Letter from our President-Elect

BY DR. LENESE N. STEPHENS, EDD, LPC, LCPC, MAC, NCC, ACS, BC-TMH
– NVLPC President-Elect – vicepresident@nvlpc.org

Transitions

My, does time fly when you are having fun (smile)!

What’s the meaning of transition?

change = new faces = new experiences = new ideas, and much more

But it can also include unexpected stress. We all have dealt with transitions over the past 2 years, and we are entering into another phase of transition as we semi-exit the ongoing pandemic and people return to their identified work environments. I, too, am in the stage of transition, as I enter into a new leadership role as the President of NVLPC. It does come with mixed feelings and emotions of fear, nervousness and excitement, but mostly gratitude to exercise my leadership skills and to further the advancement of the counseling profession.

During Dr. James’ tenure, she navigated NVLPC through the change from in-person to virtual contact, solidified NVLPC as the state chapter representation for AMHCA, and furthered the initiative of the Interstate Compact to include Virginia. I aim to add to these growing changes Dr. James has begun, and with the support of the executive board, the upcoming year holds great hopes and new endeavors.

As I transition out of the role of Vice President, I’d like to welcome into the position our new VP, Dr. Deeba Khumar, who is eager to also demonstrate and enhance her leadership skills. I aim to support her through this transition and share with her the great things NVLPC has to offer and various ways her energy can be used to further NVLPC’s mission.

I look forward to serving you all in the upcoming year. Feel free to contact me with any questions, ideas, or comments you may have.
Letter from our Past President

BY SARAH KT KEELY, LPC – Outgoing Past-President – pastpresident@nvlpc.org

In the summer of 2017, I responded to an email blast from NVLPC asking for candidates to be the Vice-President of the board. I’d been looking for ways of getting more involved and thought, “Sure, I could do that,” and emailed the incoming President Rene Smith. A few weeks later, following an election conducted via email, I was sitting at the home of the Past President, Sandra Molle, participating in the annual board retreat. So began my journey on the board, and what a journey it’s been!

A lot happened over the course of the past 5 years. COVID prompted us to move our seminars online and to hire someone to coordinate that. Doing so led us to increase our administrative support overall by developing the position of Executive Administrator. Under the leadership of our outgoing President Dr. Faith James, we launched our new website. Working together, the board responded to challenges and opportunities with respect, good humor, and care for one another.

This is an amazing organization. I have felt truly blessed to be a part of it, to support a community which supports all of us. More than ever, our profession is carrying the weight of our society’s emotional and psychological pain. More than ever, we need to depend on one another; participation in NVLPC is an important part of how we do that.

As I come to the end of my tenure on the board, I feel deep gratitude and appreciation for my experience working with such an amazing, committed group of people, and for our community at large. I look forward to seeing what the future holds, and I know that we’re in good hands with the incoming leadership under Dr. Lenese Stephens and Dr. Deeba Khumar-Chadha.

Blessings,
Sarah KT Keely, LPC
Outgoing Past-President, NVLPC

Join us!
Would you like to get involved in NVLPC?

The following volunteer opportunities are available. Students welcome:

Newsletter Editor: Enjoy sharing information with colleagues? We are seeking a detail-oriented volunteer to coordinate our bi-monthly newsletter. Contact: vicepresident@nvlpc.org

Membership Director: In this fun volunteer position, you will help us maintain our member database and spread the word about the great benefits of NVLPC! Contact: vicepresident@nvlpc.org

Student Development Chair: A great opportunity for students or those who love to encourage students. Contact: vicepresident@nvlpc.org

Speakers: Please share your expertise with your colleagues! We are recruiting for the September 2022 - June 2023 lineup of speakers. (Students may co-present with a master's level clinician) Contact: events@nvlpc.org

Newsletter articles: All members and interested non-members in the counseling community are invited to submit 700-900-word articles for publication in our bi-monthly newsletter. Contact: newsletter@nvlpc.org

Mclean Furnished Office For Rent


1313 Vincent Place
(across from Post Office off Elm Street)

Please call Sandy at 703.346.7065. SandyMalawer@msn.com

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Earlier this month, I was asked to post a comment to the Virginia Regulatory town hall. The topic: support or oppose regulation changes related to graduates from CACREP programs. This initiative was in response to the Board of Counseling’s review and expansion of the guidelines for practice if a person does not graduate from a CACREP approved program.

