The Hard Labor of Growing Leaders

BY AMY FORTNEY PARKS, PHD, LPC, ACS

As a society, we’re laboring in ways we never imagined! Parents have become teachers, teachers have become nurses, nurses have become grief counselors. Kids have become isolated and teens are spending more time online – by societal design – than ever in the history of the internet. Our focus is all over the place, too. We want to exercise, and rest, and work, and play, and fly, and travel, and go out with friends, and get back to normal. Our structure is out the window and leadership – from the kitchen table to the national stage – has suffered.

This internet age, and the requirements and responsibilities of our day to day technical world, have replaced the physical rigor of previous generations. The hard labor of working the land has slowly disappeared, and along with it, the hard labor of modeling and teaching leadership. We are losing many of the fundamental lessons in our families that are critical for the development of leadership in our children. And it’s past time to get back in the game, folks!

1. We don’t let our children take risks

Our world is quick to flash the “Danger” sign at every turn! Of course, it is our job after all, to make sure our children are safe, but we are bubble-wrapping them so tightly that we have insulated them from healthy risk-taking. Yes, the risks are greater these days than ever before – so this isn’t an anti-mask argument. Wear a mask!

But research in early childhood education shows that if a child doesn’t play outside and is never allowed to experience falling down (and getting back up), they are more likely to have anxiety as adults. If parents remove risk from children’s lives, we will be encouraging high arrogance and low self-esteem in our growing leaders.

2. We rescue too quickly

Our children are not developing the life skills they need to fix their own problems because often we swoop in and take care of problems for them. Isn’t it always easier to just do it ourselves? When we rescue too quickly, we remove the need for them to

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navigate hardships and solve problems on their own. It's parenting for the short-term and it misses the point of leadership—to equip our young people to do it without help.

Sooner or later, kids get used to someone rescuing them: “If I fail, an adult will smooth things over for me.” In reality, this isn't even remotely close to how the world works, and it disables our kids from becoming competent adults.

3. We praise smart over effort
The self-esteem movement has been around for decades, but it began in our school systems in the 1980s. The “everyone gets a trophy” mentality might make our kids feel special, but current research shows that this method has unintended consequences. There is no such thing as “special” when everyone gets the title!

When we praise kids for just showing up, rather than the effort to be successful, they eventually learn to cheat, exaggerate and lie and to avoid difficult reality. When one does well in something, we feel it's unfair to praise and reward that one and not the other. This is unrealistic and misses an opportunity to reinforce the point to our kids that success is dependent upon our own actions.

4. We don’t admit our own mistakes
If you know a teen, you have surely observed that they have a healthy desire to spread their wings and they’ll need to try things on their own. And it’s ok to share our own “flights” of independence, and the related outcomes, whether they were good or not-so-good. Kids have to prepare to encounter slip-ups and face the consequences of their decisions.

Share how you felt when you faced a similar experience, what drove your actions, and the resulting lessons learned. Because we’re not the only influence on our kids, we must be the best influence.

5. We don’t practice what we preach
As parents, it is our responsibility to live the life we want our children to lead. It is our job to pay more attention to the quality of our kid’s character than the day-to-day annoying behaviors we spend so much energy managing. As the leaders in our homes, we can start by being honest – about our own character. Our kids notice everything we do. Show your kids what it means to give selflessly to the community, to make strong and safe decisions, and to communicate with integrity and understanding.

Growing leaders might mean doing some hard work on our own leadership traits. And there may be times when you aren't quite sure what decisions will lead to the best outcomes. Great leaders know when they need to outsource. So if you are struggling, get some help! Any kid can be a follower, but it takes a wise parent to raise a leader!

Dr. Amy Fortney Parks is owner and clinical director of The Wise Family, located in Alexandria, Arlington and Winchester.

Save These Dates

9/13 – Board meeting, held virtually, 2-4pm. Please register on the website.

