Greetings NVLPC,

I wanted to be the first to say Happy Spring to you all! As I write this, I am reminded that it is 20 degrees outside today and it doesn’t feel like spring, but hope springs eternal! The board has been hard at work these past months and I would like to share a few great things with you.

First: The board welcomes Ms. Shana Storms as our new Treasurer! Shana is excited to begin work with the board, and we look forward to a wonderful collaboration with her.

Second: The board welcomes back Ms. Sharon Watson as our Director of Advocacy and Education. Sharon has a long standing with the board, and she enjoys being Supervision chair. You may have read her column in the newsletter as our supervision chair. I am excited to see how she covers the continued progression of things happening related to the practice of counseling.

Third: NVLPC Announces its Partnership with the American Mental Health Counselors Association (AMHCA). In February, the NVLPC board voted to accept the position of AMHCA state chapter - representing Virginia’s clinical mental health counselors. For the past few years, NVLPC has served as a representative for counselors across the Commonwealth. We are currently the only AMHCA-affiliated chapter in the state, and have fulfilled the national organization’s requirements in the provision of data and continued education for counselors. The board made this decision after careful consideration and collaboration with fellow organizations such as VCA and ACA. NVLPC remains the seat for all professional counselors in Northern Virginia. Taking on this new role doesn’t change that.

You may ask: What does this change mean to me? Well, it means that you now have access through your membership with NVLPC to a larger network for continuing education, advocacy, professional networking, and opportunities to showcase your leadership skills. It is our belief that working closely with those across Virginia and the nation will benefit us locally.
L-O-V-E ….is the best 4 letter word a person can experience. This is a common emotion many clients have within the therapeutic relationship, agape L-O-V-E to be more specific (a universal liking with “No Surprise” or judgement). Take some time to reflect on how you share within the universal love language. When I think of LOVE, music comes to mind, and that allows me to connect to others who differ from me in terms of race, gender identity, and social economic status, among others. We as counselors continually highlight these concepts, and we evolve and adapt to different methods of learning multiculturalism. Music is one way to add to this channel of learning, growing, cultivating compassion, and more.

Speaking of LOVE, counselors absolutely LOVE surprises, right? NO we don’t (smile)! Many of us have learned recently of the “No Surprise Act,” requiring financial obligations and guidelines which licensed behavioral health providers must implement within their independent contracting positions with rendering insurance companies. Word spread fast amongst the counseling community, and NVLPC has done great work to ensure there are “No Surprises” with this information by providing you with immediate updates. To get more information about the “No Surprise Act” please visit our website and the supporting information, resources, and websites detailing these changes.

And ensuring there are no more surprises... (smile) and the LOVE for the counseling profession remains present, I’d like to welcome you to join me and to work alongside me within NVLPC. There are great opportunities supporting leadership, educational development/enhancement and much more. Please contact me at vicepresidentnvlpc@gmail.com!

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**Professional News You Need to Know**

Keep an eye out for DSM-5 Text Revisions, slated to be released this month.

The Mental Health Access Improvement Act (S. 828/HR 432) would make licensed counselors eligible for Medicare.

See this site for messaging examples and graphics to use in your posts, calls, and emails.

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**Peer Consult Group: Seeking Those Interested**

Hello NVLPC,

I’m reaching out to you today to see if there is anyone currently interested in peer support group in McLean, VA (or via video). If you’re interested, please reach out to me at vincent@vincentdavena.com or on my cell at 703-831-7330.

Sincerely,  
Vincent Davena, M.A., NCC  
Resident in Counseling  
703-831-7330

[Psychology Today Profile](https://vincentdavena.com/)  
[vincent@vincentdavena.com](mailto:vincent@vincentdavena.com)

Supervisor: Sharon Watson, LPC, LMFT, LSATP, NCC, ACS  
Lic #: 0701002169

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Do You Have an Anxious Patient Who is not Responding to Treatment? Could it Be OCD?

BY ANDREW E. COLSKY, JD, LLM, LPC, CCATP, CCTP-II

As a therapist, it is very common to have a patient present with anxiety. Sometimes they report having panic attacks and even experiencing sleeplessness. Generally, we feel well equipped to assist this type of patient. We work to discover the root of their anxiety and help them to address that, often through Cognitive Behavioral Therapy (CBT). We also teach them calming techniques such as mindfulness, progressive muscle relaxation and various breathing exercises. Usually these efforts pay off and the patient improves.

