The end of the fiscal year is upon us! As we begin to close out business, prepare for summer travels and breaks, let’s extend a heartwarming *thank you* to the NVLPC leadership team that has navigated us through another year filled with advocacy progression, special counseling educational topics, scholarships and much more. I’d like to say *thank you* to Dr. Faith James for her effortless leadership and the team supporting her.

As we begin to transition to new spaces, let’s remember to put these elements, shared through the breakfast seminars, into practice this summer:

- It’s okay to step away from emails/phone calls, etc. Trust me: they’ll be there when you return.
- Asking yourself these questions: (Am I hungry? Do I need to use the restroom? Am I thirsty? And, am I tired?) are still beneficial and needed during our down time.
- Crises (or life stressors) are continually occurring. Reminding ourselves we are okay can suffice.
- Delegating can still be exercised during down time in support of strengthening it futuristically.
- Behavioral changes are constant AND forever changing…both can be true!

Have an amazing summer everyone. I truly look forward to transitioning into being the President of NVLPC. I am truly grateful and excited for the great things that will come to fruition with the exceptional leadership team!

Please feel free to connect with me via email at presidentnvlpc@gmail.com. Let me know how NVLPC can be of greater support to you, or how we can incorporate any counseling education ideas or suggestions you may have.
Letter from our Vice President

DEEBA KHUMAR-CHADHA, ED.D., LPC, NCC – Vice-President – vicepresident@nvlpc.org

It is indeed an honor to serve as the Vice President of NVLPC this year. My fifteen years of association with NVLPC has not only helped me discover the distinct characteristics of NVLPC, but also the inspiration of the members to be part of the organization for life. Over the years, NVLPC has enhanced its services for both licensed and resident counselors, offering professional development guidance and training. NVLPC is well-known as an NBCC Approved Continuing Education Provider. As a member, I had the opportunity to witness the extraordinary ability of the members to selflessly contribute to the welfare of NVLPC by overcoming various challenges – be it financial, technological, interpersonal or political – to keep the organization running smoothly.

The last few years were unexpected as the pandemic drifted us apart as a professional community, impacting social interactions and networking with others – most importantly peer interdependence. Fortunately, we are at that stage of the pandemic where most of the restrictions have been lifted and people are resuming normalcy, which means greater opportunity to be actively involved and return to traditional ways of operating to achieve our goals. The main objective of my service will be to support the vision and mission of NVLPC to enhance the experience of continued education for our counselors of Northern Virginia and increase involvement of members in advocating for the counseling profession. The other goals of my service will include increased participation of Resident Counselors in organizing, planning, and assisting NVLPC events. I would also like to work towards increasing awareness in the community of approved supervision services provided by NVLPC members in the state of Virginia.

I look forward to working with our president and the executive board.

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!

Looking for support, camaraderie, and connection with fellow therapists? Consider joining a Peer Support Group. Sign up here!

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

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When A Spouse Comes Out

BY KIMBERLY BROOKS MAZELLA, LPC

A now-openly gay man, recently separated from his wife of 21 years, struggles with fears of being “a lonely old queen.”

A woman sobs for a full ninety minutes after learning her husband has been having unprotected anonymous sex with men for most of their thirty-year marriage and is now HIV+.

A bisexual wife informs her shattered husband during the therapy session that she’s leaving him for a female coworker and taking the children.

I have seen each of these scenarios in my office just over the past few weeks (details are altered for anonymity). Each one illustrates the unique pain experienced by people whose seemingly traditional heterosexual marriage abruptly falls apart, either through discovery or disclosure. The observations in this article are primarily anecdotal, formed from thirty years of working with clients in mixed-orientation marriages (MOMs), as well as from my own experience as part of a straight spouse community with 2000+ members.

Folks who find themselves in a MOM seek therapy for several reasons. First, the straight spouse might come in alone to deal with the abrupt end of a largely happy marriage. They present with the expected acute distress, compounded by the manner and content of discovery (e.g., stumbling across graphic photos of male genitalia or highly sexual texts with a lover). The realization that their life was not what they thought cuts the straight spouse’s identity to the core. Their distress is further complicated by well-meaning people who encourage the straight spouse to celebrate their partner’s new, authentic LGBTQ life, despite being in the midst of processing their own despair and loss. The experience of disenfranchised grief is an extremely common one for the straight spouse, particularly when their emotions are seen as somehow anti-LGBTQ, whereas in a heterosexual marriage, these same strong feelings would be viewed as a normal response to betrayal and infidelity.

