Internal Family Systems: An Introduction

BY KIRSTEN LUNDEBERG, LPC

“I can’t believe I just said that to her – she must think I’m an idiot!”

“I need this presentation to be perfect – there’s so much riding on it!”

“I’m going to have a few glasses of wine at the party tonight so I don’t feel so nervous around all those new people.”

“If I don’t tell them how I really feel I won’t upset anyone and I can avoid a potential fight.”

It’s so common to have these kinds of thoughts running through our minds at various times, along with accompanying emotions and behaviors or impulses. Internal Family Systems (IFS) therapy, which was developed by Richard Schwartz, posits that all healthy individuals have multiplicity within our internal systems, meaning that we have many thoughts/feelings/behaviors or impulses which have been created as a result of the experiences we’ve had during our lives.

IFS groups these parts of our inner systems into two main categories – Protectors and Exiles. Protectors are the behaviors that work to keep us away from the deep pain held by our inner Exiles. Protectors have positive intentions for the system but often create unintended consequences which can result in additional pain within the system.

Within the Protector category there are two types – Managers which work proactively to keep the pain suppressed, and Firefighters which work reactively once pain is triggered or activated. Common Managers can include an inner critic (and I have yet to meet someone who doesn’t have this part!), perfectionism, avoidance, caretaking, worrying, achieving/striving, pleasuring and pessimism. Common Firefighters can include disordered eating, addictions of any kind, suicidal/self-harm thoughts or behaviors, rage, dissociation, affairs and panic attacks.

Continued on page 2
The most common hurts that Exiles hold tend to be grief/loss; shame (“I’m not enough” or “I’m too much”); fear/terror, humiliation; abandonment/rejection (real or perceived).

Within every system is an intact Self which is the healing agent for all of the parts. The goal of IFS therapy is to facilitate a connection between a client’s Self and his/her/their parts so that the parts can be witnessed and understood and ultimately unburdened from the pain and core beliefs that they carry. In this way, the client’s Self is the healing agent for the wounds within the system, and the therapist is the facilitator of the process.

Let me give an example from my own history to illustrate how an Exile can get formed and how the Protectors might develop in response. When I was in first grade I had a gym teacher who had a booming voice and large physical presence which was an incredibly intimidating combination to me as an extremely quiet, reserved little girl.

One day he gave us the instruction to “run in place,” but somehow I heard him say “run and play.” I muscled past my shyness and decided to throw myself into the activity with unabashed enthusiasm. As I was leaping around the gymnasium “playing,” I heard him shout my last name across the gym – “LUNDEBERG!! WHAT THE HELL ARE YOU DOING!!?” I felt the immediate experience of deep shame – “I’ve done something wrong and I am wrong” which created the Exile who held that pain of shame and humiliation and who vowed to never again feel this kind of humiliation. My system decided unconsciously in that moment that being bold and enthusiastic and taking up space was not safe to do. The Protectors that developed to keep the pain at bay were a self critic so I wouldn’t make that kind of mistake again, and an avoidant part who was incredibly cautious and reserved in such situations in the future to be sure I wouldn’t have to feel that kind of pain again.

But regardless of how strong those Protectors were, the pain of the Exile of course would still surface over the years, causing the Managers to double down on their efforts, or causing some Firefighters behavior (such as physical symptoms or dissociation) to become activated.

When I was able to connect from Self with that Exile (the little girl) and retrieve her from the scene and help her to unburden her pain, the Protectors were able to take on different and much preferred roles in my system.

No amount of trauma can erode or eradicate the core Self which is an empowering, hopeful message for individuals to hear, and a message which I am able to confidently offer to my clients.

More information about Internal Family System therapy can be found at: www.selfleadership.org

For more information about my practice please visit: www.kirstenlundeberg.com

Attention Residents-in-Counseling...