A counselor can still practice after their application is reviewed and if they show that they either have a license in good standing from another state where they actively practiced for 2 years or if they can show that they have an active license (they don’t have to have actively practiced just have held an unrestricted license) for 7-10 years- proposed. Let me stipulate that I do support the Board requiring a student to attend a program that has some form of accreditation because this supports the rigor of our license. I have no dispute with that part. However, as I read this proposed guidance, I thought to myself: If Virginia was on board with the Counseling Compact, we may not have these issues. The Compact promises to have a regulatory board that evaluates that a counselor has met baseline, agreed upon requirements and they need NOT go through more evaluation, outside of a criminal background check, which makes perfect sense to me.

One thing this pandemic has shown is that we can do our jobs most effectively in a virtual way, as well as in person. As a clinician that practices in a hybrid fashion, I believe strongly that I meet the needs of my clients by offering both therapeutic modalities. Just this past Friday, I was in the NVLPC spring workshop and a counselor asked, “What are my ethical guidelines for seeing a client that is a Virginia resident, but because of work spends 90% of their time in Washington, DC?” As it stands now, the counselor must either be licensed in Washington, DC, or the person should come back to Virginia for their session. How different would things be if the counselor could simply submit their credentials to the Board in DC and receive reciprocity to practice? I am aware that this means collaboration by adjoining jurisdictions, but this is already happening. Virginia is trying, but needs more support.

Many counselors, myself included, have clients who have now crossed into other states for work or life changes. I recently submitted my application to the Maryland board in order to further support my Tricare clients. I have to: re-verify my education, obtain fingerprints, obtain 3 clinical references, and a reference who has supervised me in the past, and that is with a license (held over a decade) and graduation from a CACREP program. Whew! All this to remain relevant with clients who want to use their insurance benefits. While I realize that I can choose to not work with managed care for my work, I feel that this creates a marginalized quality to the practice of counseling. The Compact would allow for more people to be serviced who may be transitioning for different reasons and may still wish to continue with their therapist, at least until they can obtain another one in their new jurisdiction.

This also allows flexibility for therapists to work in other jurisdictions to continue to support their families. Finally, as a person who works with a significant military population, I also see the added value for military spouses who move around with their service member. This Compact adds a layer of protection for them so that they can continue to work and obtain residency hours if necessary.

The time has come for the counselor voice to be heard on this matter. Please make sure that you utilize every opportunity to support this initiative.

Thank you, Faith
Congratulations 2022 NVLPC Scholarship Winners!

BY SHARON WATSON – Advocacy and Education Director – eddirector@nvlpc.org

NVLPC is committed to supporting our profession, and with the goal of encouraging future practitioners in the counseling field, has proudly offered a $1000 scholarship for a masters-level student since 2012. However, this year, in further support of our goal, the NVLPC Board voted to approve a second scholarship of $500.

This year we had six graduate students apply for the scholarship. Applicants were asked to write a 600-word essay about a topic of interest, including their experiences of any personal pain, challenges, or difficult situations that led to their topic. The students were also asked to include an explanation of how they hope to apply their experience to their career goals and how they plan to make a difference in the counseling field. Thank you to the students who spent the time completing the application and writing such excellent essays. Thank you, as well, to the NVLPC volunteers who read and scored the essays.

Our first-place winner is Lauren Furtner, who will receive a $1,000 scholarship. Our second-place winner is Cindy Wallace, who will receive a $500 scholarship. Four runner-up winners will receive one free NVLPC breakfast event admission during the 2022-2023 year.

FIRST PLACE WINNER: Lauren Furtner is a second-year clinical mental health counseling student at Adler University. Here is a little more about Lauren in her own words: Since graduating from Virginia Tech with my bachelor’s degree, I received the training and credentials to work as a child life specialist. I have been working in hospitals for the past six years, and currently with patients who have received liver and/or bowel transplants. My work as a child life specialist inspired me to pursue graduate school. I hope to continue to work with hospitalized children and those impacted by chronic illness in my future career as a counselor. In my spare time, I enjoy spending time with my family and friends.

I hear all the time, “I cannot believe you work with sick kids. I could never do that”. I reflect on this statement often, but I have found a passion and calling with this population. For the past seven years, I have worked with hospitalized children as a certified child life specialist. I have been trained to understand the developmental impact of illness and injury. But I have realized, my role’s reach can only go so far, and there is a lack of mental health resources within hospitals.

