Preliminary Results are in – NVLPC Teletherapy Survey

BY MICHAEL T. GREELIS PHD, LPC – Advocacy Chair, NVLPC – advocacy@nvlpc.org

NVLPC conducted a comprehensive survey of its members and other mental health providers on their attitudes and experiences with teletherapy. The survey focused on Northern Virginia but will be expanded to providers statewide in the next phase of the effort. Final results will be released on the NVLPC website within the next month.

The survey was conducted to determine the response to teletherapy by members and use that information as support for advocacy with legislative and regulatory bodies to influence the options for teletherapy in the post-Covid-19 world.

LPCs and other respondents provided an overwhelming endorsement of teletherapy for counseling and psychotherapy. 99.20% of respondents said that they were “able to provide effective counseling services using teletherapy (e.g., Zoom, doxy.me, iPhone, etc., or telephone only).”

Go to www.nvlpc.org and your Inbox for the most up-to-date information before heading to an event!
Preliminary Results *Continued from page 1*

effective counseling services using teletherapy (e.g., Zoom, doxy.me, iPhone, etc., or telephone only).” NO responses accounted for only 0.08% of the total. 98% said that their clients view “teletherapy [as] an effective service delivery medium.” A full 98% of respondents told us that 97% of their clients prefer the continuation of teletherapy in the future. Most preferred a hybrid version of counseling with teletherapy and in-person meetings combined, while 14% said they would prefer teletherapy only.

In the months since the Centers for Disease Control (CDC) recommended virtual appointments for almost all health care visits, practitioners have adapted to the format of teletherapy video conferencing. There have been a few articles about the downside of teletherapy. Our survey results make clear that on the bottom-line question of provider and client preferences, the continuation of teletherapy as a companion to in-person meetings is a clear choice for the post-Covid-19 world.

We asked LPCs and other professionals to describe what diverse/hard to reach populations they service since adopting teletherapy. The results in the chart below show a substantial increase in the reach of services provided by NVLPC members, most of whom are in private practice as solo practitioners or members of a group.

The survey was conducted between late January and February 14th. It was developed by Michael T. Greelis, PhD, LPC on behalf of the NVLPC Board of Directors with the assistance of Audrey Lipps, LPC and Wendy Rood, counseling intern and NVLPC Communications Director.

<table>
<thead>
<tr>
<th>Seeing more diverse - hard-to-reach clients due to teletherapy</th>
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<tbody>
<tr>
<td>Families, couples - hard to schedule</td>
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<td>Transportation barriers</td>
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<td>Social phobia</td>
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<td>Therapy resistant</td>
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<td>Physical disabilities</td>
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<td>Rural populations</td>
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<td>Serious mental illness</td>
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<td>Vision impaired</td>
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Handling Increased Alcohol Use During the Pandemic

BY CYNDI TURNER, LCSW, LSATP, MAC

The COVID-19 pandemic has been life-altering in many ways. As people are working from home, spending unprecedented time with loved ones, and educating and cajoling students of all ages, many are turning to drinking as a way to cope with the additional stress, isolation, and depression. We know that as alcohol use goes up, so do the related consequences. However, it is hard to determine who may be developing an alcohol use disorder versus just bad habits.

I developed the *Alcohol Moderation Assessment* to help people answer the question: Can I keep drinking? I have spent much of my career practicing harm reduction and have extensively researched the concept of alcohol moderation. There is over 50 years of research that proves that alcohol moderation is an effective treatment option for the majority of drinkers. Study after study has shown that with a brief intervention focused on moderation skills, many drinkers can

*Continued on page 3*
return to safer levels that no longer meet diagnostic criteria for an alcohol use disorder. This is a major paradigm shift for the treatment community that is often met with resistance. My goal is to educate clinicians about alcohol moderation and help clients have a healthier relationship with alcohol. For some this might mean giving it up and for others it is learning how to enjoy alcohol with reduced consequences. This is the heart of harm reduction: accepting that people use substances in ways that may harm themselves or others, but that a client and clinician can collaborate to reduce the negative effects.