At its meeting on February 8, 2019, the Board of Counseling declined to adopt a petition that would have prohibited Residents-in-Counseling from promoting or advertising their services independently. In considering this petition, the Board reviewed many comments submitted by licensed clinicians and residents, the majority of which opposed the petition. As a result of this ruling, Residents-in-Counseling will continue to be able to appropriately advertise their services as residents as they work towards licensure within private practice settings.
Betrayal and Gaslighting: The Emotional and Psychological Trauma of Being Chronically Lied To

1.5 Credit Hours

When: Friday, March 15th. 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: Michelle Mays, LPC, CSAT-S

Contact: Melat Johnson, Events@NVLPC.org

Registration Information: Online registration is available until: 3/15/2019

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

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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:
One of the key injuries affecting individuals who experience intimate betrayal is the traumatic impact of being chronically and systematically lied to by their significant other in order to cover up secret behaviors. This type of lying, often referred to as Gaslighting, is emotionally and psychologically damaging and must be specifically included in any treatment plan addressing betrayal trauma. This presentation will focus on deepening participant’s understanding of gaslighting, the impact to the betrayed partner and pathways for treatment.

Learning Objectives:
- Identify the four key types of lying behaviors that are included in the experience of gaslighting.
- Describe the impact gaslighting has on betrayed partners including the three stages of gaslighting.
- Identify three key treatment goals to address the emotional and psychological injury resulting from gaslighting behaviors.

Earn 1.5 Contact Hours for attending this event.

About the Presenter:
Founder and Clinical Director of the Center for Relational Recovery with offices in Leesburg Virginia, and Washington DC, Michelle Mays LPC, CSAT-S has over 15 years’ experience in providing individual, couples and group therapy to those struggling with sexual addiction, trauma and relationship issues.

Michelle is also the founder of PartnerHope a website dedicated to providing practical help, support and a pathway for healing to those who have experienced betrayal trauma, particularly partners of sex addicts.

Michelle is a Certified Sex Addiction Therapist and Supervisor trained under Dr. Patrick Carnes. She is also trained in Post Induction Therapy by Pia Mellody for the treatment of developmental trauma. Michelle is sought as a writer, trainer and speaker on sexual addiction, partners of sex addicts, the developmental model of trauma treatment, and relationship issues. In addition, she mentors and supervises upcoming therapists. Michelle is in the process of completing her certification in Emotionally Focused Therapy for couples.

Michelle is a member of the Society for the Advancement of Sexual Health, the International Institute for Trauma and Addiction Professionals, the International Centre for Excellence in Emotionally Focused Therapy, the American

Continued on page 4
Identifying Life Helpers and Hurts Through Daily Journaling Activities

1.5 Credit Hours

When: Friday, March 29th. 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: Annetta Benjamin, LPC, NCC

Contact: Melat Johnson, Events@NVLPC.org

Registration Information: Online registration is available until: 3/29/2019

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:

Learning Objectives:

- To understand the benefits and outcomes of journaling daily, in regard to one's feelings, thoughts, and actions.
- To comprehend how thoughts are developed, and to assess the thought as positive or negative.
- To define and comprehend the concept of a helper and a hurt; and to interpret the examples and experiences that develop into a helper and hurt.
- To illustrate how to use the Helpers and Hurts journaling concept daily to interpret the positive and negative actions, thoughts, or feelings of one's day.

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.

www.nvlpc.org
Identifying Life Helpers continued from page 4

Earn 1.5 Contact Hours for attending this event.

**About the Presenter:** Annetta Benjamin, MA, LPC, NCC
I have a Master’s degree in Pastoral Counseling from Marymount University, Arlington, Virginia. During my internship as a graduate student I worked as a Spiritual Care & Bereavement Coordinator at a hospice agency. Upon graduation, I continued to work as Bereavement Counselor for three years. During that time I organized and conducted three successful bereavement camps for youth who had lost a loved one. In addition, I have also worked as a Qualified Mental Health Professional for five years with Virginia Home Based Counseling Services, focusing with children, teens, and parents.

Now as a Licensed Professional Counselor and National Certified Counselor (NCC), I specialize in counseling children, adolescents, and young adults with behavior, academic, self-esteem, coping, communication, bereavement, and anger issues. I also counsel adults, couples, and the elderly with spiritual, bereavement, communication, family, relationships, depression, and anxiety concerns. I have been in private practice for seven years and I have been able to add five additional therapist to my practice at Benjamin Counseling Center, LLC.