A closeted gay or lesbian spouse typically seeks individual therapy due to a crisis of coming out and accompanying feelings of shame, fear, and guilt. In my experience, the crisis is precipitated by one of two events: For gay men, it is often 1) the death of a parent or significant parental figure, or 2) having developed an emotional connection to another man, sometimes after years of impersonal, anonymous same-sex encounters. For married lesbian women, coming out frequently follows the development of a serious and ongoing romantic attraction to another woman, one which may or may not have yet become sexual.

The formerly closeted spouse is often dismissed as a one-dimensional figure – “narcissist” is an oft-used descriptor – with little attention paid to the painful journey that led them to becoming closeted in the first place, or to their valid fears of what coming out as gay or lesbian may mean for them personally and/or professionally.

Finally, couples in MOMs who seek therapy jointly do so 1) to figure out how to maintain their relationship and accommodate their new reality, or 2) to navigate the dissolution of their marriage. While most MOMs ultimately end in divorce, feelings of genuine love, affection, and friendship often remain. It is profoundly painful for both parties, especially because the ending is usually abrupt and unexpected.

One challenge for therapists doing couples work with MOMs is being able to hold space for the competing truths of both the straight spouse and the LGBTQ spouse. Another is being comfortable exploring non-traditional marriage options, e.g.,

Continued on page 4
Three Interventions to Deal with Toxic Family: A Bipolar Client Perspective

BY JODIE A. HANSOHN

Greetings! My name is Jodie and I have Bipolar, but it does not have me! I am a wife, mother, and an example of success with the Bipolar illness. Through twelve years of counseling and counting, I have been able to manage and live a healthy life with my illness.

My life motto is “No Excuses.” There is no excuse for not taking responsibility for your behaviors or actions. Living by this motto has helped me to manage, cope, and succeed with the Bipolar Illness.

Although I have learned to take accountability for all my actions, I have dealt with family members who not done the same. This has led me to experience toxic family behaviors. Toxic behaviors include actions that are manipulative, inconsistent, judgmental, aggressive, and unapologetic.

There is no excuse, whether one has the Bipolar Illness or not, to let toxic behaviors from others control you. Through counseling and life experiences, I have learned to practice three very important interventions to dealing with toxic family:

First Intervention: Time Management
Practice the use of time management! This allows for you to set boundaries around the time that is spent with toxic family members. Decide the length of time you can tolerate or are willing to give a person. For example, only make yourself available during time frames that are suitable for you and your immediate family.

Use your cell phone
Perhaps instead of feeling the pressure of a family member wanting to talk to you on their terms, you can decide to respond to them by text, to let them know when you will be available. Texting someone instead of answering a call eliminates the stress of hearing the person’s voice or engaging in conflict. In addition, remember that voicemail is also an easy way to filter your calls to prepare yourself for the type of conversation you may need to have.

Determine healthy time limits
Decide how long you want to talk with someone and where the setting will be. Choose a comfortable location, whether public or private, where the person you are meeting will be on their best behavior.

Second Intervention: Assertive Communication
When dealing with toxic family members, learning to say the word “no” couldn't be more important. Saying “no” is a boundary that lets the other person know that they are not in control of you. You have the right to set limits, boundaries, and rules to stop toxic behaviors from controlling your life. Another example of assertive communication is to say, “I'm busy” or “This is not a good time.” This allows for the other person to know that you’re not available. Remember that an explanation is not needed to justify your boundary.

Third Intervention: Supportive Networks
Supportive networks include any relationship or service that is a positive factor for dealing with toxic family members. This can include a positive spouse, sibling, friend, or professional. Supportive networks help you to keep your boundaries and set the tone for a healthy way to live and communicate.
Three Interventions continued from page 4

A supportive spouse
When dealing with toxic family members, using your spouse to help implement your boundaries and rules is positive reinforcement. This shows others with toxic behaviors that the rules are not just your rules; they are the same rules your spouse has. It also shows that you are both on the same page.

Supportive family and friends
Choosing to be around healthy family and friends is important, especially when you have an illness. It is imperative to recognize when relationships are negative, in order to prevent setbacks emotionally and mentally. Supportive family and friends can recognize the difference between a person with a toxic behavior versus the behavior of person with an illness.