10/11 – Board meeting, held virtually, 2-4pm. Please register on the website.
Experiences with Racism and Microaggression as a Minority Counselor

BY FARAH ALNAJAR, MA, CCTP – Multicultural Chair – multicultural@nvlpc.org

As a 42-year-old Iraqi-American female who appears to be “racially ambiguous,” I have faced multiple comments regarding race, religion, and political views. Instances of microaggression included assuming that my husband is controlling (as he is a middle-eastern man), assuming that I belong to a certain faith, and expressing surprise that I don’t need to wear the Hijab (head cover). I personally choose not to engage in deep conversations about race, politics, etc., as it can easily turn a therapeutic session into a political debate.

As a novice counselor, when faced with an incident of microaggression, I knew that I was to remain focused on the client and interested in learning about experiences that shaped their beliefs. However, I had no clear guidelines on how to process the counter-transference feelings that arise after a racist remark was made during the session. Neither was I provided with tools that can turn these incidents of microaggression into learning opportunities for me and the client. A recent article published in Counseling Today titled “Encountering and Addressing Racism as a Multicultural Counselor” by Michelle Fielder and Lisa Compton provided some practical suggestions for counselors when working with clients who show signs of racism. I found these steps empowering and I hope you find them helpful as well:

1. It’s not about you. (Do not personalize clients’ racist remarks).
2. Gently challenge any over generalizations.
3. Help clients clarify their feelings.
4. Help clients clarify their beliefs.
5. Follow-up with psychoeducation.

In addition to incorporating the above suggestions, being confident in my own identity and beliefs helps me remain objective when faced with racist comments. I currently specialize in helping minorities, immigrants, and first-generation Americans struggling with identity issues and who want to develop an authentic and unique identity.

Letter from our New President

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

Note: this letter is reprinted from our last newsletter in July, 2020.

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

We offer NBCC-approved monthly breakfast seminars, worth 1.5 CEUs each. See the website for our most updated calendar of events. Several times a year we offer longer workshops that extend

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Whether to Give Up Your Physical Office Space

As the COVID-19 pandemic redefines the delivery of our clinical sessions, many therapists are considering whether to give up their physical office space, at least for the rest of 2020, and possibly into the new year. Barbara Griswold, LMFT, consults and writes about insurance, progress notes, and practice building (see her website here). She has recently published the following article, titled, “Thinking of Giving Up Your Office? Read this First…”.

As the COVID-19 pandemic stretches on, and providers are doing telehealth sessions from their homes, some have thought about giving up their offices. Here are some common questions I’m getting about this topic: Read More
Letter from our New President continued from page 3

our learning on chosen topics and an annual ethics training. We have a bi-monthly newsletter, a listserv group, networking opportunities, and support groups for students and residents.

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

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

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

Finally, allow me to extend a special welcome to returning members; thank you so much for your participation. As a volunteer-run organization, it is you, our members, who keep us going. If you've been participating, but haven't joined, I invite you to join now. For those of you who are members, consider becoming more involved. Volunteer for the board or join a committee. If you have an area of expertise to share, submit a proposal for presenting at one of our breakfast seminars. It's good to have you with us. And please let us know how we might serve you better. Email us; your feedback is always welcome. I'm looking forward to a great year!

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

Groundwork with Immigrants, Refugees and Indigenous People

When: Friday, October 9th. Presentation runs from 10:00 AM to 11:30 AM.
Where: Online (all events this fall are being held virtually)
Contact: Ericka Nelson, Events@NVLPC.org
Presenter: Michelle Kauble, LPC
Registration Information: Register online at any time. There are no early bird discounts.
Fees for Virtual Webinars:

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Refund and Cancellation 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.

Overview: To be determined

Presenter's Bio: To be determined

Upcoming Board Meetings

The next Board meeting will be held virtually on September 13, 2020. All members are welcome to attend. Please register on the website.

Resources for Members

NVLPC hosts an email group/listserv just for members who are current in their paid membership. Request to join our Yahoo Group [here](#).

Looking for support, camaraderie, and connection with fellow therapists? Consider joining a Peer Support Group. Sign up [here](#).