In addition, to being an individual and family Therapist, I am also a Clinical Supervisor for Resident In Counseling (RIC) therapists who are in the process of obtaining their state license as a professional counselor. Along with RICs, I currently supervise and manage undergraduate and graduate student interns, many of which have come Marymount University. In the spring of 2014, I taught the Child and Adolescent Psychopathology course for juniors and seniors at Marymount University, as an adjunct Professor.

**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.

**Handout Policy:** Attendees registering ahead of time are emailed the handouts to print out for themselves prior to the event. Those preferring to have pre-printed handouts can pay an additional $3 fee at the time of registration. All walk-in attendees will be provided pre-printed handouts.

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**Instructions to print your CE certificate**

Instructions to print your CE certificate after attending a Breakfast training or Workshop:

1. Log on to [www.nvlpc.org](http://www.nvlpc.org). On the left-side menu, hover your cursor over “My Events” and the button for “My Certificates” will pop out. Click “My Certificates.”

2. You will see a tab called “Journal Entries” and underneath a list of NVLPC events you have attended. Click the printer icon to the left of the desired event. This will open a pop-up window with your certificate. (You may have to give your computer browser permission to pop up the certificate. Often pop-ups are blocked, but it is usually easy to give permission for a particular website.)

3. Make sure your computer is set to print with your printer and click “Print.”

On the website Forum there is an FAQ (Frequently Asked Question) about how to print your certificate, including a brief video. To access, click here.

If you have any questions, please post your question at the Forum.

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**Upcoming Board Meetings**

**When:**
Friday, Mar 29, 12-2pm

**Where:**
Springfield Country Club, Springfield, VA

**When:**
Friday, Apr 5, 12-2pm

**Where:**
1757 Golf Club, Dulles, VA

**Contact:** Sarah Keely, President@nvlpc.org

**Registration Information:** Online

**About the Events:** Board Members, Directors, Committee Chairs and Members, please RSVP for this Board Meeting. No charge, just a “yes/no” response required to RSVP. You must be logged in for the RSVP to work.

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**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](http://www.nvlpc.org)!
Integrating Couples and Sex Therapy

1.5 Credit Hours

When: Friday, April 5th. 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: Gail Guttman, LCSW

Contact: Melat Johnson, Events@NVLPC.org

Registration Information: Online registration is available until: 4/5/2019. Register online at any time.

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 integration of couples’ therapy and sex therapy is no easy task. Couples therapy is a deepening process for both couples and individuals. Sex therapy at its core is a cognitive-behavior therapy. Many couples’ therapists are taught little about sex therapy. They often learn that repairing the attachment wound and creating reconnection will solve the sexual problem.

Through this presentation, we will explore an overview of the integration of couples and sex therapy. Many components of knowledge are necessary to explore this topic, such as psychodynamic theory, relational components, medical issues and information about positive healthy, sexuality. Most importantly, we will briefly look at our own attitudes about addressing sexuality and discuss ways to bring up the topic of sexuality with our individuals and couples.

Learning Objectives:
- Name four factors to explore in any case of sexual dysfunction/difficulty
- Identify themes in individuals or couples which provide opportunities to explore sexuality issues

Earn 1.5 Contact Hours for attending this event.

About the Presenter:
Gail Guttman specializes in the integration of couples and sex therapy. Gail has been a Certified Imago therapist since 1994 and an AASECT Certified Sex therapist since 1984. Gail offers consultation and supervision groups focusing on couples and sex therapy. Gail has been twice recognized by Washingtonian Magazine as a “Top Therapist” in sex and couples therapy. Gail is also an AASECT CE Provider and AASECT Certified Sex Therapy Supervisor and an Imago Clinical Consultant. Gail is passionate about helping therapists to integrate couples and sex therapy and welcomes different theoretical orientations in order to help each therapist find their own path.

Gail has presented on the subject of couples and sex therapists at the Integrative Sex Therapy Institute, Greater Washington Society for Clinical Social Workers, previous Imago conferences, the University of Maryland and other professional organizations.


Networking Notice:
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Handout Policy: Attendees registering ahead of time are emailed the handouts to print out for themselves prior to the event. Those preferring to have pre-printed handouts can pay an additional $3 fee at the time of registration. All walk-in attendees will be provided pre-printed handouts.

