Hi All,

I wanted to let you all know how honored I am to have been President of NVLPC this last year. I have been blessed to work with a great group of leaders in our organization. The board and committees have been very active this year and in addition to attending to the usual needs of the organization, we have accomplished many things. Taking your feedback and requests into account, we feel we have continued to offer excellent continuing education breakfast seminars and workshops. Additionally, we have officially established a Board of Reference, nominating our first members. We feel this will offer the future leadership of NVLPC excellent mentoring and insight that will only help to strengthen the future endeavors of our organization. Also, we have launched the peer review group interest list on our website in order to help our members find colleagues in their geographical area who are interested in establishing these groups. We hope this will help you all find the support that mental health care providers need. Finally, we have been able to fill all of our board and committee leadership positions for next year. Thank you to all of you for being willing to step up and be a part of supporting our profession. We are always looking for more volunteers for our committees and hope more of you will consider lending your talents to NVLPC.

In closing, I want to thank all of this year’s board and committee members. What a wonderful job you have done! I also want to thank all of our members for your support and feedback. It has been a wonderful experience working with all of you and I look forward to continuing to support NVLPC as past president in the year to come. I pray you all have a safe and blessed summer!

Sincerely,

Renae C. Smith
Help & Hope: The Two Factors That Influenced My Decision to Pursue a Second Degree in Counseling

BY TERESSA BOWMAN, M.A.

What was it that solidified my decision to enroll in a graduate school program? Certainly not the midnight study sessions, stern professors, seemingly endless exams and a fluctuating sleep schedule. There were two factors that influenced my decision: a child who was given a diagnosis that would change my life forever and my desire to better serve a community filled with individuals struggling to function with a mental health condition.

Factor # 1: Helping Hands
At the age of 4, my son was diagnosed with autism. I had just celebrated the completion of my bachelor’s degree and had no intention of returning to school. Completing my first degree with a baby in tow was no easy task and I welcomed the notion of a much-needed break. His diagnosis propelled me back into the world of psychological research. I wanted to obtain more knowledge of his condition and gain better understanding. Accompanying him to play therapy, behavioral therapy and social groups exposed me to the diversity of psychological professions and caring individuals that longed to see my child succeed as much as I did. It was clear that the training obtained by these professionals during their graduate studies not only supported their desire to help but empowered them, too. This type of selfless service inspired me to pursue a doctorate in counseling and give back to my community. In addition to taking care of my son, I volunteer at Youth for Tomorrow once per week. Youth for Tomorrow is a program that supports at risk youth. I also lead an organization called young visionaries which helps teens and millennials to create vision boards and engage in goal planning. You can learn more about my organization by visiting (officialyoungvisionaries.com).

Continued on page 3
Factor # 2: Instilling Hope

Once I completed the task of enlisting professionals to provide supports for my son, I realized it was necessary to return to the work force. To make use of the first degree I worked so hard for, I investigated the opportunities available to individuals possessing a bachelor's degree in psychology and eventually stumbled into the field of case management. As a bachelor level clinician, my scope of service was fairly limited. I had authorization to assist individuals with mental disorders in a limited capacity. My job duties consisted of helping clients perform “activities of daily living.” This included shopping, medication administration, appointment scheduling, application completion, resource and referral. Naturally, I would form a bond with those I served and they would begin to confide personal information to me during our daily errand running. Without skills and proper training, I was unable to provide commentary during these candid moments. I noticed missed opportunities to acknowledge cries for help, engage in motivational interviewing or instill hope in individuals struggling to get through the day.

On one particular day I arrived to my work place and I was informed that a client I had worked with for over a year committed suicide while on the wait list to receive therapeutic services. This was a kind, sincere gentlemen in his late 50’s. He was musically inclined and highly articulate while struggling to cope with major depression. His walls were filled with playbills from his days in the theater, pictures of his children away at college and original music compositions yet to be heard. Unfortunately, a chronic health condition paired with a mental disorder and absence of family led to his decline. It was at that moment I realized my training and the advancement of skills associated with counseling those suffering with a mental illness had the potential to save a life if honed. It’s clear that the possibility of saving one life far outweighs the cost of attendance and any associated fees.