Sometimes, however, we encounter a patient whom, despite our best efforts, doesn’t show any improvement. We may talk with them about their concerns and their answers seem to defy logic. It seems that every response is met by a “yeah but, what if …” or “if I could just be sure … then I would be okay.” If you hear these key phrases, the patient may have Obsessive Compulsive Disorder (OCD).

An industry standard assessment instrument is the Yale-Brown Obsessive Compulsive Scale (Y-BOCS). OCD is characterized by Obsessions: unwanted recurrent intrusive thoughts, urges or images that cause marked anxiety and Compulsions: often repetitive behaviors or mental acts that the individual feels driven to perform in response to the obsession in an attempt to relieve their anxiety. One common example is the patient who fears contamination by touching common objects and that, in turn, will cause illness or death. They then avoid touching doorknobs, toilet handles and more and then spend excessive amounts of time washing their hands or cleaning their effects. Another example is the patient who exhibits excessive worry and rumination over a belief that they may have done or said something wrong. They seek guaranteed assurance that they did not do what they fear but can never seem to accept a clear answer.

OCD presents in many ways. Some of the most common are a need for symmetry or perfection, contamination fears, scrupulosity/religiosity, fear of harming others, counting, hit and run, relationship issues, sexual orientation, pedophilia, false memories and more. In a broad generalization, the patient feels that they may do something wrong or do something to harm themselves or another. Take the new mother who fears that she may inappropriately touch her baby. In an effort to avoid her fears, she stays away from the baby and makes the father perform any tasks that require touching. This can certainly lead to problems with mother/child bonding. The reality is that the mother exhibits a great deal of distress over her thoughts. The fact that she is so distressed leads one to believe this is OCD. It means that she does not want to do the thing she fears and that her fear is nothing more than a thought that she would never act upon.

Potential differential diagnoses include Obsessive Compulsive Personality Disorder, which is a preoccupation with orderliness, perfectionism, and interpersonal control. Another is Generalized Anxiety Disorder, which is a more generalized chronic state of worry different from clear obsessions and compulsions. Then there are body focused behaviors such as Body Dysmorphic Disorder, Trichotillomania (hair pulling), Excoriation Disorder (skin picking) and Tic Disorder. Any of these can be co-occurring with OCD. Treatment for OCD in its most up-to-date form is based upon inhibitory learning taught through Exposure and Ritual Prevention.
Do You Have an Anxious Patient continued from page 3

(ERP), a form of CBT. Without treatment, a patient often engages in compulsive rituals to reduce their anxiety. However, rituals only provide temporary relief from anxiety which quickly returns causing the patient to ritualize again. In ERP, the patient is presented with a successive set of anxiety provoking situations for them to experience while refraining from ritualizing. The patient eventually breaks old fear-based associations and learns that they can handle the anxiety without ritualizing. OCD treatment often requires a family approach. Often times, family members are desperate to help reduce the patient’s obvious anguish so they comply with the patient’s requests to conduct excessive washing or keep items perfectly aligned, etc. This is called accommodation. The problem is that accommodation only enhances the OCD because it supports harmful fear associations. It is important that in treatment, the family members stop all accommodation so the patient benefits from inhibitory learning.

Therapists who treat OCD are commonly referred to as “exposure therapists” because they are educated in ERP. Effective OCD treatment requires the therapist to intentionally put the patient in anxiety-producing situations. The common expectation is that therapy will raise a patient’s anxiety before it lowers it. This treatment approach can make some therapists very uncomfortable, as they do not want to “harm” the patient by exacerbating their anxiety. Unfortunately, a failure to do so will leave the patient in a circular state of chasing obsessions with compulsions. If you have a client whom you expect has OCD and are not prepared to treat them with ERP, it is appropriate to refer them to an exposure therapist.

Andrew E. Colsky, JD, LLM, LPC, CCATP, CCTP-II is the owner of Center for Professional Counseling, PLC, a tele-health mental health counseling practice serving clients in Virginia and Florida. Mr. Colsky works primarily with clients experiencing Anxiety, OCD, Trauma and related substance use issues.