The Alcohol Moderation Assessment offers predictions on who would be a good candidate to practice alcohol moderation. Alcohol moderation has also been called low-risk drinking, controlled drinking, and moderate drinking. Alcohol moderation is a harm reduction strategy where individuals who are struggling with their alcohol use understand why they were overdinking, develop alternative coping skills, and learn to drink within moderation guidelines. There are a number of definitions of moderation put out by the National Institute of Alcohol Abuse and Alcoholism, Sensible Drinking, American Heart Association, and Dietary Guidelines for Americans. All generally agree that moderation is no more than one drink a day for women and older adults and no more than two a day for men. Moderation Management further recommends that drinkers: have no more than one drink per hour, keep their Blood Alcohol Concentration (BAC) below .055%, consider a drink to be a part of life not the main focus, have hobbies and other ways to relax, and do not drink in secret.

The assessment includes twenty questions. Many of them have to do with diagnostic criteria while some are protective factors. Some of the most negative predictors of being able to successfully drink in moderation include:

1. Experiencing withdrawals
2. Having blackouts
3. Drinking on a daily basis
4. Using alcohol to deal with mental health symptoms
5. Having legal, probationary, or employment conditions

On the flip side, there are some positive aspects that increase a person's likelihood of being able to drink moderately. These include:

1. Going through a period of abstinence to develop and implement coping skills
2. Delaying drinking until after age 21 thus reducing the potential for addiction
3. Monitoring the amount and frequency of drinking
4. Consuming when alcohol is part of a celebration, not the main event
5. Utilizing a support and accountability system

As clinicians, the assessment can be a valuable resource in your tool box. Many have used it as a talking point in sessions. If you or your client are worried about their alcohol use, they can go online and take the Alcohol Moderation Assessment. Sometimes having an instrument that validates the seriousness of an issue can be eye opening for clients and motivate them to take action. You don't need to be an expert in treating substance use disorders. Simply helping your clients understand why they are turning to alcohol and then teaching them alternative coping skills can reduce the need for the escape of alcohol, thus reducing consequences. By doing this, you are practicing harm reduction. If you have tried less restrictive methods and your
Alcohol Use
continued from page 3

client is still struggling with overdrinking and associated problems, then it may be time to refer them to higher level of treatment. Have them complete an evaluation with an expert in dual diagnosis treatment and harm reduction who can then determine what level of care is appropriate.


Cyndi Turner, LCSW, LSATP, MAC, has been a therapist for almost three decades. She is the Co-Founder & Clinical Director of Insight Into Action Therapy and Insight Recovery Centers in Ashburn and Fairfax. She is a nationally recognized trainer on alcohol moderation and has written numerous articles and three #1 New Release books on alcohol moderation.

What Exactly Is Hypnosis?

BY LINDA RITCHIE, PHD

“Hypnosis is a state of mind in which the critical faculty of the human is bypassed, and selective thinking established,” said Dave Elman in the journal Hypnotherapy in 1964.

The word “hypnosis” is derived from the Greek word for sleep. However, it is a misnomer. Hypnosis is not the same as sleep. It is a state of inner absorption, concentration and focused attention. It is like using a magnifying glass to focus the rays of the sun and make them more powerful. When your mind is concentrated and focused, you are able to use it more powerfully.

Clinical hypnosis refers to the therapeutic use of many naturally occurring phenomena – such as relaxation, improved recall of information, regression, accessing inner resources, and dreaming. Hypnosis allows people to use more of their potential.

All hypnosis is actually self-hypnosis. When using hypnosis, a trained professional merely assists a client by guiding them through a process that allows them to access their inner processes, i.e., their subconscious mind.

Professional health care providers use hypnosis in three main ways. First, they help the client tap into and use their imagination. Mental imagery is very powerful in a focused state of attention. The mind is capable of using imagery, even if it is only symbolic, to assist in bringing about the things we are imagining. Sports history is full of examples of athletes using hypnotic techniques to enhance their performance. Examples include Michael Jordan, Tiger Woods, and Mary Lou Retton. Visualizing a flawless performance enhances the actual performance.

The second way hypnosis is used is to directly present ideas or suggestions to a client when he or she is in a state of hypnosis. Hypnosis bypasses the critical faculty of the conscious mind. The critical faculty is that part of your mind that passes judgment. That is why hypnosis can be so powerful and so effective for creating change – because it bypasses the critical observation and interference of the conscious mind.

The critical faculty of the conscious mind can be very resistant to change. Have you ever wanted to change the way you think, feel, and behave but found it extremely difficult to do so? Hypnosis allows a person’s intention for change to take effect more easily. Ideas and suggestions that are compatible with what a person wants have a very powerful impact on the mind.

