<td>Cultural Competency: Theory or Practice?</td>
<td>West</td>
<td>10:00-11:30am</td>
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<tr>
<td>1/15/19</td>
<td>Marla Zometsky, LPC, CSAC</td>
<td>Early Intervention in Psychosis</td>
<td>East</td>
<td>10:00-11:30am</td>
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<tr>
<td>2/8/19</td>
<td>Dr. Amy Fortney Parks, LPC, ACS</td>
<td>The Road to Licensure</td>
<td>West</td>
<td>10:00-11:30am</td>
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<tr>
<td>2/22/19</td>
<td>Kirsten Lundeberg, LPC, LMFT</td>
<td>Internal Family Systems Therapy: Deepening Your Understanding</td>
<td>East</td>
<td>10:00-11:30am</td>
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<td>3/15/19</td>
<td>Michelle Mays, LPC, CSAT-S</td>
<td>Betrayal and Gaslighting: The Emotional and Psychological Trauma of Being Chronically Lied to</td>
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<td>10:00-11:30am</td>
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<tr>
<td>3/29/19</td>
<td>Annetta Benjamin, LPC, NCC</td>
<td>Identifying Life Helpers and Hurts through Daily Journaling Activities</td>
<td>East</td>
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<td>4/12/19</td>
<td>Gail Guttman, LCSW</td>
<td>Integrating Couples and Sex Therapy</td>
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<td>4/26/19</td>
<td>Yashika Neaves, PhD Candidate</td>
<td>Community-based Military Cultural Competencies &amp; Barriers to Care</td>
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<td>5/3/19</td>
<td>Dr. Amy Fortney Parks, LPC, ACS</td>
<td>The Road to Licensure</td>
<td>East</td>
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<tr>
<td>5/31/19</td>
<td>LaNail R. Plummer, Ed.D, LPC (DC), LCPC (M), NCC, ACS</td>
<td>The Impact of Race &amp; Gender with Clients and in Clinical Supervision</td>
<td>West</td>
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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.

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THE PRE-LICENSED CLINICIAN’S TRACKING
2019-2020 PLANNER

Want an easier way to track hours while working towards licensure?

KEY FEATURES INCLUDE:
✓ Dated daily appointment spaces from 8:00 a.m. to 7:00 p.m.
✓ Columns to record Direct (D) and Indirect (ID) hours of service completed
✓ Tally boxes for hours accrued at the end of each day and the end of the week
✓ A space for notes and to write your wins for the week
✓ Pages to take notes when you have supervision sessions
✓ Quotes from psychological and wellness practitioners
✓ A place to reflect upon the year you’ve successfully completed

And More!

to get yours today!

PAID ADVERTISEMENT. While NVLPC accepts and publishes paid advertising, it accepts no legal responsibility for products and programs advertised herein.
Screen Media: The Importance of Assessment

BY CHRISTINA FRANK, LMFT

The prevalence of handheld devices and frequent use of screen time in today’s households are impacting the quality of relationships within the family system. Evidence is mounting that the consistent use of digital devices has a significant negative impact on children’s development and family interactions. As mental health professionals, we must consider these impacts and factor them into our assessment process. Proper screen-time assessment improves family therapy intervention and helps parents mitigate potential harm.

As providers in today’s digital society, we see this enter the therapy room in a variety of ways. A recurring family conflict around screen media use. The teen who has stopped doing homework and is always on the phone. The elementary schooler who has tantrums and becomes violent when limits are set on video games. The parent who has difficulty shutting off work at the end of the day. What is to be done?

Empowering parents to set healthy and consistent boundaries around screen and digital media use in the home is an important first step. So many parents come into the therapy room with the assumption that access to digital devices is their child’s ‘right’ rather than an earned adult privilege. Much like driving a car, children require teaching and modeling about the use of devices to be healthy digital citizens. This common assumption impacts parents’ ability to implement and follow through on the necessary limit-setting their children need.

Parents often express concern that their child is addicted to digital devices and screen-time. In reality, cell phones and video games are designed to be addictive, stimulating the reward center of our brain every time we receive a text, or we earn a trophy on Snapchat or achieve the next level in a video game. As such, while addiction is a very real possibility, it is also an active goal of the people who design the devices and the apps that are loaded onto them. Parents are key in teaching their kids this crucial component about forming healthy relationships with their digital devices. Modeling healthy use of devices is a great first step and helps parents avoid any mixed messages. In some cases, a habit of extreme overuse can only be properly assessed and addressed by removing devices from the equation altogether. This allows the space and focus that family members may need to reteach development of positive, healthy use of screen time.