Helping Clients Recognize Narcissism in Relationships

BY DEBBIE RACKHAM, MA, RESIDENT IN COUNSELING – Executive Administrator, NVLPC – executiveadmin@nvlpc.org

Recognizing and addressing narcissism may not be as straightforward as we might think. Most of us are familiar with the grandiose type of narcissism – the person who shows up “big” in a room, works a crowd, or shares marvelous stories about their own importance. However, few may be aware of the more subtle type of narcissism – vulnerable or covert narcissism. People with covert characteristics appear selfless and humble on the outside yet give back-handed compliments and/or minimize their accomplishments in order to garner praise. Although the presentation differs, both types have similar characteristics:

• Strong sense of self-importance
• Exaggeration of talents and abilities
• Constant need for admiration
• Disregard for the needs of others
• Sense of entitlement
• High sensitivity to criticism
• Lack of empathy

Continued on page 4

Student Development – Students!

Would you like to become more involved with NVLPC? We’re looking for a student development chair for the board. Additionally, we’re hoping to engage with your schools and are looking for student liaisons.

Interested? Please contact our Membership Director, Marie Harris, at membership@nvlpc.org.

If you’d like to become involved in another way, contact our Vice-President, Dr. Lenese Stephens at vicepresident@nvlpc.org. Most positions are open to student members. It’s a great way to get involved!
Helping Clients Recognize Narcissism continued from page 4

In addition to these traits, there are some telltale warning signs to keep an eye out for related to narcissistic behavior.

- **Gaslighting.** Derived from the 1944 movie, *Gaslight* – where the husband attempts to make his wife believe that she is insane – a narcissist will use manipulation to confuse and cause another person to question their own reality, memory, or perception.

- **Flying Monkeys.** In *The Wizard of Oz*, the Wicked Witch uses an army of flying monkeys to accomplish her evil deeds. Likewise, a narcissist will gather their own group of “henchmen” to complete their desired persecution and smear campaigns.

- **Love-bombing.** This term describes the over-the-top strategies used to obtain someone’s trust. These may include lavish gifts, romantic vacations, continuous compliments, and promises of endless love. The giving is only temporary and stops once the goal is met.

- **Refusing Responsibility.** A narcissist will shift blame to cover any notion of personal fault, weakness, or error. To avoid being seen as “human,” they will resort to making excuses and shaming others. “It’s your fault that I forgot – because you didn’t remind me!”

- **Dismissive.** Narcissists think in black and white terms. If you think like they do, you are “right.” If you have a different opinion or thought, you are “wrong.” There is no middle ground. You are expected to adjust your thinking to match their “correct” one.

- **Win/lose Attitude.** Being in a relationship with a narcissist feels somewhat like living a chess game – someone is going to win, and someone is going to lose. And…you will not be the winner. There is little room for discussion or collaboration.

- **Alternate Reality.** If the real-life situation does not fit the narcissist’s desired view, they will make up their own reality. Even if the facts are available to support the truth, it will be denied or brushed aside. “That’s not what happened.” “You’ve got this all wrong.”

- **Sensitive to Confrontation.** Narcissists, when confronted, may throw up their hands and walk out of a room or be passive-aggressive through silence. They may give veiled threats or intimidating glares. You may even hear, “Do you really want to challenge me?”

- **Joking.** Making fun of another, while wrapping it in humor, is a red flag. These statements demean the one on the receiving end, while eliminating all responsibility from the giver. “I was just joking.” “You are so sensitive.”

- **Heavy Agenda.** While there are essential things that we need or want to get done each day, a narcissist will use commanding language to obtain obedience. They will use words like “must,” “better,” “have to,” “should,” and “ought to.”

Recognizing is only the first step to healing. For clients navigating a relationship with a partner exhibiting these behaviors, a few coping mechanisms may help:

- **Avoid Taking it Personally.** When one is on the receiving end of manipulation, deceit, and entitlement, it can feel very personal. It is important to remember that the unhealthy behaviors belong to the narcissist, not their partner.

- **Set Boundaries.** Take some time to consider what you value and then create boundaries to support them. Because narcissists do not like boundaries, be prepared to consistently reinforce your requests. Boundaries are healthy and let others know how you would like to be treated.