Hypnosis can be used to help an individual tap into his or her natural abilities and facilitate changing dysfunctional beliefs and behaviors at the most basic levels. It can be used for relief of depression and anxiety-related disorders and is successfully used for pain management, habit changes (diet, exercise, smoking), building self-esteem, and ego strengthening.

Finally, hypnosis may be used for unconscious exploration, to better understand underlying motivations or identify whether past events or experiences are responsible for or contributing to a current problem.

It is important to keep in mind that hypnosis is like any other therapeutic modality. It is of major benefit to many individuals, but individual responses do vary. When considering hypnosis, always verify the training, experience and credentials of the professional offering hypnosis as a technique to facilitate change.

Linda G. Ritchie, Ph.D. is a Psychologist, an LPC, LMFT and a Certified Hypnotherapist. She is an approved consultant for the American Society for Clinical Hypnosis (ASCH), and

Continued on page 5
Northern Virginia Licensed Professional Counselors is offering a $1000 Student Scholarship

Northern Virginia Licensed Professional Counselors (NVLPC) is offering this Student Scholarship which will be awarded at the General Membership Meeting in the Spring of 2021.

Eligibility Criteria

1. Active membership in NVLPC.
2. Currently enrolled in a master's or doctoral counseling program verified by enrollment documents, such as an official or unofficial transcript or proof of enrollment from the admissions department.
3. Write 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 in the field of counseling that interests you. Include an introduction of your topic, explain your interests, and how you hope to apply that interest to your career goal in counseling. For example, your topic could be about the healing aspects of owning a dog. In your essay you would describe what you've observed or experienced in how dogs can heal hurts in humans. You could then conclude with how this could apply to your goals in counseling such as having the desire to incorporate pet therapy with your future clients. Look for examples from previous submissions in the NVLPC 2018/2019 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. Your application must be submitted in a separate file from that of the essay. Please do not include any identifying information on the essay page.
4. Submit a completed application, proof of current counseling program enrollment, and your essay by email no later than April 18, 2021.
5. If you have questions, contact Kiana Cummings at studentdevelopment@nvlpc.org.

A scholarship sub-committee will review all submitted essays without any identifying writer information attached, using the following rubric criteria:

- Area of interest and its application to the field of counseling
- Demonstration of a desire to enthusiastically continue to develop skills in counseling
- Writing mechanics an information sharing skills

Submit your completed packet to Kiana Cummings at
studentdevelopment@nvlpc.org

APPLICATION IS DUE: April 18, 2021 (Midnight)
Northern Virginia Licensed Professional Counselors (NVLP) is offering a scholarship which will be awarded at the General Membership Meeting.

Send your essay with this completed application and a copy of your college/university transcript (either official or unofficial) to the address below.

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**APPLICANT INFORMATION**

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**College/University (you must be currently enrolled to participate):**

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Please submit this application, your transcript, and your essay to Kiana Cummings at studentdevelopment@nvlp.org by the Deadline Date of April 18, 2021.
Navigating the NCMHCE

1.5 Credit Hours

When: Friday, March 12, 2021, Presentation runs from 10:00 AM to 11:30 AM

Where: Online Webinar offering

Presenter: MJ Harford, MA, NCC, RYT, Resident in Counseling and Romina Abawi-Wooten, LPC

Contact: Ericka Nelson Events@NVLPC.org

Registration Information: Online registration is available until: 3/11/2021

Fees for Virtual Webinars:

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

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

About the Event:
Navigating the NCMHCE can be challenging! If you are planning to take the NCMHCE exam for licensure in the coming year this workshop is for you. We’ll cover the exam itself: the purpose, structure, and content areas; as well as share successful study methodology. What preparation resources are available, what’s worth it and what isn’t, and how to organize yourself for a more peaceful exam process will all be addressed. You’ll walk away with a greater understanding of the exam, your personal identified list of resources to use, and an individualized study schedule. There will be ample time for questions.

Learning Objectives:
1. Attendees will be able to explain NCMHCE exam registration process and rate readiness to register for the exam
2. Attendees will learn exam structure and gain a sense of competence in exam format and content
3. Attendees will evaluate available resources and identify resources that fit personal needs

Earn 1.5 Contact Hours for attending this event.

About the Presenters:
Romina Abawi-Wooten is a licensed professional counselor at Two Rivers Wellness Center in Williamsburg, VA. In addition, Romina is a certified substance abuse counselor and NADA certified to perform acupuncture. Romina has 13 years of experience as an addiction counselor, with specialties in trauma, PTSD and court involved youth. Romina has developed and shared licensure exam preparation guidance for years, helping many new counselors enter the field with a passing score.