Additional resources available under For Members on the website.
CLINICAL SUPERVISION TRAINING

Webinar

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

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

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

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

Single or multiple day registration ✦ NVLPC member discount available

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

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

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

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

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

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

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

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

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

NVLPC has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6130. Programs that do not qualify for NBCC credit are clearly identified. NVLPC is solely responsible for all aspects of the programs.
Navigating the Challenges of Teen Vaping and Addiction

When: Friday, October 23rd. Presentation runs from 10:00 AM to 11:30 AM.
Where: Online (all events this fall are being held virtually)
Contact: Ericka Nelson, Events@NVLPC.org
Presenter: Andrew Colsky, JD, LLM, Resident-in-counseling
Registration Information: Register online at any time. There are no early bird discounts.

Fees for Virtual Webinars:

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Refund and Cancellation 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.

Overview: When a parent contacts a therapist for assistance with their teenager, there is a good chance that somewhere in the mix is the issue of substance use. In fact, if the teen is in 12th grade, there is an almost 40% chance that they have used marijuana in the last year. The United States Surgeon General issued a report citing the “alarming rate” of e-cigarette use among teenagers.

Teens use e-cigarettes or “vaping” to get high by inhaling nicotine and THC in a vaporized form. Many also report using marijuana in various other forms because they “like the way it makes (me) feel.” But treating teens with substance use disorder is unlike treating any other population. That is, most adults come to therapy on their own accord because they recognize that they need help to stop using. They have a desire to stop. Teens, on the other hand, have no desire to stop using; in fact they have a desire to increase use! So what’s a therapist to do? You can’t change someone who has no desire to change … or can you?

In this interactive presentation, bring your questions and be prepared to learn the following:

- What is vaping and what substances are vaped?
- What are the chances that my teen is vaping and how would I know?
- How my teen hides vapes in plain sight.
- Why does my teen vape?
- Current trends in marijuana use.
- Why do they say “It’s not your father’s marijuana?”
- Treating a teen who doesn’t want to stop vaping.
- Avoiding one of the biggest traps in treating marijuana use.
- Secrets teens use to beat urine screens.
- How to keep your teen clean.

Presenter’s Bio: Andrew E. Colsky, JD, LLM, MA, MS is owner of Center for Professional Counseling, PLC in Falls Church, Virginia. In his clinical practice he works with teens

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## Calendar of Trainings Fall, 2020

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<thead>
<tr>
<th>Date</th>
<th>Meeting Type</th>
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<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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<td>10/9/20</td>
<td>Virtual</td>
<td>Michelle Kauble, LPC</td>
<td>Groundwork with Immigrants, Refugees and Indigenous People</td>
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<td>10/23/20</td>
<td>Virtual</td>
<td>Andrew Colsky, JD, LLM, MA, MS, Resident in Counseling</td>
<td>Navigating the Challenges of Teen Vaping and Addiction</td>
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<td>11/6/20</td>
<td>Virtual</td>
<td>TBD</td>
<td>Fall Workshop: TBD</td>
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<tr>
<td>11/20/20</td>
<td>Virtual</td>
<td>Amy Fortney-Parks, PhD, LPC, ACS</td>
<td>OnRamp to Licensure</td>
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<td>12/4/20</td>
<td>Virtual</td>
<td>Christa Butler, MS, LPC, RPT-S, Nationally Certified TF-CBT Therapist</td>
<td>Play &amp; Expressive Therapy Interventions for Enhancing Emotion Regulation</td>
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<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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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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### VIRGINIA COPES

**NEW COVID-19 RESPONSE WARM LINE!**

We are now operating a second Warm Line specifically to support anyone in Virginia struggling with trauma, grief and distress caused by COVID-19. Trained staff provide strength-based support, resilience building strategies and community resources and referrals.

**(877) 349-6428**

**Call or TEXT**

No cost. Anonymous.