Continued on page 6
Helping Clients Recognize Narcissism continued from page 5

- **Advocate for Yourself.** Speak up for what is important to you. For example, “I am happy to listen to you when you speak to me kindly and with respect.” These words enable the narcissist to see that you will no longer allow their unhealthy tactics.

- **Create a Healthy Distance.** Interacting with a narcissist can be exhausting. When possible, try to create space and time between conversations and collaborations. Consider organizing a regular evening out with friends, taking up a new hobby, or joining a group.

Throughout the process of recognition and recovery, it is essential to remind clients **often** of these three key points:

- **You are not crazy.**
- **It is not your fault.**
- **You are not alone.**

For more information, please see these resources.

**Websites:**

- The M3ND Project
- Dr. Ramani
- Surviving Narcissism
- Spin Cycle Coaching
- National Domestic Violence Hotline
- Association for NPD/Psychopathy Survivor Treatment, Research & Education
- Safe Relationships Magazine

**Seeking LPC or LCSW**

Children’s Medical Associates in Alexandria, VA, searching for LPC or LCSW with active Virginia license to provide outpatient pediatric mental health services. Therapist works with team of pediatricians/NPs to develop individualized treatment plans, provide therapy, ensure seamless integration of medical and mental health care.

Please send resume: cmaschedule@aol.com

**Bulletin Board**

Kami Patton, LPC, RPT Provides individual and group supervision for residents working toward licensure. Freedomcounselingcenterva.com Please call 703.828.5526 for more information.
Helping Clients Recognize Narcissism continued from page 6

Books:

- *Healing from Hidden Abuse* – Shannon Thomas
- *Exposing Financial Abuse* – Shannon Thomas
- *The Covert Passive Aggressive Narcissist* – Debbie Mirza
- *Will I Ever Be Good Enough?* – Dr. Karyl McBride
- *Why Does He Do That?* – Lundy Bancroft
- *The Emotionally Destructive Marriage* – Leslie Vernick
- *The Emotionally Destructive Relationship* – Leslie Vernick

Debbie Rackham is a Resident in Counseling, currently working as the Executive Administrator for Northern Virginia Licensed Professional Counselors (NVLPC). Her clinical passion is two-fold: educating and equipping therapists and community leaders in learning to identify narcissistic abuse; and supporting those experiencing the complex trauma associated with Narcissistic Abuse Syndrome.

For article references, please contact the newsletter editor at: newsletter@NVLPC.org.

Calendar Notes

The next Board Meeting will be held via Zoom on Sunday, March 13 at 2:00PM. Board Members, Directors, Committee Chairs and NVLPC Members are welcome. Please RSVP on the NVLPC Website here.

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When A Spouse Comes Out: Understanding Mixed Orientation Marriages

Friday, April 22, 2022 • 10-11:30 am • Zoom Meeting

About the Event: Through a mixture of anecdotes, case studies, and an overview of relevant research, this seminar will enhance participants’ knowledge, understanding, and competence in working with mixed sexual/gender orientation marriages (MOMs) in the therapy office. Topics will take clinicians inside mixed orientation marriages to understand the unique dynamics.

Learning Objectives:

1. Define and describe “mixed orientation marriages”
2. Describe three complicating factors unique to MOMs
3. Discuss options for the individual or couple post-discovery
4. Demonstrate understanding of differences/similarities between a MOM and non-MOM divorce
5. Describe three or more therapist challenges and considerations in working with MOMs

About the Presenter: Kimberly Brooks Mazella LPC is a psychotherapist in private practice in McLean, VA. Since 1990, Kim has worked with mixed sexual/gender orientation marriages (MOMs) to help them navigate their painful new normal, whether it’s making the decision to divorce or to maintain the marriage with new ground rules. Kim is the founder and executive director of the Straightforward Project, a 501(c)3 nonprofit organization established to provide support and resources for people experiencing mixed orientation marriages.

Registration is open! Click HERE to register.  Earn 1.5 Contact Hours for this event.

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.