In my current job, I help patients and their families cope with the stress and uncertainty of hospitalizations. I have been trained to understand the developmental impact of illness and injury. But I have realized, my role’s reach can only go so far, and there is a lack of mental health resources within hospitals.

Right now, I work in a pediatric transplant unit. Studies have documented transplant patients show increased levels of post-traumatic stress in comparison to the general population (Penner et.al., 2021). Moreover, for these patients, the overall risk of psychological impact is higher as well. However, it can be an issue to find mental health professionals with experience working with patients who are chronically, medically ill (Thomson et.al., 2018). I am optimistic my time within the hospital will provide me with the needed medical understanding and tools to bridge this gap. Alongside completing my graduate school education and clinical training, the ability to help address the unique mental health needs of these children.

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I hope my future reach can not only be with hospitalized children, but also their parents. Within graduate school, one of my current courses is working on a social justice project. I have chosen to address hospitalized parental mental health needs. I aim to find resources, referrals, as well as work alongside parents on a parent advisory council, to understand the missing pieces. Outside of this, I am fortunate to also be drafting a group for parents of transplant recipients. As a future counselor, I desire to continue both projects and see the implementation of this group.

If I learned anything from working in the hospital, it is to be adaptable and that I cannot predict the future. No matter what next steps my schooling or training takes me, I hope it will continue to lead me to be a counselor with this population. I cannot imagine anything else. I am excited for my future and will continue to learn and grow within my education, but also through the

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Toxic Family: A Bipolar Client with Spouse Perspective

Friday, May 6, 2022 • 10-11:30 am • Zoom Webinar

About the Event: In this presentation, you will learn tools, techniques, and concepts on how to deal with toxic family behaviors from a bipolar perspective. The presenters will include a trained LPC alongside a client and spouse team who have mastered the art of coping and dealing with toxic family behaviors. Unique perspectives will be shared by the counselor, client, and spouse.

Learning Objectives:
1. Identify how individuals can support family members with an illness developed from toxic family behaviors
2. Identify how to set boundaries with toxic behaviors
3. Identify how family members can help alleviate toxic behaviors
4. Identify how to implement strategies with people who exhibit toxic behaviors

About the Presenters: Annetta Benjamin obtained her Master’s degree in Pastoral Counseling from Marymount University in Arlington, Virginia. In addition to being an LPC, Mrs. Benjamin is a Clinical Supervisor and Life Coach. She has been in private practice at Benjamin Counseling Center, LLC for ten years. Mrs. Benjamin specializes in counseling children, adolescents, and young adults struggling with issues related to behavior, academics, self-esteem, coping, communication, bereavement, eating, and anger.

Mrs. Jodie Hansohn and Mr. Chuck Hansohn will be providing personal experiences and adding increased depth to this seminar.

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

Contact: Janell Johnson, Events@nvlpc.org or Executiveadmin@nvlpc.org

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.
children I see. I am indebted to the lessons they have taught me and the smiles, laughter, and joy they have brought into my life.

**SECOND PLACE WINNER:** Cindy Wallace is currently in the Master of Education in Clinical Mental Health Counseling program with a specialty in Military and Veterans Counseling at William & Mary. Rev. Wallace serves as the Mental Health Chaplain at the Washington, D.C. VA Medical Center where she has worked since 2019. She has been a chaplain for 19 years, working in medical centers, hospice and palliative care, and for the last seven years in mental health. Rev. Wallace achieved her Doctor of Ministry degree from Columbia Theological Seminary, a Master of Divinity from Truett Theological Seminary at Baylor University, and is ordained and endorsed through the Cooperative Baptist Fellowship. She has specialty certifications in Suicide Prevention, Certification in Critical Incident Stress Management, and is a Certified Grief Professional. She is married to Robert Wallace and has two young adult sons, Daniel, and Thomas. They live in Northern Virginia with Molly, their very loved dog.