9:00 a.m. to 9:00 p.m. Monday-Friday

5:00 p.m. to 9:00 p.m. Saturday and Sunday

**Compassionate, Optimistic, Person-Centered, Empowering, Support**

The project is a coordinated effort between the Virginia Department of Behavioral Health and Developmental Services, Mental Health America of Virginia and the Virginia Department of Emergency Management. Funding is provided by the Federal Emergency Management Agency with technical assistance and oversight from the Substance Abuse and Mental Health Services Administration.

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The Supervision Corner

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

I’m often asked supervision questions as the Chair and as an active supervisor. I hope sharing these questions and answers will be helpful to others as well.

“Do you know if phone (talk only) is now being accepted for supervision by the Board of Counseling while we’re dealing with COVID?”

The Board of Counseling has information on their homepage about the changes that have been put in place temporarily due to COVID, such as allowing out-of-state licensed counselors to see their clients who have recently relocated to Virginia for a limited time. However, I’ve not seen anything about changes in the supervision licensure requirements for residents and supervisors. So, it appears that the regulation stands and only face-to-face (in person or virtual) supervision is permitted.

— ■ —

“I’ve been working in the field as an unlicensed counselor for many years in an exempt setting and I don’t think I have enough graduate credits to start the licensure process, although I’m not sure. I’m worried it’s too late to make getting licensed work. What should I do?”

Of course, this is a question that each individual must answer for themselves, but at least one aspect is now easier. In the past, the only way to know if you had enough credits in the correct educational categories was to fill out an application for residency. That was complicated because it required that you first had to find a place to work and find a supervisor who was willing to sign your application. Often, supervisors (or employers) didn’t want to wait to see if you met the educational requirements, especially if it was likely you would be required to take additional classes. Now that’s changed. Use this form found on the Board of Counseling website: Application Packet for Pre-Review of Education toward LPC Licensure. The Board will let you know if you meet the educational requirements and if not, what classes you still need. Once you know how many credits you need, you can determine the cost (time and money) for taking classes, as well as the subsequent cost of a residency (time and money). For a residency, time is the equivalent of 2 years of full-time work and the money aspect is what you may have to pay out of pocket for supervision if your worksite doesn’t provide it, which can be costly. Your decision will be based on comparing those expenditures of time and money with what licensure may give you, such as the opportunity to open a private practice, move up in your current job, or get a better job.

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“I’m a supervisor and one of my residents is going on maternity leave and she won’t be able to see clients for several months. Her clients will be seen by colleagues, but what do I put on her quarterly form since she will likely have “0” client and work hours and “0” supervision hours?”

I’ve had this situation several times, for instance when a resident ends one job and is job searching for another or a resident who had to take a leave of absence. I recommend putting an asterisk next to the “0” and then typing a short explanation in the comments section at the bottom of the form stating that the resident was on a temporary leave of absence during that time period. It was easier to type in more information on the quarterlies before the recent update (Dec of 2019) but there is still room on the current form for one sentence. My residents’ quarterlies have been accepted for licensure with these comments so I know it works.

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“I’m a resident and have to pay out-of-pocket for supervision. My supervisor requires that I meet weekly for supervision. However, I have very few clients and I can’t take on more at this time because of my other job. This means I will end up paying my supervisor for many more hours than I will need because I won’t be able to count many of those hours. What can I do?”

This is about a balance between the supervisor’s needs and the resident’s needs, so let’s look at the basic issues. A supervisor, because of responsibility and vicarious liability, must monitor their resident and confirm they are providing appropriate client care. However, the road to licensure can be a very difficult one, especially if a graduate is unable to find a counseling job. If a resident’s only option is to start their own practice, it could mean there may be periods of time when the resident may see no clients or only a few clients per week. Even when you add in the ancillary time for paperwork, case management, and building the practice, the resident may only be able to accrue a minimal number of work hours. One hour of supervision per week could still be within the maximum of four hours allowed per 40 work hours, but if that is continued for too long, it sets up the resident for paying for more supervision than they can count towards licensure. I believe it’s the supervisor’s responsibility to not take advantage of a resident monetarily by requiring more supervision than the resident can count toward licensure. So, I suggest adjusting supervision as quickly as possible to one hour per 40 work hours so that the number of hours balances out to an average of two hours per 40 total work hours over time. If a supervisor feels they are unable to adequately supervise their resident at this rate, then there may be alternatives such as having the resident provide a written weekly update in lieu of supervision. For a resident who is in this situation, I suggest discussing alternatives with your supervisor and if they are unwilling to work out a solution, you may need to look for another supervisor who is more willing to work with your practice limitations.