Northern Virginia Licensed Professional Counselors
PO Box 122, Ashburn, VA 20146 www.nvlpc.org  (703)400-0751

www.nvlpc.org
### NVLPC 2021-2022 Calendar

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting Type</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>9/24/21</td>
<td>Virtual</td>
<td>Erika Neil, LCSW</td>
<td>Havening for Relief and Resilience</td>
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<tr>
<td>10/8/21</td>
<td>Virtual</td>
<td>Dr. Maya Georgieva, LPC</td>
<td>Beyond Words: Bread Therapy for Wellness and Connection</td>
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<td>10/22/21</td>
<td>Virtual</td>
<td>Michelle M. May, LPC, NCC</td>
<td>Helping Clients See: Defense Recognition for Lasting Change</td>
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<tr>
<td>11/12/21</td>
<td>Virtual</td>
<td>Michelle May, LPC, NCC</td>
<td>[Fall Workshop: Finding the Cause: A Clinical Exploration Through Video Tape]</td>
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<td>12/3/21</td>
<td>Virtual</td>
<td>Kathy Matay, Licensed Resident in Counseling</td>
<td>When Your Client Asks: &quot;Why Don’t My Kids Listen to Me?&quot;</td>
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<td>12/17/21</td>
<td>Virtual</td>
<td>Jon Thomas, Ed.D, LPC</td>
<td>Psychedelic Integration Therapy: What You Need to Know</td>
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<td>1/7/22</td>
<td>Virtual</td>
<td>Dr. Amy Fortney Parks, LPC, ACS</td>
<td>Finding Supervision and Being a Super Resident in Counseling!</td>
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<td>1/28 - 1/30/22</td>
<td>Virtual</td>
<td>Sharon Watson, LPC, LMFT, LSATP, NCC, ACS</td>
<td>Clinical Supervision Training: 3-day event</td>
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<tr>
<td>2/11/22</td>
<td>Virtual</td>
<td>Andrew Colsky, JD, LLM, LPC, CCATP, CCTP-II</td>
<td>Obsessive Compulsive Disorder (OCD) Diagnosis and Treatment Tips for the General Practitioner</td>
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<td>2/25/21</td>
<td>Virtual</td>
<td>Laura Winkler, LPC, CTTCC</td>
<td>Navigating Change in the Workplace: Strategies &amp; Resources that Best Support Career Changers</td>
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<td>3/11/22</td>
<td>Virtual</td>
<td>Anne Beverly, LPC</td>
<td>Intuitive Eating</td>
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<td>3/25/22</td>
<td>Virtual</td>
<td>Michelle Kauble, LPC</td>
<td>Avoiding Burnout: Documentation Shortcuts to Cool Down and Re-ignite Your Passion</td>
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<td>4/8/22</td>
<td>Virtual</td>
<td>Dr. Mary Alice Fisher, PhD</td>
<td>Spring Workshop: Providing Continuity of Care – Ethical Resources and Professional Wills</td>
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<tr>
<td>4/22/22</td>
<td>Virtual</td>
<td>Kimberly Brooks Mazella, LPC</td>
<td>When a Spouse Comes Out: Understanding Mixed Orientation Marriages</td>
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<tr>
<td>5/6/22</td>
<td>Virtual</td>
<td>Annetta Benjamin, LPC, NCC, Clinical Supervisor</td>
<td>Toxic Family: A Bipolar Perspective</td>
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Our team is working to finalize details with presenters for some spring events. As information becomes available, it will be provided through future newsletters and the website. Please refer to the Community Calendar Page of the website for up-to-date details and registration information.

### Resources for Members

NVLPC hosts an email group / listserv just for members who are current in their paid membership. Request to join our NVLPC listserv [here](mailto:). Looking for support, camaraderie, and connection with fellow therapists? Consider joining a Peer Support Group. Sign up [here](mailto:).

Additional resources available under “For Members” on the website.

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**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 (May), please send content to [newsletter@nvlpc.org](mailto:news) by April 15.
About the Workshop:
This interactive workshop for mental health professionals will help participants consider ways of protecting continuity of care throughout the clinical relationship. In addition to providing therapy clients with appropriate clinical care, it can be important to bring ethics-based forethought at the beginning of the relationship and throughout. This includes being prepared for potential endings before the relationship ever begins. For example, there will be discussion of how intakes can use the beginning of each relationship as an ethical opportunity to define the relationship and its limits, including client options when the therapist is not available. Similarly, advance planning can be ethically important for preparing a therapist to make appropriate referrals at each phase of the relationship. Finally, a sample “professional will” will be used to help participants think through the advance decision-making that must be involved in creating a plan to protect clients in the event of unexpected clinician absence.