There are, however, potential caveats to a treatment plan that focuses solely on the limitation of devices. Overdependence on screen time is often just a symptom of an underlying primary issue that may worsen if it is not the focus of treatment. When screen-time is the center of so much family discord, it can be easy to confuse the digital device for the source of the problem. This can sometimes mask the true issue. For example, the teen that is always on the phone may have severe social anxiety and may spend much of her day at school feeling alone, only to come home and get all her social needs met through her device. Taking the device away in this scenario may cause more harm, and result in her isolating even more, potentially leading to increased depressive symptoms. A deeper understanding of the role that the device plays for her social anxiety increases parents’ ability to encourage safe and boundaried use of her phone. Then there is opportunity to also work on ways for her to address her social anxiety in the real world. Here, the treatment plan has shifted from the phone to her social anxiety. Another example is the elementary schooler that has temper tantrums and becomes aggressive around video games. It is possible that these are symptoms of ADHD, highlighted by the difficulty transitioning, poor time management, struggle with hearing instructions, and inability to express feelings calmly. A proper assessment provides increased awareness of the role that video games play for this child.

Continued on page 10
Here again, the treatment plan has shifted from the video games to the ADHD.

Conversely, there are times when the devices are not the center of the presenting issue upon first evaluation. Take, for example, another teen that is depressed and starts to experiment with self-harm. This is a coping skill that is not unfamiliar to so many of us in the mental health field, and the movement toward standard treatment tactics is an obvious one. Taking a more holistic approach to understanding this teen's lifestyle might reveal that the use of a digital device is at the center of his internal struggle. Is the teen getting enough sleep, or is he on the phone until 3am or 4am every night? Is he following and engaging with online feeds that glorify self-harm? Is he being cyberbullied? Are his parents noticing the amount of time that he spends on the device, or are they at home on their devices as well? Once these questions are answered, the parents can learn to model healthy screen media use, set necessary boundaries for screen media so he can improve sleep quality, and track who he is following, what their communication is like, and what images he is being exposed to.

Devices have become so prevalent in our lives so quickly, and are so easily transportable, that it is easy to wonder how realistic it is for us to adhere to healthy guidelines around screen time. We rely on devices for work, we use them for play, and they have transformed how we communicate with each other. We can throw up our hands and allow ourselves to give in to the pull, or we can build awareness and understanding of the impact these devices have on our brains and our relationships. Once we are equipped with the assessment and intervention skills we need as mental health providers, we can do our best to improve client functioning by teaching boundary and limit setting, consistency, and open communication. Most importantly, we must remember to consider any screen time and digital device treatment goals within the larger context of an individual or family system to help our clients make the most effective change. Proper assessment provides improved clinical outcomes for our clients during these technology dependent times.

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**Recruiting Mental Health Professional Participants**

NVLPC Members, this is a call for your participation. I am seeking mental health professionals (e.g. licensed counselors, residents in counseling, marriage & family therapist, behavioral health specialist, social workers) to take part in research investigating help-seeking behaviors of Veterans in community-based settings.

With volunteer participation from you, I hope to bridge the gap between what mental health providers know and do, with what military communities need from them. The end state is to provide better mental health support and care for Veteran and military families.

The online survey takes about 10 minutes to complete and responses are anonymous: [https://www.surveymonkey.com/r/MentalHealthPros](https://www.surveymonkey.com/r/MentalHealthPros)

Survey responses will provide insight to policy recommendations, evidence-based care and service delivery in community-based settings on the brink of the VA Mission Act of 2018.

Please take the time out to complete the survey; it will be open until January 30, 2019. Feel free to forward and share the weblink with other mental health colleagues and providers. Together we can change the world.

Thank you in advance for your time, consideration, and participation.

Yashika Neaves, M.Ed. – NVLPC Education Director – Counselor Education & Supervision, Regent University, PhD Candidate

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**Bulletin Board**

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

Sandra Molle, LPC, BCN, provides individual and group supervision for residents working toward licensure. Please call 703-498-7403 for more information, email skmolle@verizon.net.
Mental Health Parity

BY YASHIKA D. NEAVES – Education Director – eddirector@nvlp.org

Happy 2019 NVLPC! With a new year come new expectations, anticipations and hopes that things will be better than they were before. Reflecting over the past gives us insight towards the future while reminding us of the progress we have made. One exciting reflection from 2018 is the 10-year anniversary of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equality Act (MHPAEA). The MHPAEA, also referred to as Mental Health Parity, or Federal Parity, requires health insurance companies to provide equal coverage and benefits for both mental and physical health care plans. The Department of Defense (DoD) TRICARE for Uniformed Services, although not a health insurance company, recently aligned their cost-sharing of medical/surgical benefits with mental health and substance use disorder benefits, which now equally cover military members as well. These national efforts demonstrate the progress we are making towards destigmatizing mental health by recognizing the critical importance of mental wellness as equal to physical health.

Unfortunately, as exciting as this is, it’s also disheartening to know that many Americans are unaware of mental health parity laws; and that their coverage has increased, expanding accessibility, while decreasing the cost of mental health services and treatment. A Harris Poll Survey conducted in 2014 revealed that 92% of Americans were unaware of any form of Federal Parity, even after they were given the description of the law; and that percentage has not changed substantially in the past five years. This is regrettable because those who considered treatment, but never pursued it, stated they were concerned with co-pays, deductibles or lack of insurance coverage. This disparity is detrimental for those in need of mental health care, and extends disadvantages when counselors are amongst the uninformed.