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.
Community-based Military Cultural Competencies and Barriers to Care

1.5 Credit Hours

When: Friday, April 26th. 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: Yashika Neaves, PhD Candidate

Contact: Melat Johnson, Events@NVLPC.org

Registration Information: Online registration is available until: 4/26/2019

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 military and Veteran mental health trends are epidemic compared to rest of the nation; from PTSD, TBIs, depression, suicide completions, to alcohol and substance abuse. However, research tells us that roughly half of the Post- 9/11 Veterans who need treatment actually seek it; and those that do, 95% of them dropout before completing their treatment goals. Have you ever wondered what more could you do as a mental health provider in your community-based setting to address the unique needs of the Veteran population? Well this presentation is for you!

This presentation outlines evidence-based practices to address Veteran treatment in community-based settings. It provides core concepts in military cultural competency (MCC), while looking at trends in military populations’ help-seeking behaviors to increase your service delivery for Veteran clients, whether or not you are a VA or DoD Network provider. The event will also cover recent congressional efforts to include legislation on mental health and professional parity for licensed counselor recognition in the federal hiring process.

Learning Objectives:
- Increase knowledge and awareness of the cultural shift and mental health epidemics associated with military barriers to care
- Enhance military cultural competence and evidence-based practices for accurate screening, diagnosis and treatment of Veterans
- Identify mental health platforms and referral networks connected to the federal government initiatives, policy, and evidence-based service delivery
- Cross-analyze mental health counselor professional parity and learn how new federal laws are developing to recognize licensed counselors

Earn 1.5 Contact Hours for attending this event.

About the Presenter:
Yashika Neaves is a PhD Candidate in Counseling Education and Supervision at Regent University, and a M.Ed. Counseling graduate from Northwestern State University. Her work on “Career Counseling and the Military” was recently published this 2018 year by Cognella, Inc. Yashika’s portfolio includes

Continued on page 8
Cultural Competency: Theory or Practice?

BY YESENIA VILLALTA, LCSW

On January 11, 2019, I had the opportunity to present “Cultural Competency: Theory or Practice?” to the NVLPC membership at a breakfast training. More and more awareness has been raised regarding colonization and white supremacy as well as impact, and as helping professionals and change agents, it is important that we approach this issue with a sense of openness and curiosity. If we look at history, slavery ended in 1865; but it wasn’t until 1964 that segregation ended. Now, we have to be honest with ourselves and recognize that while on paper the separation ended between blacks and whites, this does not even remotely include addressing racial biases, prejudices, and racist behavior, let alone the traumatic impacts slavery and oppression have had on marginalized communities.

Post-Traumatic Slave Syndrome

We know there are continuing bodies of literature regarding the impact of trauma on the body and mind, including Generational Trauma. Post-Traumatic Slave Syndrome is a term and a phenomenon, but also an accurate, in-depth framework developed by Dr Joy Degruy. Here is a video clip in which she explains the framework. In fact, The National Child Traumatic Stress Network released a statement on Racial Injustice and Trauma. The statement can be found here.

What’s Next?

So now that we have just briefly covered this important topic, you may be wondering, what do I do next? Well, it’s simple: do the self-work.

How do I do the self-work?

1. Examine the self and become aware of the limitations.
2. History + Reconciliation. Part of this work is being able to look at history and reconciliation with all that it entails and not approaching from a place of defensiveness.
3. When in doubt reach out! This means engaging in intentional learning and growth, including learning from podcasts, readings, workshops, presentations (such as mine), coaching, events, and consulting.
4. Be an ally, not just do. As discussed during the workshop, hiring clinicians of color does not automatically make an agency diverse nor culturally competent. Is the practice being embodied in a way which furthers the mission and vision of the agency? For example, does the art in the lobby reflect makeup of population being served, are the forms also available in Spanish for example, and as a Supervisor, are you running a pulse check to see how your clinicians are feeling, particularly those of color? In preparation for the workshop, various clinicians were asked how they felt right now given the political climate. Clinicians stated feeling invisible, unseen nor validated.
5. Remember it’s Your Responsibility. Just as one would further their skills on a treatment modality, the area of examining self and biases is a professional responsibility. And as the saying goes, everything is clinical!