The May 19, 2021, edition of Scientific American proclaimed “Covid has put the world at risk of prolonged grief disorder.” (Courage, 2021) In the last two years, grief has been the topic of numerous television series from Marvel's Wandavision, and Star Trek's Discovery, to Ricky Gervais' 3 season series Afterlife. It seems the COVID-19 pandemic has brought the topic of grief front and center in a nation where over one million people have died in the wake of this virus. Recent research shows that people grieving COVID-19 related deaths are reporting more severe grief symptoms than people grieving losses due to natural causes. (Eisma, et al., 2021, p.55). COVID deaths are often traumatic with people suffering and struggling to breathe, having limited or no contact with family before or during the dying process, and for many, the inability to gather with family for a memorial service or funeral rite. (Courage, 2021) This level of stress and grief can increase suicidality and substance use and cause lingering symptoms of psychological and physical distress. (Courage, 2021)

For the last two years I have facilitated grief groups for veterans at the Washington DC VA Medical Center. I serve as the mental health chaplain and am a certified grief specialist. I spent seven and a half years as a hospice chaplain and bereavement coordinator and researched death, dying and bereavement for my doctoral project. What I have seen in the last two years at the VA is a constant cycle of complex, traumatic grief and not enough counselors, social workers, or psychologists with experience in grief counseling to support them all. I regularly receive referrals from psychologists, social workers and other licensed counselors who state they do not have adequate training in grief therapy to support their clients. I facilitate a 4-week grief group every other month to get them started on their journey of grief and a monthly drop-in group for follow-up. I am referring people to hospice agencies and churches for other grief groups, but most places offering individual counseling have 3-4 month waiting list.

Grief counseling is not a requirement in accredited core counseling curriculum and several studies suggest that most counseling students receive little, if any, training in grief. (Ober, et al, 2012, p. 150) Research also states that counselors who complete a course on grief still feel inadequate in their ability to implement skills to aid in grief therapy. (Linich, 2013, p.4) The pandemic has left us with struggling clients waiting for sometimes four months to see a counselor. Historically disadvantaged communities who were hit the hardest by the pandemic often have limited access to mental health care. (Courage, 2021) Robert Neimeyer stated, “This pandemic of grief is one for which there is no vaccine.” (Courage, 2021)
## NVLPC 2021-2022 Calendar

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<tr>
<th>Date</th>
<th>Meeting Type</th>
<th>Speakers</th>
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<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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<td>11/12/21</td>
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<td>12/3/21</td>
<td>Virtual</td>
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<td>12/17/21</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 Supervised Resident in Counseling!</td>
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<tr>
<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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<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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<td>5/20/22</td>
<td>Virtual</td>
<td>Megan MacCutcheon, LPC, PMH-C</td>
<td>Perinatal Mood &amp; Anxiety Disorders</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.

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### 2022 NVLPC Scholarship Winners

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My passion for grief therapy is the result of my personal journey of multiple losses throughout my life. My father’s death almost 20 years ago was the event that guided me into my career in chaplaincy. As I learn and grow through my counseling degree, my grief training for my specialty certificate, and my work through the VA, I continue to see the importance of companioning others on their grief journey. Grief therapy helps heal the loss of meaningful attachments while finding meaning and purpose to move forward. I am excited to weave together my experiences into the provision of grief care as a licensed counselor. My hope is to bring my unique skills to a practice and expand their reach to the community of people experiencing prolonged grief disorder as the result of traumatic losses.

To obtain a list of references from the student essays, please contact the Newsletter Editor at newsletter@nvlp.org.
The Benefits of Membership in Northern Virginia Licensed Professional Counselors (NVLPC)
A State Chapter of AMHCA

BY MARIE HARRIS, MS, LPC – Membership Director – membership@nvlpc.org

Over the last 30 years, NVLPC has increased to 300+ members and continues to expand. We are excited to now be a State Chapter of AMHCA. Our organization consists of graduate students, mental health professionals, and others in the field, representing established private practices and adjunct public entities. We are a local non-profit organization, committed to the mental health profession and needs of the community. We support and empower graduate counseling students and professionals through advocacy, educational presentations, workshops, and networking events.

NVLPC guiding principles:

• ENGAGE by facilitating a networking system for members to develop collegial relationships in order to share information and ideas.

• ENHANCE our professional and ethical competence by promoting and providing high quality and affordable continuing education for the benefit of clients. ENCOURAGE by providing guidance to counseling students and residents as they transition toward licensure.

• ENLIGHTEN by increasing public recognition of the counseling profession and by collaborating with other professional organizations as they advocate for issues and legislation that impacts us.

We address diverse counselor concerns and professional development. NVLPC provides needed resources for graduate students and Residents in Counseling, as they navigate new challenges in their careers. The Resident in Counseling Support Group meets monthly, providing an opportunity for students and residents to share information about licensure requirements, discuss how to find a supervisor, and prepare for the licensure exam. Many have expressed how helpful this was in passing the NCMHCE.