It is our duty to educate ourselves about barriers that hinder potential clients from seeking care. NVLPC is your local resource to stay professionally informed with educational insights through continuing education events and workshops, while connecting with resident support groups and staying abreast through newsletter updates. As we move into 2019, strive to stay informed and connected; seek professional development in effort to expand your reach, and increase awareness on topics, such as mental health parity. Legislation has made great strides to close the gaps in mental health utilization; this is a call for us to align our efforts and disseminate reforms for the benefit of those who are hurting. I look forward to the educational growth we will make in our 2019 professional goals. Let’s make things better this New Year than they were before!

Mental Health Parity References & Resources:

U.S. Department of Health & Human Services (HHS):

Substance Abuse and Mental Health Administration (SAMHSA):
https://www.samhsa.gov/health-financing/implementation-mental-health-parity-addiction-equity-act

Centers for Medicare & Medicaid Services (CMS):

American Psychological Association (APA):
The Supervision Corner

BY SHARON WATSON - Supervision Chair - supervision@nvlpc.org

I was asked by a resident (and on behalf of her supervisor) about what forms to use for her quarterlies now that she was ready to apply for the exam because the quarterly forms had changed over the course of her residency. She wanted to know if she should use the quarterly form in effect at the time of her earlier quarters and then use the form that went into effect afterwards or if she should just put them all on the newest quarterly form.

I must admit this question surprised me because my understanding is that the supervisor is supposed to give the resident the quarterly form that is due at the end of each quarter of supervision at each site (if there’s more than one worksite) and that it’s the supervisor’s responsibility to know if the forms are the currently accepted forms. Residents are responsible for providing their supervisor with their work and Face-to-Face (F2F) hours but should also be aware of which quarterly form is current so they can inform the supervisor if the wrong form was used because they will ultimately be the one submitting their forms to the Board for licensure.

So, I checked the regs and on page 10 under “D. Supervisory responsibilities” it states:

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period (bold added by me)

The regs don’t say “at the time you submit the paperwork for taking the exam” so logically that means the supervisor would already be using the form that is in current use at the time the quarterly was due (if the supervisor was keeping up with the changes).

There are multiple reasons why quarterly forms should be done as soon as possible after each quarter: 1. What if the supervisor becomes incapacitated? 2. What if the supervisor moves and forgets to notify previous residents? 3. What if the resident hasn’t kept track of her/his work and F2F hours and can’t find them or doesn’t have any way of verifying them? and 4. It’s much more difficult to piece together information (dates/hours) months or years after the events than at the time. I’m not saying that doing the quarterly needs to be immediate because many times it takes some time to get all the numbers together, but that’s much different than waiting until the end.

I’ve been supervising for many years and even before the quarterly forms were put into PDF format, I’ve kept copies of all the original quarterly forms filled in with my info as the master, for each of the multiple changes over the years. In addition, I keep a digital copy of each resident’s quarterlies so that if the resident misplaces any of them or they are somehow destroyed before submission, I can replace them. It also means that if either I or the resident finds there was an error on a previous quarterly, I can correct it on the correct form in use for that time period. The Board has provided us an opportunity by making the quarterly forms PDFs, so I recommend that supervisors fill in a master quarterly form for each resident (and each worksite) and then use that form for each quarter simply by changing the quarter dates and hours.

Since we’re talking about forms, it’s important to note that there is an announcement regarding forms on the Board of Counseling home page that states:

“NEW FORMS AND APPLICATIONS”

“The Board recently updated its forms and applications for LPC, LMFT, LSATP, CSAC, CSAC-A and CRP. Applicants can continue to use the old forms and applications until July 31, 2018. After August 1, 2018, the Board will only accept the new forms and applications. Forms that were previously signed by the supervisor or by a school official can still be considered past the 8/1/2018 date.”

Yahoo Group

Did you know NVLPC hosts an email group just for members who are current in their paid membership?

NVLPC Members, request to join our Yahoo Group here!

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Just to clarify, even though July 31st has passed, the Board is making sure supervisors and residents know they must now use new forms when submitting applications, filling out verifications of supervision or filling out quarterlies which were due after July 31st. I believe what they are explaining in the last sentence is that after July 31st, if a form was sent in for transcripts or an application made for a supervisor or work-site just prior to the cut-off, they would still be considered because residents and supervisors would not necessarily have known about the new requirement. I also believe this does not apply to quarterlies that are to be given when due.

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@nvlpc.org.

The next issue of the NVLPC Newsletter will be March, 2019. The deadline for article submission, committee reports, bulletin board items, membership spotlights and advertising is February 15, 2019. Please send content to newsletter@nvlpc.org.