RESOURCES

Professional/Self-Work/Consulting

https://www.shetalkswetalk.com/ (books, speaking, courses)
http://laylafsaad.com/ (workbook, podcast, speaking)
https://aprilharter.com/ (membership subscription, anti-racism coaching)

Books

- So You Want to Talk about Race?
- Race Talk
- White Fragility
- Emergent Strategy
- The Becky Code: How to Deal With White Woman Violence While Amplifying Your Joy

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Handout Policy:

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NVLPC

SPRING ETHICS WORKSHOP:

Professional Ethics and Court Cases: Are You Clear About Your Role?

MAY 17, 2019 * BUFFET BRUNCH INCLUDED

0930-1230 (REGISTRATIONS BEGINS AT 0900)

HILTON GARDEN INN-FAIRFAX
3950 FAIR RIDGE DRIVE
FAIRFAX, VA 22033

Registration Cost

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Early Bird pricing ends Sunday, April 28th; regular pricing starts after that up until the day before the workshop

Dr. Mary Alice Fisher is a Clinical Psychologist, an Adjunct Faculty of the University of Virginia Curry Programs in Clinical and School Psychology, and the Founding Executive Director of The Center for Ethical Practice. She is the author of numerous professional articles and a book that was published by the APA Press. In 2015 she was honored by the U.Va Curry Foundation with the first-ever award as Outstanding Alumni Human Services Practitioner. She has also received from the American Psychological Association Ethics Committee the 2016 award for Outstanding Contributions to Ethics Education.

Register Today at www.nvlpc.org

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# Calendar of Events 2018-2019

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<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>
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<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>
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<td>10/12/18</td>
<td>Lisa Kruger, PhD, LPC, NCC</td>
<td>Shame and Moral Injury in Military Culture</td>
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<td>10/26/18</td>
<td>Erika Carlson, LCSW and Rachel Cherian, LCSW</td>
<td>Dialectical Behavior Therapy: Treating Clients with Risky Behavior</td>
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<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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<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>
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<td>1/11/19</td>
<td>Yesenia Villalta, Psychotherapist</td>
<td>Cultural Competency: Theory or Practice?</td>
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<td>Marla Zometsky, LPC, CSAC</td>
<td>Early Intervention in Psychosis</td>
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<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>
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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>
<td>West</td>
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<td>3/29/19</td>
<td>Annetta Benjamin, LPC, NCC</td>
<td>Identifying Life Helpers and Hurts through Daily Journaling Activities</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>
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<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>
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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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Play in CBT with Children

BY AMY FORTNEY PARKS, PHD – Resident-in-Counseling Support East – residentsupportE@nvlpc.org

Therapists who work with children often ask me how I incorporate play into a cognitive behavioral model (CBT) besides playing just your run of the mill game of Uno or Candy Land.

The answer to this question is that play is easy to incorporate if you are mindful of two important principles behind the therapeutic work.

Yes, a CBT-grounded therapist often uses play with child clients. Any child therapist whose clinical repertoire is limited to holding a conversation with a child while both parties sit still, hands folded in their laps, won't likely get a lot of insight.

CBT-grounded therapists and clients might play games, go for walks, paint, sing, play basketball and more. These sessions INCLUDE play as a part of the therapeutic process, but they are not "just" play-based.

Principle 1:
Children benefit from CBT that is EXPERIENTIAL. CBT with clients of any age focuses on a cognitive model, or the connection between thoughts, feelings, and behavior. When a client’s thoughts, feelings, or behavior are related to distress, intervention aims to make a shift in thoughts, leading to different feelings and behavior. Or intervention may target a shift in behavior, leading to different thoughts and feelings.

In children, the skills for thinking about thinking – called meta-cognition - “Tell me what you were thinking when you were hitting your table mate at school?” – are still developing. If instead CBT begins with behavior, the child may have a new experience that can lead to new ways of thinking and feeling.

For example, 8-year-old Joe avoids challenges because he thinks that if he cannot do something perfectly, he will be unable to enjoy doing it at all. Joe's CBT therapist might design a behavior experience where they play a new game while tracking Joe's anticipated and actual enjoyment. If the behavioral experiment is successful, Joe may find that he actually enjoys himself a lot even though he had to learn the game as they went along. Beginning by focusing on behavior (playing the game while learning it) leads to a new experience that Joe can use as evidence against his original unhelpful belief that he needed to do things perfectly.