Continued on page 8
Emotionally Focused Therapy

1.5 Credit Hours

When: Friday, March 26, 2021, Presentation runs from 10:00 AM to 11:30 AM

Where: Online Webinar offering

Presenter: Emily M. Brown, LMFT, Resident-in-Counseling

Contact: Ericka Nelson Events@NVLPC.org

Registration Information: Register online at any time.

Fees for Virtual Webinars:

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About the Event:
Emotionally Focused Therapy for Couples (EFT) provides the therapist with a clear map of how to do couple therapy. What separates EFT from other models is its focus on the emotions that relate to each partner's attachment needs. This workshop will provide a general overview of EFT. It will include a description of attachment theory as it relates to adult love relationships, an outline of the stages of EFT, an overview of the EFT Tango, and a description and video example of some of the interventions.

Earn 1.5 Contact Hours for attending this event.

About the Presenter:
Emily Margaret Brown is a licensed Marriage and Family Therapist in the state of Virginia and co-owns a private couple therapy practice in Falls Church, VA. Emily is certified in Emotionally Focused Couple Therapy (EFT). She is also a certified EFT Supervisor. Emily serves as the Assistant Director of the Washington Baltimore Center for EFT, where she assists with training and leads supervision groups. As a student of EFT since 2011, Emily is passionate about everything EFT and continues to study and learn the model daily.

MJ Harford is a resident in counseling at Sunstone Counseling in Falls Church, VA. In addition to being a resident in counseling, MJ is a National Certified Counselor, Registered Yoga Teacher, and Postpartum Support Virginia preferred provider. MJ specializes in helping women and teen girls heal, change, and grow utilizing their own innate strengths and evidence-based, integrative approaches to mental health. In addition to her counseling work MJ is passionate about supporting graduate mental health students and residents in counseling on their way to licensure.
Understanding and Treating Perinatal Mood & Anxiety Disorders

1.5 Credit Hours

When: Friday, April 23rd, 2021, Presentation runs from 10:00 AM to 11:30 AM

Where: Online Webinar offering

Presenter: Megan MacCutcheon, LPC, PMH-C

Contact: Ericka Nelson Events@NVLPC.org

Registration Information: Online registration is available until: 4/22/2021

Fees for Virtual Webinars:

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About the Event:

The term “perinatal” encompasses all aspects related to bearing children, including pregnancy, the year following the birth of a child, and sometimes even the journey to conceive, all of which can bring about stress and complications that may contribute to mood and anxiety disorders. Perinatal depression, the more well-known of the perinatal mental health disorders, affects one in five women during pregnancy and one in seven women postpartum. Less well-known perinatal mental health disorders include perinatal anxiety, OCD, posttraumatic stress disorder, bipolar, and psychosis. These conditions are often vastly misunderstood and not well represented in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Also often unrecognized is the fact that perinatal mood and anxiety conditions can also affect men. Over 86% of perinatal mood and anxiety disorders are undiagnosed, leaving families to suffer in silence due to disorders that are easily treatable.

In this training, Megan MacCutcheon, LPC, PMH-C will provide an overview of Perinatal Mood and Anxiety Disorders (PMADs). Megan will review symptoms, statistics, and risk factors for each diagnosis. She will also shed light on how these disorders often go undiagnosed or undertreated, and she will discuss proper interventions, demonstrating how treating perinatal disorders may look different compared to treating non-perinatal mental health disorders. She will give insight into how providers can better screen for these disorders and will introduce several resources for families impacted by PMADs.

Earn 1.5 Contact Hours for attending this event.

Continued on page 10
~~ Spring Ethics Workshop ~~

NVLPC is proud to host Dr. Mary Alice Fisher on Friday, April 30 for the Spring 2021 Virtual Ethics Workshop

Electronic Technology & Telehealth: What Are the Ethical Issues?

Earn 2 ethics contact hours for this event.

Check our website and your email in coming weeks for additional information.
Registration will be online at NVLPC.org.

About the Presenter:
Dr. Mary Alice Fisher is a clinical psychologist in private practice in Charlottesville, Virginia. She is a member of the adjunct faculty of the University of Virginia Curry Programs in Clinical and School Psychology. She is also the founding Executive Director of The Center for Ethical Practice, which provides continuing education training and consultation about ethical and ethical-legal issues to mental health providers of all professions.