Special workshops, trainings and seminars are offered as extended opportunities to acquire specific knowledge and skill development. Topics are relevant to areas of professional development and current clinical issues. Attendees are able to receive Continuing Education Units, and these events provide opportunities for networking.

Our listserv allows NVLPC members to network within NVLPC and provides a platform for discussions about professional issues and current events affecting our local communities. This is a great way to reach out for assistance and even promote events.

Legislative advocacy through NVLPC increases public recognition and the professional identity of the counseling profession. This begins with disseminating information from state and national organizations. This information is usually time specific to legislation or policy issues in the State of Virginia and/or Federal Government. NVLPC helps our members have a voice on local, state and national levels regarding licensing matters, new laws and regulations, as well as influencing legislation at the grass-roots level. Examples of specific issues which NVLPC members have positively impacted include: advocating for legislation on Medicare inclusion of Masters-level clinicians, managed care accountability, and adherence to Fair Business Practices.

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The Supervision Corner

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

These are a few of the recent questions I’ve received and answered as Supervision Chair. I’m sharing them in hopes they’ll answer similar questions other Residents and Supervisors might have:

**QUESTION:** According to the LPC Handbook, Residents have 4 years to complete their residency, but 6 years to pass their exam. Why don’t these line up? If the Resident doesn’t pass their exam in 4 years, then they would be unable to practice for the next 2 years but still be able to take the exam. Is that correct?

This question requires a 2-part answer. First, the Virginia Board of Counseling (the Board) is taking into consideration “life” and things that can lengthen or curtail a residency for a period of time such as a job loss, pregnancy, leave of absence, or failing the NCMHCE exam (which can only be taken every 90 days). During these periods, the Resident would not be counseling and therefore would not need supervision (supervision hours can only be accrued when concurrent with a Resident’s counseling work). In the past, Residents could write to the Board to request an extension past 4 years to complete their residency, however now, according to the Licensure Process Handbook “The resident license will expire annually in the month the resident license was initially issued and may be renewed up to five times”. So, it’s not clear if a letter is still required, but it does confirm the residency can be extended to 6 years.

Second, the question implies that the Resident has finished their 200 hours of supervision and is then taking the exam. However, a Resident must still stay under supervision past those 200 hours if they have not passed the exam AND been notified by the Board they are licensed. If a Resident is in an exempt setting this doesn’t apply because they are not required to have Board approved supervision, so they can simply continue working. However, if they are working in a non-exempt setting, they must continue supervision and if paying out of pocket, would have to continue doing so. That’s why I advise everyone, including students still in grad school, to take the NCMHCE ASAP to avoid any last-minute crunch. As a Supervisor you also may want to recommend this so you’re not required to continue supervision past 200 hours. The Licensure Process Handbook states: “Residents providing clinical counseling services in a non-exempt setting must remain in residency by holding a current active License as a Resident in Counseling and practicing under supervision until the resident has passed the licensure examination and been granted a license as a professional counselor (LPC).”

**QUESTION:** I have a prospective Resident who just moved here from out-of-state. She has obtained her MA in Counseling, but her program did not include a course on Addictions. Is there a chance that the Board would approve her Residency without this one course?

In the past, if a student finished a master’s program, they could still become a supervisee (old terminology) and complete the additional required courses while under supervision. But now, Board approval would be required for her to start residency before taking that additional class, and not something we can determine in advance. However, recently, the Board added an option that is very helpful and solves this problem: a prospective Resident can first check if they fulfill the education requirements without completing the more onerous application for residency. This will let her know in advance what will be required. To access that form, go to “Applications” on the left side of the main page of the Board of Counseling website and click on LPC and right below the 3 yellow boxes you’ll see the form. Here’s the link: Application Packet for Pre-Review of Education toward LPC Licensure

The Benefits of Membership

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Currently, we encourage you to contact your two Senators and your Congressional Member in the House of Representatives, to express your support for the Mental Health Access Improvement Act.