“\n‘I’m a resident and my supervisor collects the payments from my counseling clients since I can’t according to the regulations, but my supervisor doesn’t always give me the entire payments. What should I do?’

The supervisor must give the entire client payment to you as the resident (unless you are an employee of the supervisor). If you’re not an employee, holding back some of the payment may be because the supervisor feels that it covers the cost of supervision or office rental. If that’s the reason, it’s still not appropriate because that would essentially be “split fees” (i.e., where the supervisor and resident share percentages of the client payment) which is unethical. So, I would discuss this with your supervisor, who needs to know all of the client payment must go to you, and if you’re not satisfied with the answer you may need to look for another supervisor.

____________________________________________________

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

BY SHARON WATSON – Education Director – education@nvlpc.org

I would like to introduce myself as the Education Director and extend a big thank you to Yashika Neaves for all her tremendous work as the past Education Director.

The Education Director is a voting board position that oversees educational and pre-licensure areas. The Director is currently responsible for overseeing several committees: NBCC Liaison, Supervision, Resident-in-Counseling Support Groups, Student Development, and our new committee, Advocacy.

My first task as Education Director is to recruit volunteers for open positions: a permanent Education Director (as I am serving on an interim basis) and two new committee chairs: NBCC Liaison and Resident-in-Counseling Support Groups-East.

The NBCC Liaison serves as liaison with NBCC (National Board of Certified Counselors) in order to ensure NVLPC compliance with requirements for maintaining status as an NBCC-Approved Provider.

The Resident-in-Counseling Support Groups committee chairs (East and West) plan and conduct monthly support and informational meetings for members who are in the process of applying for licensure and to assist in LPC exam prep. The open East position targets those students and residents residing in areas in the Eastern part of Northern Virginia.

I was the West Resident Support Group leader for several years and I’ve been the Supervision Chair for many more years so I can attest to the sense of fulfillment volunteering for NVLPC brings. I hope that everyone reading this article will consider volunteering for NVLPC in one of the open positions. I will mentor whoever takes any of the positions, so you won't be going it alone! We have a wonderful leadership team and I can guarantee that volunteering will be a fulfilling opportunity in support of our counseling community. If you have any questions, please feel free to contact me at supervision@nvlpc.org.

Impact of State Legislation on Counseling:

Virginia General Assembly Bills Passed and Signed into Law

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

Healthcare providers are almost all regulated by the state in which they practice. The most recent session of the Virginia General Assembly (Jan. 8 – Mar. 12, 2020) passed a number of laws that will have a direct impact on counseling or may serve as an example for legislation that impacts counselors and marriage and family therapists in the future. The following summaries describe each bill and provide a link to the source of the descriptions, RichmondSunlight, a nonprofit that tracks the legislature. My comments, when they occur, are in italics. This is intended to be a comprehensive list. If you notice any omissions, please contact me at drgreelis@aol.com.

Bulletin Board

Continued

Best Life Therapeutic Services, LLC a growing practice in Reston, VA is hiring a part-time licensed therapist position. For more information, visit https://www.bestlifetherapeutics.com/employment/.

Steffanie Kelshaw, LPC, CSAC, is now accepting new clients via teletherapy at Mount Vernon Counseling Center in Alexandria, VA. See www.mountvernoncenter.com for more details.

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@nvlpc.org by October 15.