Dr. Fisher also writes about ethical issues. She is the author of numerous professional articles that are available on the Center website; and her second book was published in 2020 by the APA Press. In 2015 she was honored by the University of Virginia Curry Foundation with the first-ever award as Outstanding Alumni Human Services Practitioner. Recently, she received from the American Psychological Association Ethics Committee an award for Outstanding Contributions to Ethics Education.

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.
The Supervision Corner

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

What NOT to do as a Resident: PART 1

In the January newsletter, I addressed the topic of “What NOT to do as a Supervisor” and a colleague suggested I should explore the same topic about residents. Over many years as a supervision consultant, I’ve assisted a significant number of supervisors with managing difficult situations with their residents. Here are some of the real-life circumstances that were shared with me:

“My resident…

“… didn't know the regulations.”
“… did not seek my guidance with a difficult client issue so I was unaware of the situation.”
“… misrepresented her client time.”
“… consistently procrastinated and repeatedly fell behind in progress noting.”

Continued on page 12
The Supervision Corner continued from page 11

“… did not complete the training I requested she take for which I paid.”

“… didn't appropriately terminate and transition clients when he abruptly left the practice.”

“… apparently had been counseling without an approved supervisor for a period of time before becoming my resident and I didn't know about it.”

“… left the supervisory relationship without adequate notice.”

“… refused to provide me with her clinical notes.”

“… shared client personal information with her family members.”

“… is emotionally dysregulated.”

“… is constantly defensive with me as well as with co-workers in our practice.”

“… went on vacation without leaving clients with emergency contact info or an emergency plan.”

“… has accepted clients with issues beyond her expertise and with which she has had no experience, without consulting with me.”

“… is overconfident and doesn't recognize his limits.”

“… told me she thought I was only doing supervision for the money because I required meeting more often (but within the supervision hourly allowance) because of my concerns about my vicarious liability with her new demanding job with an unsupportive employer.”

“… misled me about the circumstances of her departure from a previous supervisor.”

“… said she will seek retribution (like suing me) if I appropriately question her suitability for the mental health field and report that to the Board.”

As a Resident you are responsible for:

- Reading the most current regulations and checking the Board of Counseling website regularly to see if there are updated regulations, guidance documents, or other information.
- Abiding by the regulations.
- Acting professionally.
- Treating your clients and your supervisor with respect.
- Being open to feedback and suggestions from your supervisor on how you can improve your clinical skills.
- Maintaining open communication with your supervisor.
- Seeking counseling for yourself to resolve any personal issues that affect your clinical skills.
- Seeking training if you are uninformed about or lack skills in any clinical topics, like multicultural/diversity or ethical issues.
- Being sure you are entering a supervisory relationship with a supervisor you have well-vetted.