Yearly membership meeting held between sessions from 10-11:00 am.

Learning Objectives:
● Name two early actions that can prepare you to protect continuity of care
● Describe how intakes and referrals can be important for continuity of care
● Explain the ethical importance of a "professional will"

About the Presenter:
Mary Alice Fisher, Ph.D. is the Founding Director of the Center for Ethical Practice and a member of the adjunct faculty at the University of Virginia program in clinical and school psychology. For over 30 years, Dr. Fisher has been providing training and consultation on topics related to ethical issues in clinical practice. In 2016, the American Psychological Association (APA) recognized her accomplishments with an Ethics Educator Award for outstanding contributions to the profession of psychology through ethics education activities. She has authored numerous articles and book chapters. Her second book, published by APA Press, is a desk manual for providers of mental health services, Confidentiality Limits in Psychotherapy: ✔ Ethics Checklists for Mental Health Professionals.

Registration Cost

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Register for the Spring Workshop at [HERE](https://www.nvlpc.org/events/event_list.asp) or go to [https://www.nvlpc.org/events/event_list.asp](https://www.nvlpc.org/events/event_list.asp).

Membership information is available at [NVLPC.org](http://www.nvlpc.org)  
PO Box 122 Ashburn, VA 20146

Contact: [Events@nvlpc.org](mailto: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.
Northern Virginia Licensed Professional Counselor
$1000 / $500 Student Scholarship Essay Contest

Northern Virginia Licensed Professional Counselors (NVLPC) is offering two Student Scholarships to be awarded at the General Membership Meeting in the spring of 2022. Scholarship winners must be active student members of NVLPC and currently enrolled in a counseling program.

Eligibility Criteria

- Active membership in NVLPC
- Currently enrolled in a master's or doctoral counseling program verified by enrollment documents, such as, an official/unofficial transcript or proof of enrollment from the admissions department
- Submission of 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 which interests you. Include an introduction of the topic, explain your interest and how you hope to apply that interest to your career goals in counseling. For example: my topic could be about the healing aspects of owning a dog. My interest would describe what I’ve observed in how dogs heal hurts in humans. In conclusion, I would discuss the desire to do pet therapy with my future clients. Look for examples in the 2021 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. The 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 with the essay by email, no later than March 23, 2022 (midnight).

Contact Debbie Rackham at executiveadmin@nvlpc.org for questions and submission of your application, including all required documents.

A scholarship committee will review submitted applications based on the following rubric:

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

Completed applications should be submitted to Debbie Rackham at executiveadmin@nvlpc.org.
APPLICATION IS DUE: March 23, 2022 (by midnight)
Northern Virginia Licensed Professional Counselors (NVLPC) is offering two Student Scholarships which will be awarded at the General Membership Meeting in the spring.

Please complete the following application; submit it with a copy of your college/university transcript (unofficial/official) and essay.

Please submit application, transcript (official/unofficial) and essay to Debbie Rackham at executiveadmin@nvlpco.org by the Deadline Date of March 23, 2022.
New NVLPC Board Members

The NVLPC board is pleased to welcome Shana Storms as Treasurer and Sharon Watson as Education/Advocacy Director. We thank them for their time and commitment to the Northern Virginia counseling community.

SHANA STORMS, LPC, LSATP, ICGC

Professional Background: For the past 12 years of my experience in the field, I have specialized my skills in working with the addiction population. During those years, I have had great opportunities work in various levels of care which has expanded my knowledge.

Why you chose to volunteer: I chose to volunteer at NVLPC to give back. The NVLPC community provided me with support and expertise as I worked my way through the licensure process.

A word of advice for newcomers to the counseling field: Be open minded. Give everyone a chance and think it through. Clients are all different shapes and sizes; so are clinicians. Be open!

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

Professional Background: I started my career in mental health in 1991, spending 11 years at the Fairfax CSB working with adults in several levels of care. After taking a break to live overseas, I returned to work at the Fairfax CSB for another 7 years, retiring in 2013. I concurrently led parenting groups for In Step for 12 years. I have supervised residents since becoming licensed in 1994 and have continued supervising and presenting my Clinical Supervision Training since retiring.