Today, as I pursue a doctoral degree I am comforted by the fact that the training and expertise received from this counseling learning experience will grant me the ability to professionally respond to cries for help, provide empathy when needed and instill hope in my community.

Author bio:
Ms. Teressa Bowman, student member of NVLPC and Founder of Young Visionaries LLC, has earned a B.S. in Psychology (UMUC, 2010), an M.A in Professional Counseling (LU,2013) and is currently pursuing a Doctorate of Psychology (UoR, anticipated 2019). She takes pride in having provided over 1,400 hours of community service as an AmeriCorps Member (2007). She is also a philanthropist and dedicated mother of two. Ms. Bowman has worked as a community support worker and mental health liaison for over eight years in the DC metropolitan area. Today, Ms. Bowman serves as a resident therapist both in a private practice and at Prince William Hospital psych unit. She combines evidence-based practices with tailored therapeutic interventions to guide individuals away from mental road blocks and toward success. Through her experiences as a mentor, counselor, and therapeutic professional, Ms. Bowman seeks to understand an array of issues facing individuals from a variety of backgrounds. Ms. Bowman specializes in trauma recovery and strongly believes in the power of visual presentations influencing the subconscious.

NVLPC 2018 Scholarship Winner continued from page 2
Immigration is a topic that keeps coming to the forefront in the news and in our work as counselors. I challenge all of us to look deeper at the multicultural influences hidden all around us. For example, look closely at our NVLPC Board. It is much more diverse than our pictures show.

Challenges due to culture can be subtle. Immigrants trying to assimilate and learn the culture of their new homeland are very smart and capable, but may feel less so as they struggle to talk the local talk and walk the local walk. This is self-evident, and it is well known by past generations of immigrants, but it is not always blatantly said. How many of us with German ancestry had relatives who wanted to hide their true nationality and language on the heels of World War II? How many of us are Muslim, or have Muslim friends and relatives, and feel the slow growth of understanding for such a highly diverse group? The latest news contrasting immigrant versus refugee designations, especially for those fleeing El Salvador, Mexico and Syria, highlights unique circumstances some families face. Delving into these topics takes time, whereas an overview of information to direct people to better resources can be helpful.

For the purpose of counselor awareness, and information and referrals, I have researched and collected some hands on resources below. As a disclaimer, I need to say that I have not used these services, so I cannot vouch for them, but you the user could corroborate information with others and at least have leads of where to turn for more information.

The first part of the list is organizations in our local area that advertise help with paperwork and immigration advice. They typically also have translation services available. On the Childwelfare.gov website, which is at the bottom of the list, there is a 2011 book called Working with Immigrant Families: A Practical Guide for Counselors by Adam Zagelbaum and Jon Carlson. I have not read this book, but I still offer it as a resource since I do not see similar, or more current, books on the same topic based on my Internet search. At the Childwelfare.gov website, there is also a link to an article, Helping Immigrant Children Heal, posted by the APA in 2015 at www.apa.org/monitor/2015/03/immigrant-children.aspx. It touches on the circling issues of trauma, resilience, trust, and accessing avenues of help. I hope these resources provide a starting point for more conversation on these topics.