Continued on page 15
## NVLPC 2020-2021 Calendar

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<tr>
<th>Date</th>
<th>Meeting Type</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>9/25-9/27/20</td>
<td>Virtual</td>
<td>Sharon Watson, LPC, LMFT, LSATP, NCC, ACS</td>
<td>Supervision Training</td>
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<tr>
<td>10/9/20</td>
<td>Virtual</td>
<td>Annetta Benjamin, LPC, NCC and Mrs. Jodie Hansohn</td>
<td>Coping and Succeeding with Bi-polar: Client Perspective</td>
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<td>10/23/20</td>
<td>Virtual</td>
<td>Andrew Colsky, JD, LLM, LPC</td>
<td>Navigating the Challenges of Teen Vaping and Addiction</td>
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<td>11/6/20</td>
<td>Virtual</td>
<td>Michelle May, LPC, NCC</td>
<td>FALL WORKSHOP: Anxiety In Person and Online: Advanced Assessment and Treatment</td>
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<td>11/20/20</td>
<td>Virtual</td>
<td>Linda G. Ritchie, Ph.D.</td>
<td>Hypnotic Language: Words and Patterns for all Therapists</td>
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<td>12/4/20</td>
<td>Virtual</td>
<td>Christa Butler, LPC, RPT-S, Nationally Certified TF-CBT Therapist</td>
<td>Play &amp; Expressive Therapy Interventions for Enhancing Emotion Regulation</td>
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<tr>
<td>12/18/20</td>
<td>Virtual</td>
<td>MJ Harford, MA, NCC, RYT, Resident in Counseling</td>
<td>Implementing Integrative Models into Clinical Practice</td>
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<td>1/8/2021</td>
<td>Virtual</td>
<td>Cyndi Turner, LCSW, LSATP, MAC and Craig James, LCSW, LSATP, MAC</td>
<td>Practicing Alcohol Moderation: A Harm Reduction Alternative to the Abstinence-Only Model</td>
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<td>1/22/2021</td>
<td>Virtual</td>
<td>Joan Monahan, LPC</td>
<td>The Art of Therapy the Value of EMDR</td>
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<td>2/12/2021</td>
<td>Virtual</td>
<td>Dr. Lenese N. Stephens, EdD, LPC, LCPC, MAC, NCC, ACS, BC-TMH</td>
<td>What Are You Hungry For?</td>
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<tr>
<td>2/19/2021</td>
<td>Virtual</td>
<td>Linda G. Ritchie, Ph.D.</td>
<td>Hypnotic Language: Words and Patterns for all Therapists</td>
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<td>2/26/2021</td>
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<td>Lori Kelly, LPC</td>
<td>Integrating Neuroemotional Technique into the Therapeutic Process</td>
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<td>3/12/2021</td>
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<td>MJ Harford, MA, NCC, RYT, Resident in Counseling</td>
<td>Navigating the NCMHC</td>
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<td>3/26/2021</td>
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<td>Emily M. Brown, LMFT, Resident in Counseling</td>
<td>Emotionally Focused Therapy</td>
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<td>4/23/2021</td>
<td>Virtual</td>
<td>Megan MacCutcheon, LPC, PMH-C</td>
<td>Understanding and Treating Perinatal Mood &amp; Anxiety Disorders</td>
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<td>4/30/2021</td>
<td>Virtual</td>
<td>Dr Mary Alice Fischer</td>
<td>Spring Workshop: Electronic Technology &amp; Telehealth: What Are the Ethical Issues?</td>
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<td>5/7/2021</td>
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<td>Terri Pilkerton, MAEd, NCC</td>
<td>Using Mindfulness to Counteract Racial Bias</td>
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<td>5/21/2021</td>
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<td>Joanne Thomas, MA, LPC, NCC</td>
<td>I’m Licensed. Now What?</td>
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<td>6/4-6/6/21</td>
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<td>Supervision Training</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.

* A final decision regarding in-person events is pending

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

in Reston, VA!

About us

We are a leading mental health provider serving Maryland since 1998 and are excited to announce our recent expansion into Northern Virginia. We are committed to attracting a diverse staff and fostering an inclusive environment for both our employees and clients.

What we’re looking for

We have openings for dynamic, autonomous Therapists who are independently licensed in the Commonwealth of Virginia (Ph.D., Psy.D., LPC, LCSW) (full and part time, telehealth, office, and hybrid options).

What we’re all about

Priority, Quality, Retention & Satisfaction!
Staff and clients come first. We pride ourselves in providing a warm and welcoming space for you to work and for clients to feel comfortable. We are committed to quality care and have staff that are trained and competent in over 30 specialty areas. We enjoy a longer staff retention than many other organizations in our industry and staff report higher satisfaction than in previous places of employment.

Compensation unique for private practice settings!
Competitive wages, Health Dental and Vision Coverage, SIMPLE Retirement with 3% employer match, Flexible Schedule, Telework and Office Hybrid, Peer Consultation Groups to discuss cases and theory, Opportunities for growth!

Send Resume/Cover Letter to: docgoozh@gbcc.com or fax 410-760-1121

PAID ADVERTISEMENT. While NVLPC accepts and publishes paid advertising, it accepts no legal responsibility for products and programs advertised herein.
The Supervision Corner continued from page 12

- Discussing openly with your supervisor anything you feel is “off” in supervision.
- Discussing any concerns you have about your supervisor with a trusted colleague or advisor to confirm your perception if you’re worried about a negative reaction from your supervisor.
- Attending a resident support group if you have questions or concerns about your residency.
- Changing to another supervisor if your current supervisor is not giving adequate supervision, is acting unethically, or is not following the regulations.

PART 2 of this article will appear in the May NVLPC Newsletter where I will discuss suggestions on how supervisors can address the issues listed above. As a supervisor, if you’ve experienced any of these situations and resolved them, please consider sharing your experience with me at supervision@nvlpc.org so that I can include your experiences in Part 2.

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

Contact Information

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Notice

The next issue of the NVLPC Newsletter will be May, 2021. The deadline for article submission, committee reports, bulletin board items, membership spotlights and advertising is April 15, 2021. Please send content to newsletter@nvlpc.org.