Why you chose to volunteer with NVLPC: I started volunteering for NVLPC over 10 years ago to make connections with other counselors. One of my early goals was supporting residents, so I started leading the Resident Support Group, and soon after added on the role of Supervision Chair, which I’ve held ever since. That position has led to my writing the Supervision Corner articles for our newsletter. I volunteered as the Education Director for a few years, and now again as the newly titled Advocacy and Education Director, with the continued goal of promoting the understanding of the Virginia regulations, as well as my goal of advocating for our professional standing as counselors, not only in Virginia but across the US.

What do you enjoy doing in your free time: My spare time is filled with spending time with my family (2 daughters and 5 grandchildren), my friends, volunteering for local projects, and travel, which I hope to do again, especially having the opportunity to scuba dive and take underwater photos. I’ve also been a calligrapher and artist for over 50 years, which I did professionally for many years and again now, participating in local craft and art shows.

Are you inspired to join a team of dedicated, caring, and enthusiastic NVLPC volunteers? NVLPC currently has a Secretary position open on the Board, as well as several other ways to get involved by helping with events, student development, and more. Please contact Dr. Lenese Stephens to inquire: vicepresident@nvlpc.org.
The Supervision Corner

BY SHARON WATSON – Supervision Chair – supervision@nvlpco.org

Can you believe it? Regulations can actually be changed by petition!

The following is important information for CSACS and their Supervisors.

It came to my attention that there was at least one CSAC who appeared to be functioning independently. I contacted the Enforcement Division of the Board of Health Professions so they could pursue what I found, but nothing seemed to come of that. After re-reading the CSAC regulations, as well as the Guidance Document outlining the differences in practice allowances for CSAC and LSATP, I felt it was unclear that independent practice is not allowed for a CSAC and could be easily misunderstood.

So, on 7/9/20 I submitted a petition to the Board of Counseling to clarify the CSAC regulations that: 1) a CSAC may not function independently/autonomously, 2) may not bill for services and collect payments directly from their clients, and 3) must function under direct supervision, with client payments going directly to a supervisor if they are in private practice (not employed). After the comment period for my petition ended, I saw that on 11/6/20, the Board of Counseling decided to “Take no action.”

I was disappointed and didn’t read further. I now know I should have continued reading because the Board did decide to refer the issue to their Regulation Committee. I recently received a notification from the Townhall that on 12/2/21 the Board was able to implement the proposed clarification in the CSCA regulation after the Governor’s review and agreement:

At its meeting in November of 2020, the Board decided not to initiate rulemaking in response to a petition from Sharon Watson on more specificity about independent practice by certified substance abuse counselors. However, the Board did refer the issue of practice by certified substance abuse counselors to the Regulation Committee for possible development of guidance to clarify the law and regulation. At its meeting in February of 2021, the Committee… recommended that additional language in regulation similar to the regulation for counseling residents was necessary to clarify that independent, autonomous practice is not permitted, and CSACs are not allowed to bill independently for their services.

Since CSACs are prohibited from practicing autonomously, they should not represent themselves as independent practitioners to the general public. That includes direct billing for their services. All practice is required to be under supervision, and billing should be through the supervising practitioner so it is clear that a CSAC is a person who practices under that person’s supervision.

Since supervision has been required by law and regulation, a CSAC should not have been independently billing.

My hope is that the current regulations for CSAC dated 8/18/21 will soon be updated to reflect the proposed and accepted changes which are the underlined portions below:

Proposed Text

18VAC115-30-60 Experience requirements for substance abuse counselors

B. Experience requirements.

5. During the supervised experience, supervisees shall use their names and the title “supervisee” in all written communications. Clients shall be informed in writing of the supervisee’s status and the supervisor’s name, professional address, and phone

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number. Supervisees shall not directly bill for their services or represent themselves as independent or autonomous practitioners.

18VAC115-30-140 Standards of practice
A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.
B. Persons certified by the board shall:
9. Practice under supervision as specified in § 54.1-3507.1 of the Code of Virginia. Substance abuse counselors shall not directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners.

If you know of any CSACs who are practicing independently without supervision, please let them know about this regulation clarification and possible risk of Board of Health Professions disciplinary action. The bigger lesson is that even one person's efforts and advocacy can effect change!

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 topic related to the Board of Counseling regulations for licenses and certifications with regards to supervision and residency. You can email me at supervision@nvlpc.org.