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<th>Organization</th>
<th>Office location</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASA de Virginia</td>
<td>Woodbridge</td>
<td>571-421-2211</td>
<td><a href="http://www.wearecasa.org">www.wearecasa.org</a></td>
</tr>
<tr>
<td>Ayuda</td>
<td>Falls Church</td>
<td>703-444-7009</td>
<td><a href="http://www.ayuda.com">www.ayuda.com</a></td>
</tr>
<tr>
<td>Hogar Immigrant Services</td>
<td>Manassas and Alexandria</td>
<td>703-534-9805</td>
<td><a href="http://www.hogarimmigrantservices.org">www.hogarimmigrantservices.org</a></td>
</tr>
<tr>
<td>Tahirih Justice Center</td>
<td>Falls Church</td>
<td>571-282-6161</td>
<td><a href="http://www.Tahirih.org">www.Tahirih.org</a></td>
</tr>
<tr>
<td>NVFS (Northern Virginia Family Services)</td>
<td>Oakton</td>
<td>571-748-2800</td>
<td><a href="http://www.nvfs.org/our-services/immigration-legal-services/">www.nvfs.org/our-services/immigration-legal-services/</a></td>
</tr>
<tr>
<td>Just Neighbors Ministry</td>
<td>Annandale</td>
<td>703-979-1240</td>
<td><a href="http://www.justneighbors.org">www.justneighbors.org</a></td>
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<tr>
<td>CAIR Coalition</td>
<td>DC Metro Area</td>
<td>202-331-3320</td>
<td><a href="http://www.caircoalition.org">www.caircoalition.org</a></td>
</tr>
<tr>
<td>Centreville Immigration Forum</td>
<td>Centreville</td>
<td>703-543-6272</td>
<td><a href="http://www.centrevilleimmigrationforum.org">www.centrevilleimmigrationforum.org</a></td>
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**Support for immigrant parents:**

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<tr>
<th>SCAN of Northern VA</th>
<th>Alexandria</th>
<th>703-820-9001</th>
<th><a href="http://www.scanva.org/support-for-immigrant-parents/">www.scanva.org/support-for-immigrant-parents/</a></th>
</tr>
</thead>
</table>
The National Counselor Licensure Endorsement Process

Hello NVLPC members,

Great news from our parent organization, AMHCA, regarding their groundbreaking collaborative efforts with three other major professional counseling organizations to reach consensus on a proposal for a uniform portability plan called the “The National Counselor Licensure Endorsement Process.” The four organizations – the American Association of State Counseling Boards (AASCB), the Association of Counselor Education and Supervision (ACES), the American Mental Health Counselors Association (AMHCA), and the National Board for Certified Counselors (NBCC) – believe that a uniform licensure endorsement process will:

- Significantly increase public access to qualified care.
- Establish minimum standards for safe practice.
- Reduce administrative burdens for state regulatory boards and licensees.
- Create consistency in licensure standards across state lines.
- Ensure protection of the public and the continued development of the profession.

An overarching goal of the initiative is to move the counseling profession toward unified education standards, exam requirements and years of post-graduate experience. To see the National Counselor Licensure Endorsement Process, please go to http://www.amhca.org/2017portability.

As always, if you have any questions, comments, or concerns, please feel free to contact me or any one of our board members.

Kindly,
Sandy Molle
NVLPC Past-President

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 August 1.

Advertising

Are you interested in advertising your practice, services and/or event to our membership of over 350 clinicians throughout Northern Virginia? Business card to Full page ad sizes are available. Email advertising@nvlpc.org for details.
Amy Fortney Parks, PhD submitted the following article which was written and published by The American Counseling Association’s “Counseling Corner.”

The article below may be reprinted by any counselor or therapist MEMBER of NVLPC in full or in part with attribution to the American Counseling Association’s Counseling Corner Blog. For instance, you may reprint in your own blog, social media or as a hand-out in your practice.

### Seeking Mental Health Help Is Not Something To Be Ashamed Of

FROM THE AMERICAN COUNSELING ASSOCIATION

If you simply ignored a physical ailment, like a high fever or a broken bone, people would be dumbfounded if you don’t get the help of a medical professional.

Yet many people refuse to see a mental health issue as just as serious and normal a problem as any physical ailment. Instead, they create a stigma that characterizes someone seeking help for a mental health problem as weak, or unstable, or possibly dangerous.

While such reactions are becoming less common, they still exist and keep millions of Americans from seeking the readily available professional help that would make them healthier and happier.

Instead, many people avoid seeking mental health help out of fear of being “labeled” with a mental illness, feeling family and friends won’t understand, or that it could lead to discrimination at work or school. They may see mental health problems as a sign of personal weakness, and mistakenly believe that they should be able to control whatever is wrong without outside help.

The reality is that people who seek needed help aren’t weak, but are instead showing real strength in trying to correct a very fixable problem. Just as getting to a doctor for the right medicine to stop that high fever makes good sense, so does finding a professional counselor who can help someone overcome the problems he or she is facing.