Principle 2:
Within obvious legal and ethical limits, there is very little a CBT-grounded therapist will not do in a session as long as there is a rationale behind the action. Using the example above, the therapist was not playing a game “just” to play the game. Instead, the intervention was selected based on a case conceptualization to strategically target the belief that was causing Joe to avoid challenges. A CBT-grounded therapist has great opportunities to be creative, playful, engaging and flexible in designing interventions. When the therapist is able to identify why they are playing a game, collaborating on a song, or taking a walk, the activity has the ability to be a powerful intervention.

Rarely are child CBT-grounded therapists “just” playing. They are meeting children at their age-appropriate developmental level. And they are practicing new skills, gathering evidence, testing out negative predictions, and having a little fun at the same time!
Are you interested in advertising your practice, services and/or event to our membership of over 350 clinicians throughout Northern Virginia? Do you know a partner practice or business that would like to get in front of mental health clinicians? Business card to Full page ad sizes available. Email advertising@nvlpc.org for details, or purchase ad on www.nvlpc.org; scroll to bottom and click “For Advertisers.”

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Images must be 300 dpi.

All ads must be approved prior to publication.

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Please send files to: newsletter@nvlpc.org
CLINICAL SUPERVISION TRAINING

This training is for LPCs, LMFTs, & Residents who plan to supervise in Virginia

3-Day ✪ 20 CE hours ✪ Including 2 CE hours of Ethics on day 3

PRESENTED BY

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

Coming to Northern Virginia in Fall 2019
(Date TBD)

LOCATION: Fairfax, Virginia area

Single or multiple day registration ✪ NVLPC member discount available

We are providing the option of taking one day or two days in order to provide an opportunity for those of you who may already have had some supervision training. The Virginia Board does not specifically delineate the content of the clinical supervision training so you can choose what day(s) will make a well-rounded experience for you.

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.

REGISTRATION FEE:

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

Day 1: CLINICAL SUPERVISION: THEORY AND PRACTICE
- 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
- 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
- Supervision essentials
- Process: regulations, contracts, documentation, forms, evaluation
- Ethical & legal practice in supervision
- Ethics codes
- Reducing vicarious responsibility
- Supervisory relationship issues

Sharon’s philosophy is that learning can be fun. So, this training is experiential with interactive discussion, break-out work groups, paper and pencil work sheets, video, role plays, multiple handouts, and many question and answer opportunities…and don’t forget the table toys!

For questions contact Sharon Watson at 703.350.5002 or sharonhazwatson@hotmail.com

Northern Virginia Licensed Professional Counselors, PO Box 2213, Merrifield, VA 22116
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The Supervision Corner

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

The following are questions I’ve received as Supervision Chair.

1. How many years from the date of approval does a resident have to complete their hours and take the exam for licensure?

This is what’s in the LPC Licensure Process Handbook (revised 10/18):

“4. You must complete your residency in no less than 21 months and no more than four years. Residents who began their residency before August 24, 2016 must complete the residency by August 24, 2020. If you do not complete your residency after four years, you must submit evidence to the board showing why the supervised experience should be allowed to continue prior to August 24, 2020 and not before June 1, 2020.”

It only specifies completing the residency and doesn't say anything about the licensing exam. However, in the section outlining the process for submitting all the necessary paperwork to take the exam, it states that this can only be done “Once residency has been completed...” So, it seems that if it takes a resident a full 4 years to complete their residency, they can take the exam after the 4-year point. But if you’re cutting it that close, I suggest emailing the Board of Counseling to be sure.

But remember that during the period of time between finishing your residency and being notified by the Board of Counselling that you have passed the exam and are officially licensed:

“Residents providing clinical counseling services in a non-exempt setting must remain under Board approved supervision until licensed. This means that you will still need to meet with your Board approved supervisor a minimum of one time per 40 hours of work.”

Interestingly though, it does NOT say one hour per 40 hours of work.