Supportive professionals
As a person with bipolar, having supportive professionals – such as a counselor, psychiatrist, nutritionist, and a primary care doctor – is critical to living a healthy life. Consistent counseling is a lifelong necessity. Counseling helps you to learn to manage stress and practice healthy communication skills. This is where tools are found to help you to create a healthy life.

NVLPC would like to thank Mrs. Hansohn for courageously sharing her story, as well as sharing coping strategies gleaned from her life and her experience as a coach. We appreciate this unique opportunity to learn directly from a client. Mrs. Hansohn co-presented, along with Mr. Chuck Hansohn and Annetta Guillen Garcia, LPC, NCC, during one of our spring events. Annetta Guillen Garcia is an LPC, Clinical Supervisor, and Life Coach. She has been in private practice at Benjamin Counseling Center, LLC for ten years.

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

Sharon Watson, LPC, LMFT, LSATP, NCC, ACS
for the 2022

VIRTUAL CLINICAL SUPERVISION TRAINING
on September 23, 24, and 25, 2022
Friday 9 am–5 pm, Saturday 9 am–5 pm, and Sunday 9 am–4 pm

3-Days | 20 CE hours | Including 2 CE hours of Ethics on Day 3
For LPCs, LMFTs, LSATPs & CSACs who plan to supervise residents in Virginia

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

Single or multiple day registration   ☑ NVLPC member discount available

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

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

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

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

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

Full 3-Day Training: $400 for NVLPC members and $450 for non-members
Individual Day(s): $150 for NVLPC members and $175 for non-members

NOTE: Advance registration only. Select either all 3-days or the specific dates for 1 or 2 days

To register go to the NVLPC Events Page

For questions, contact Janell Johnson at workshop@nvlpc.org

Northern Virginia Licensed Professional Counselors
PO Box 122, Ashburn, VA 20146 www.nvlpc.org (703) 493-1121

Stay tuned for more information and updates about this event, but registration is now open!

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.
Professional Wills and Continuity of Care

MARY ALICE FISHER, PH.D., Executive Director, The Center for Ethical Practice

For mental health professionals, the term “continuity of care” can have several different meanings. For those who work within a group practice or agency, the issue may seem taken care of because others in the setting can pick up the ball when you are not available. But even in those settings, other professional issues arise that can affect the colleagues and family of clinicians who are suddenly and unexpectedly unavailable to their clients. In addition, if you leave your job, your employment contract can place limits on whether and how you can maintain contact with your patients.

So how do you define “continuity of care” in your own professional setting? Some think first of the need to provide access to “substitute care” when the primary clinician is not available. This would include something as simple as informing clients about their options for obtaining care during the hours or days when they have no access to you.

Others think of the importance of providing “continuity” by coordinating the interventions in a case where there is more than one helper/provider. For example, in a child therapy case, this could include such things as collaboration among the therapist, parents, medicating pediatrician, teacher, etc. to avoid conflicting goals and to monitor progress.

Another meaning of the term “continuity of care” can focus on transitions and endings: How will the last stage of the counseling relationship prepare the client to move from professional care to self-care? What is the plan for the client after counseling ends? Does the plan require the help of others?

However, one neglected aspect of continuity of care involves creating a “professional will.” That document outlines a plan of care for clients if the counselor becomes unavailable because of illness or death, and it also provides for access to records by clients or former clients for future years, as appropriate.

It is not completely clear why this aspect of care is so often avoided by mental health professionals. For one thing, clinical training has not been emphasizing the importance of the “continuity” that a professional will provides. For another explanation, some look to the tendency of mental health professionals to avoid the stark realities of life and death. Amazingly, a recent survey reflected the fact that when asked about when they planned to retire, a large percentage of therapists said “never.” Yet mental health professionals are very aware that cognitive ability declines with age, and therefore there will come a time when they should retire.

Many clinicians – even those who are otherwise planful – avoid the topic of sudden death or fatal illness. They may even fail to write a personal will or create an advance directive that would help others know their wishes or meet the needs of their minor children. They similarly do not write a “professional will” that will help meet their clients’ needs if they should disappear unexpectedly.