And such problems are very common. It’s estimated that one in eight adolescents is suffering from depression. Current statistics find that about 117 Americans take their own lives every day. Yet only a small percentage of people needing mental health help seek treatment.

Mental health issues are not a reason for shame, but rather simply a condition that requires treatment by a professional. Anxiety, depression, panic attacks, eating disorders, social phobias and similar problems are not signs of personal weakness nor reasons for shame. They are simply conditions that can, in most cases, be treated successfully and can result in a happier, healthier and more productive life.

If you or someone you know is suffering from a mental health issue, don’t give in to the stigma, but rather take action for better health. Talk to a friend or family members about what’s bothering you and look to a professional counselor for assistance. Seeking mental health help is as logical and right as seeking out that trained doctor when you have that fever.

2018-2019 Calendar of Events

There are no scheduled events during the summer months. Breakfast trainings and support groups will resume in September. Have a great summer!
CORRECTION/RETRACTION/CLARIFICATION

I wrote the following in the Jan 2018 NVLPC newsletter (with minor changes to simplify):

So, at the recent NVLPC training in which Jaime Hoyle, Executive Director of the Board of Counseling, was the presenter, one of our Residents asked her how this [residents accepting payment] could be managed more easily. Ms. Hoyle's answer was that as long as the Resident's supervisor's name and information is on the Resident's bill, that would suffice. In all the recent multiple rewritings of the regulations did that change? Were the words like “cannot take direct payment from a client” removed? Unfortunately, I don't have my old copies of the previous regs with me, so I can't check that out. So, I went to the current regulations and they do say: “9. Residents may not…directly bill for services rendered…” So, it appears that a Resident can take payment from a client as long as their bill states they are a Resident-in-Counseling under supervision with their supervisor's name and contact information on the bill. Another possibility is that a Resident who is building their own practice could name their practice and ask the client to make the payment to the practice name, again making sure the supervisor's information is on the bill as well as the practice name.

I would like to explain how I came to the conclusion I’ve underlined above. Since I’ve heard from many supervisors and residents about the regulation that states residents may not “directly bill for services rendered” I’ve been channeling the frustration and helplessness felt by all. I’ve been told by residents that it’s extremely hard in this economy to find a job. Therefore, being burdened with this requirement seems unnecessary when residents must have their supervisor's name and contact information on everything they give to a client (forms, business cards, etc.) and are to verbally inform their clients they are under supervision and by whom. That already makes it abundantly clear that a resident is not working independently and whether or not a resident takes payment seems superfluous. It also seems incredibly unsupportive of the residents in our field who are working so hard to become licensed in Virginia.

I believe, in my hope that we can somehow think out of the box in interpreting the regulation that residents “may not…directly bill for services rendered…” My logic was that, all right, if the supervisor’s name and information is on the “bill” the resident would not “directly” be billing for services and would therefore show they are following the regulation that states “cannot…in any way represent themselves as independent, autonomous practitioners…” I am revisiting this topic because I was emailed by a resident who said her supervisor was still not willing to allow her to accept payment based on my interpretation of what Ms. Hoyle said (good call). After thinking about it, I realized that likely what Ms. Hoyle meant is that putting a supervisor’s name and information on a bill would be good practice, and not that it would allow the resident to bill for services and therefore receive the payment directly from the client. So, I believe I misunderstood what Ms. Hoyle must have meant. I apologize for my misinterpretation.

I also want to speak to what I wrote in the quote above about what it I said about billing for services in previous regulations. Since I wrote that, I did an update in the March newsletter, that the Counseling Board has put a tab on the left side of their homepage with an option of “Regulations History.” I went back to the very first regulation from October 19, 1977 which said “Individuals in the process of obtaining their two years of post graduate degree training may not call themselves a Professional Counselor, solicit clients, bill for their services, or in any way represent themselves as professional counselors.” It appears that in all the regulations since, the wording has essentially been the same about not “billing” for services. Nowhere can I find,
The Supervision Corner continued from page 7

however, in any of the multiple updatings of the regulations anything that says a resident cannot take payment. So, in writing the above quote I had also been thinking that billing is not the same as taking payment and that in all the years supervisors have been supervising everyone always took that to mean not taking cash or checks...yet that's not what it actually says...which is why I was trying to look more closely at how we can interpret the regulation.