RichmondSunlight
Tracking Virginia's General Assembly Since 2007

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Health insurance; coverage for autism spectrum disorder. “Requires health insurers, corporations providing health care subscription plans, and health maintenance organizations to provide coverage for the diagnosis and treatment of autism spectrum disorder under insurance policies, subscription contracts, or health care plans issued in the individual market or small group markets.”

Health insurance; payment to out-of-network providers. “Provides that when an enrollee receives emergency services from an out-of-network health care provider or receives out-of-network surgical or ancillary services at an in-network facility, the enrollee is not required to pay the out-of-network provider any amount other than the applicable cost-sharing requirement and such cost-sharing requirement cannot exceed the cost-sharing requirement that would apply if the services were provided in-network.” Comment: This doesn’t impact LPCs and MFTs directly but could serve as a precedent to allow clients to access out-of-network providers when insurance panels lack appropriate providers. The bill also has a negotiated rate for out of network providers that offers a reasonable rate of reimbursement.

Health insurance; nondiscrimination; gender identity or transgender status. “Prohibits a health carrier from denying or limiting coverage or imposing additional cost sharing or other limitations or restrictions on coverage, under a health benefit plan for health care services that are ordinarily or exclusively available to covered individuals of one sex, to a transgender individual on the basis of the fact that the individual’s sex assigned at birth, gender identity, or gender otherwise recorded is different from the one to which such health services are ordinarily or exclusively available.”

Public elementary and secondary schools; treatment of transgender students; policies. “Requires the Department of Education to develop and make available to each school board, no later than December 31, 2020, model policies concerning the treatment of transgender students in public elementary and secondary schools that address common issues regarding transgender students in accordance with evidence-based best practices.”

Public schools; mental health awareness training required. “…adopt and implement policies that require each teacher and other relevant personnel, as determined by the school board, employed on a full-time basis, to complete a mental health awareness training or similar program at least once”. Comment: This bill has broad language for eligible organizations and individuals qualified to bid for contracts.

Misdemeanor sexual offenses where the victim is a minor; statute of limitations. “Increases the statute of limitations for prosecuting misdemeanor violations where the victim is a minor from one year after the victim reaches the age of majority to five years after the victim reaches the age of majority if the offender was an adult at the time of the offense and more than three years older than the victim for the following misdemeanor violations.” Comment: This is an important change for cases during which sexual abuse emerges as a focus in the late teen to early twenties population.

Unrestorably incompetent defendant; competency report. “Provides that in cases where a defendant is likely to remain incompetent for the foreseeable future due to an ongoing and irreversible medical condition and prior medical or educational records are available to support the diagnosis, a competency report may recommend that the court find the defendant unrestorably incompetent to stand trial, and the court may proceed with the disposition of the case based on such recommendation.”

Post-adoption contact and communication agreements; involuntary termination of parental rights. “Provides that a child’s birth parent or parents for whom parental rights were involuntarily terminated may enter into a post-adoptive contact and communication agreement with the child’s pre-adoptive parent or parents.”

Virginia Missing Child with Autism Alert Program; “Creates a program for local, regional, or statewide notification of a missing child with autism.”

Acute psychiatric bed registry; information required to be reported. “Directs the Department of Behavioral Health and Developmental Services to establish a work group to evaluate the role of, and make recommendations related to improving the structure and effectiveness of, the psychiatric bed registry in collecting and disseminating information about the availability of acute psychiatric beds in the Commonwealth.” Comment: Have you ever needed a hospital placement and received word that the only beds available were outside of Northern Virginia? Hopefully, this study will result in an ongoing service to help with the best inpatient placements possible.

Secretaries of Education and Health and Human Resources; work group; process for approval of residential psychiatric placement and services; report. “Directs the Secretaries of Education and Health and Human Resources to establish a work group to study the current process for approval of residential psychiatric services for children and adolescents…”

Health care providers, certain; programs to address career fatigue and wellness, civil immunity. “Expands civil
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immunity for health care professionals serving as members of or consultants to entities that function primarily to review, evaluate, or make recommendations related to health care services to include health care professionals… The bill also clarifies that, absent evidence indicating a reasonable probability that a health care professional who is a participant in a professional program to address issues related to career fatigue or wellness is not competent to continue in practice or is a danger to himself, his patients, or the public, participation in such a professional program does not trigger the requirement that the health care professional be reported to the Department of Health Professions. The bill contains an emergency clause.”