2. What does “exempt setting” mean in the Virginia licensure regulations?

This question comes up periodically, and although I wrote about it in a Supervision Corner article in 2017, here’s the current information from the most recent (12/28/17) LPC regulations:

“Exempt setting’ means an agency or institution in which licensure is not required to engage in the practice of counseling according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

“Nonexempt setting” means a setting that does not meet the conditions of exemption from the requirements of licensure to engage in the practice of counseling as set forth in § 54.1-3501 of the Code of Virginia.”

The code referred to above has several sections, but the section that applies to residents states:

“4. Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or of any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization. Any person who renders psychological services, as defined in Chapter 36 (§ 54.1-3600 et seq.) of this title, shall be subject to the requirements of that chapter. Any person who, in addition to the above enumerated employment, engages in an independent private practice shall not be exempt from the requirements for licensure.”

Continued on page 15
And just to clarify: according to the regulations, if you are unlicensed and planning to work in a non-exempt setting, such as a private practice (whether your own private practice or a practice owned by someone else) you may not see clients until your supervisor has been approved by the Virginia Board of Counseling. It’s not just that you are not allowed to call yourself a Resident-in-Counseling, you may not call yourself a counselor or function as a counselor doing counseling. That’s true even if the supervisor for whom you are waiting for approval from the Board has been previously approved for other residents. You must wait until you receive the email from the Board with the approval date for your residency to begin.

3. Can a QMHP work in a private practice owned by an LPC?

This question actually is mixing apples and oranges. A QMHP is not allowed to function as a counselor and is only allowed to provide “collaborative mental health services” in specific settings which doesn’t include a private practice. So, if someone who was allowed to provide those services previously in their job decided to work in a private practice, they would not be allowed to provide those same collaborative services. They would have to be in another role such as a Resident-in-Counseling. They would presumably be supervised by the LPC/Practice Owner or by an off-site supervisor (if approved by the Board of Counseling). As a resident they would be functioning as a counselor and not functioning as a QMHP.

If you’d like more information, check out the facts on the following website: https://www.dhp.virginia.gov/counseling/docs/QMHP_FAQs.pdf

There’s a lot of QMHP information but specifically on page 9 you’ll find the following:

“QMHP Role and Scope of Practice

Is the QMHP credential a license? No. The QMHP-A and QMHP-C credential is a registration and not a license.

Can a QMHP practice independently? No, a QMHP may not engage in independent or autonomous practice. A QMHP shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, the Department of Corrections, or a provider licensed by the Department of Behavioral Health and Developmental Services.

Can a QMHP provide counseling? A QMHP cannot legally perform counseling or apply the principles, standards and methods of the counseling profession. A QMHP cannot refer to themselves as a counselor.”

Then, from the Laws governing counseling: Chapter 35 of Title 54.1 of the Code of Virginia, Professional Counseling there’s also this:

“Qualified mental health professional” means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative mental health services for adults or children. A qualified mental health professional shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, the Department of Corrections, or a provider licensed by the Department of Behavioral Health and Developmental Services.”

4. Is the Board of Counseling making changes to the CSAC regulations?

Yes, the Board has been updating and clarifying the CSAC and CSAC-A regulations over the past few months. There was certainly a need to clarify the very confusing regulations. It appears there was to be a vote to accept the changes a few days ago, but as of the writing of this article

Continued on page 16
The Supervision Corner continued from page 15

(mid-Feb) there has been no notification of the outcome. If you would like to see the draft mark-up of the CSAC and CSAC-A regulations you can go to page 53 at the following link:

http://townhall.virginia.gov/l/GetFile.cfm?File=meeting\25\28152\Agenda_DHP_28152_v2.pdf

Wording to be removed has strike-throughs and wording to be added is underlined. One of the most significant changes is an addition found on page 63:

“Supervision in Virginia is to be registered and approved by the board prior to the beginning of supervised experience in order to be counted toward certification.”

Until this updated regulation takes effect you are (and have been) allowed to start collecting work and supervision hours for CSAC without first registering your CSAC supervisor. Even if not required, I have always recommended that individuals working toward a CSAC go ahead and register their supervisor anyway because that has been the only way to confirm both: 1. That you meet the education requirements; and 2. That your supervisor meets the requirements to supervise a CSAC.

And in case you didn’t notice this, there is now a Certification Process Handbook for CSAC and CSAC-A dated 10/2018.

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.

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

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