But now this brings me to two other points the same resident made to me: she referred me to the LPC application for registering a supervisor and to the letter she received approving her supervisor. In the application there is a line that must be initialed by both resident and supervisor that states “I understand that the Supervisor will ensure that the Resident does not bill directly for services and that all payments, both cash and insurance, are paid to the Supervisor, or the Resident's employer” and in the letter there is a line that states “As a Resident, you are unable to bill directly for services (which includes insurance, direct billing and sliding scale fees) and must receive payment through your employer and/or supervisor.”

Firstly, I must confess that the application is something that I did read before initialing that line for my own residents, but apparently it somehow missed my consciousness while writing the last article, maybe because it didn't apply to me. For that I apologize. Although it may seem unusual, in all of my many years of supervising, I have not had a resident where I have needed to take payment because they were employed. There are a few reasons I think I didn't consciously remember that line: first it's new to the most recent application form (2016); because I'm repeatedly reading the regulations - not the application form - whenever I'm trying to answer someone's question about taking payment, so why would I think there would be anything written in the application that was different to what's written in the regulations; and lastly, I've been told by many individuals that when they contact the Board of Counseling they are often given the answer of “read the regulations” because the Board “cannot interpret the regulations.” I know this to be true because this has happened to me as well multiple times. I also believe it to be true because, as I wrote in another article, the wording in the regulations is taken verbatim from Virginia law. (You can see this for yourself by taking any of the code references in the regulations, i.e. 18VAC115-20-52. Residency requirements, and putting it into your search engine and you will see the Virginia law.)

So, this brings me to the following question: If it's true that the Board can't interpret the regulations, how was the Board able to put that line in the application and the other line in the approval letter when that appears to be an interpretation of the regulations and therefore doesn't allow us to interpret the regulation?

This is the question (with much of the background information I've put in this article) that I sent a few days ago directly to Ms. Hoyle because she is the Executive Director of the Board of Counseling.

The reason I'm interested in how we can be allowed to interpret the regulation ourselves, is because we are in a new tax law age and technological era from when the first regulation in 1977 was written. So, what's changed? Why do supervisors seem to be more reluctant now to take client payments? I've heard two reasons: one is that supervisors don't want to take client payments for their residents' work because depositing the entire amount changes their gross income for tax purposes (even though all of the payment is returned to the resident) because things like a business license tax are based on gross income. In the “old days” supervisors sometimes did split payments, i.e. taking the client payment and giving a portion of the payment to the resident and keeping the remainder for providing supervision, which likely meant it didn't affect their gross income as much. But then, supervisors were informed that split fees are illegal, so they stopped doing that (hopefully). Secondly, a supervisor could accept payment by check and simply cosign the back of the check and return it to the resident. But banks are no

Join a Peer Support Group

Looking for support, camaraderie, and connection with fellow therapists? Consider signing up to join a Peer Support Group. There’s a sign-up on the website under For Members.
The Supervision Corner continued from page 8

longer willing to do that so accepting checks seems to be a thing of the past. Which brings me to the last sentence in my quote at the beginning of this article. Looking at innovative ways that a client can make payments and a resident not “directly bill for services rendered” is for me, a goal that might help supervisors and residents alike. For instance, is it possible a client could electronically move their payment to an account that may have a business name or another name than the resident’s name but an account that the resident has access to, since all of the payment is to go to the resident in any case?

I think we’re still left with questions…

In closing, I want to thank those who read my articles and are willing to take me up on my request to correct me if I’ve said something they feel is incorrect. As of the writing of this article I have not heard back from Ms. Hoyle, but I will share the information I receive back from the Counseling Board.

As always, if you feel I’ve been inaccurate in anything I’ve said here, please email me and if I’ve made an error I will write a correction in the next article. If you have any questions or any 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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