Prenatal and Postnatal Depression, etc. Screening by Health care providers screening of patients for prenatal and postpartum depression; training. “Directs the Board of Medicine to annually issue a communication to every practitioner licensed by the Board who provides primary, maternity, obstetrical, or gynecological health care services reiterating the standard of care pertaining to prenatal or postnatal depression or other depression and encouraging practitioners to screen every patient who is pregnant or who has been pregnant within the previous five years for prenatal or postnatal depression or other depression, as clinically appropriate.”

Health professionals; unprofessional conduct; reporting. “Requires the chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, … [to report professionals if] there is a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct.”

NVLPC will work with Virginia public service foundations and professional associations to provide information on legislation that may change our profession by presenting opportunities or restrictions. If you have any input on legislative or regulatory matters, please contact me at drreelis@aol.com.

Thanks to RichmondSunlight for their excellent work.

Student Essay Scholarship Competition: May, 2020

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

This year, there were three NVLPC student candidates who shared their stories and goals towards future careers in the counseling field. The 2020 winning essay, by Joseph Coram, was published in the July issue of the NVLPC Newsletter. The following essay was submitted by Susannah Volkers.

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What is one experience that is inevitable for every individual, is fearful for most, exciting for some, and happens only once? That is the experience of death and dying.

Death and dying, or the topic of thanatology, is a largely taboo topic for most of the general population today. Either it is too scary, too uncomfortable, or culturally preferable to avoid.

Call me an elephant tamer, but I am excited to bring the elephant into the room to explore the meaning of death and dying with individuals and families. I desire to walk alongside people to help them to make meaning of their loss, to construct order out of the chaos. Pain is not necessarily pathological in nature. Pain is part of the human experience, for we all live in a suffering world. And when someone experiences suffering, what comes with it is perseverance, character, and in the end, hope.¹

Entering into dark places is not always easy; trust and rapport must first be firmly established. Furthermore, you cannot give what you do not have. How can you pour from an empty cup?

As a growing clinician, my cup of experience with loss began at a young age. My first memory of death was with my furry cat Snowball when I was eight years old. It was a tender entry into the world of loss, as we gently laid her to sleep at the veterinarian’s office, allowing her to rest eternally rather than struggle with elderly age. My repertoire grew as my paternal grandparents peacefully passed away while I was in middle school, one at a time, a few years apart.

But the first time I truly faced death was with my own Self, when I stopped to consider my own mortality. Confronted with the deep personal loss of my mother at age 22, I asked

¹ Rom. 5:3-4
myself, “Is this all that there is?” My mind began to fill with questions of why people die, how I would die someday, and what death and life means.

Searching for meaning, I looked to what religion had to say about death. All religions do validate the necessity of death and the reality of suffering, but only one religion spoke of a hopefulness of death that did not rely on myself and my actions. Instead, this religion relied on something outside of myself, an act of love for me to overcome death that I could not accomplish on my own.

The Christian Bible says that “God so loved the world that he gave his one and only Son, that whoever believes in Him shall not perish but have eternal life.” This was the meaning about death that I was searching for. Death no longer stood as paramount and permanent. Instead, because of Christ’s death, I could live, and all it took was a mustard-sized seed of faith. How overwhelmingly great is this news!

It is through this current and future hope that I can rest when I think about death. With this armor of truth, I can confidently sit with others in the midst of their meaning-making about death and dying. I am hopeful for all of us living in a hurting world to find peace in the mist of pain. It is through loss that you can discover your greatest loves. It is my aim to help individuals make meaning out of their own losses. Whether through infertility, death of a child, divorce, or a life transition, loss is everywhere and death is inevitable. However, it is the meaning that we make out of death which frees us to live.

2 John 3:16