Finally, some counselors simply consider it a daunting task to try to actually create such a document. Writing these things down in a formal way seems too much like unwelcome “homework,” so they avoid tackling the task.

This reluctance is reflected in the topic of an article by Alben & Frankel in which they called professional wills The Ethics Requirement You Haven’t Met. Ethics texts and other articles express similar concern.

Professional ethics codes all require such advance planning. For example, the ACA Ethics Code...
Welcome to the Board
New Communications Director
Cindy Wallace

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 Supervision Corner

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

Be sure to read the information at the end of this article regarding the Counseling Compact and interstate practice.

As a continuation from last newsletter’s edition, here are a few more recent questions and answers:

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**Question:** I completed the supervisor application and was approved by the Virginia Board of counseling so I’m on the supervisor’s list. I have just completed a supervision contract with an applicant who is applying for residency. Do I send the Board a copy of the contract?

Since this is an individual who is applying for residency for the first time, they (not you) are to send in your originally signed contract to the Board. But be sure you each have an originally signed copy of the contract to keep in your files in case of audit. I’m recommending “originally signed” because the Licensure Handbook says: “**NOTE:** Original signatures are required on all forms and applications. Copies and digital signatures will not be accepted.”

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**Question:** Am I right that once I’m approved as a supervisor, there’s really no more I need to do with the board other than providing my resident with quarterlies and the final supervision evaluation?

Right, except in the following circumstances:

1. If you terminate with a resident before they have completed 200 hours of supervision, you must also fill out and retain in your records the Termination of Supervision form; it is not to be submitted but retained in your files in case of audit or a complaint is made against your resident. I recommend that since the form only allows for one signature, **Continued on page 9**
that you as the supervisor fill it out and date it so that you have a record of no longer having vicarious liability for your resident after the date of termination.

2. If there is a period of time during which your resident has more than one supervisor, all the supervisors must note on their respective quarterlies “Yes” where it asks “Are hours duplicated on another form”.

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**Question:** My resident is seeing a client who just graduated from high school and will be going out of state for college. Because her client will continue to have a permanent Virginia address, I told her she can continue seeing her client when she relocates to college. Am I right about this?

No, I’m sorry, but you’re not right. The adage “location, location, location” doesn’t only apply to real-estate. We are only allowed to see clients who are physically “sitting” in the state of Virginia. You may only see a client “sitting” in another state if you are licensed in that state or that state allows it. Although the Virginia Board of Counseling doesn’t regulate counseling clients who are in another state, the Board does suggest that any clinician who plans on doing so should check the requirements of the other state and abide by them. This is on the Board’s homepage: “In response to telehealth, any licensee, including a Licensed Resident in Counseling can practice telehealth within Virginia. If you wish to practice telehealth into another state in which you are not licensed, we advise you to contact that state to determine if their laws and regulations would allow such practice.”

Unfortunately, there now seems to be a misunderstanding about practicing over state lines due to COVID. There has never been reciprocity between any states; however, these boundaries have been in flux because some states have temporarily allowed telehealth over state lines due to the pandemic. The emergency allowances are now being lifted in some states, so it’s important to

Continued on page 10

**DBT Skills Group**
Dealing with Difficult Emotions 101, Falls Church, now enrolling new clients. One evening per week for 6 weeks, $500.
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The Supervision Corner continued from page 9

cHECK the state’s regulations again where your client is “sitting” to see if that state has reverted to
pre-emergency requirements, which would likely mean being licensed in the state in which the
client is “sitting” in order to treat them.

If you choose to treat a client outside of Virginia, it’s important to know that if your client
makes a complaint about you to that state’s Board and you are disciplined in that state, it may
affect your licensure in Virginia.

NOTE: There are several attempts currently in progress to allow practice across state lines
with minimal requirements (meaning not requiring full licensure in another state). One of
these is the Counseling Compact, which states on their website: “The Counseling Compact
is an interstate compact, or a contract among states, allowing professional counselors
licensed and residing in a compact member state to practice in other compact member
states without need for multiple licenses.” Currently, legislation has been enacted in 10 states
(the minimum number required for the Compact) and after the specifics are worked out,
implementation may go into effect by the end of 2022. The legislation is pending in 8 more
states, but failed to pass in 3 states, of which Virginia is one. See the website for a list of the
states that are part of the Compact: counselingcompact.org.

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.