Virginia Senators:

Mark R. Warner (D)
703 Hart Senate Office Building
Washington DC 20510
(202) 224-2023

Tim Kaine (D)
231 Russell Senate Office Building
Washington DC 20510
(202) 224-4024

You may choose to serve and give back to the organization and community through serving in on the NVLPC Board or other volunteer position. This is an excellent way to network with other LPCs, and use your skills in an organization dedicated to Northern Virginia LPCs. Reach out to us via email at: executiveadmin@nvlpc.org. NVLPC openly listens and appreciates all recommendations. We would love to hear from you and receive your ideas and contributions. We welcome you and invite you to join us in this great cause.

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QUESTION: Did the Board remove the Supervisor registration form (what a Resident fills out to have a Supervisor approved)?

The Board did delete that form because the procedure for a residency has now changed. Currently, a Resident must apply for residency on a form on which they must list the name and information of the Supervisor with whom they have ALREADY signed a contract, and on which they must list the location where they have ALREADY found work. After that, if a Supervisor is added or changed, nothing needs to be sent to the Board. All that's currently required is to sign a contract with the new or added Supervisor (the Board has also deleted the “Add/Change

Perinatal Mood & Anxiety Disorders

Friday, May 20, 2022 • 10-11:30 am • Zoom Webinar

About the Event: The term “perinatal” encompasses all aspects related to bearing children. Perinatal depression affects one in five women during pregnancy and one in seven women postpartum. Less well-known perinatal mental health disorders include perinatal anxiety, OCD, posttraumatic stress disorder, bipolar, and psychosis. Often unrecognized is the fact that these conditions can also affect men. Over 86% of perinatal mood and anxiety disorders are undiagnosed, leaving families to suffer in silence due to disorders that are easily treatable.

Learning Objectives:
1. Gain an overview of Perinatal Mood and Anxiety Disorders (PMADs)
2. Review symptoms, statistics, and risk factors for each diagnosis
3. Increase awareness on how these disorders often go undiagnosed or undertreated
4. Receive interventions and understanding on treatment differences compared to non-perinatal treatment
5. Gather insight into how providers can better screen for these disorders
6. Obtain several resources for families impacted by PMADs

About the Presenter: Megan MacCutcheon is a LPC and Certified Perinatal Mental Health practitioner who helps overwhelmed moms find a sense of balance while raising young children. She loves teaching tools and strategies to help moms de-stress and embrace self-care so they can better navigate challenges associated with parenting. She is passionate about spreading awareness regarding the various and very common perinatal mood and anxiety disorders women can experience, and enjoys supporting moms through healing and finding fulfillment in their journeys.

Registration is open! Click HERE to register. Earn 1.5 Contact Hours for this event.
Contact: Janell Johnson, Events@nvlpc.org or Executiveadmin@nvlpc.org

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

Brickel and Associates, LLC, an expanding trauma-informed practice in Alexandria, VA, is hiring two part-time licensed therapists. For more information, visit https://brickelandassociates.com/about-robyn-brickel-lmft-2015/employment/

Offices & Meeting Space available for sublease at Alive Counseling, LLC in Old Town Alexandria. Fully furnished with ample parking. Please email Janell Johnson, LPC: aliverehabcounseling@gmail.com or 703-646-8806.

The Supervision Corner continued from page 10

Supervisor” form). The contract is NOT to be sent to the Board as that’s no longer required. But remember, both the Supervisor and the Resident should keep a signed contract with original signatures in their records in case of audit by the Board.

**QUESTION:** Have you ever heard anything about NOT being able to “bundle” supervision sessions to sell as a package? Like, buy four sessions and you have six months to use them? I was considering doing that for my Residents who want group supervision, but I heard “bundling and offering a discount” might not be allowed according to boards in other states. Have you heard anything about this in Virginia?

No, I haven’t heard about any restrictions about bundling sessions and there’s nothing in the VA regulations about it, which means we, as Supervisors, can make the decision. I also don’t believe it’s addressed in any of the ethics codes. As an ACS, I reviewed the Approved Clinical Supervisor Code of Ethics since it specifically addresses supervision, and bundling was not discussed (that code can be found here: https://www.cce-global.org/credentialing/acs). So, it appears you’re free to do so, however, I would be cautious about the conditions, meaning I would require that the number of sessions be used within a much shorter time frame, like 4 sessions in 6 or 8 weeks (not six months) if you’re doing group supervision weekly. For monthly meetings, 4 out of 6 would work. You just want to ensure you don’t find yourself with a “group” of only 1 person or a group with more than 6 since that’s the maximum number allowed in group supervision. So I suggest only contracting with 6 people at a time for your group.

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.