Learning to Dance the EFT Tango with Couples

EMILY M. BROWN, LMFT – Assistant Director of The Washington Baltimore Center for EFT

This past March, my colleague, Michelle Cantrell, LPC, and I presented at an NVLPC training on Emotionally Focused Therapy (EFT) and the EFT Tango. As a Certified EFT Supervisor and Therapist, the Tango has become an essential part of my practice. The EFT Tango is a process model describing the common moves (macro interventions) that the EFT therapist does in session. While the traditional EFT model depicts the change process of our clients, the EFT Tango shows us how we as the therapist help to foster these changes.

If you have ever attended an EFT training, you might be thinking – “More things to memorize?! The model is already so complex!” And I would say to you, “Exactly!” After years of Externships and trainings, model creator Dr. Sue Johnson has seen the need for a simpler way to begin learning EFT. By using the Tango, clinicians can start using EFT sooner in their training and with more confidence. I have found in my own practice that the Tango allows me to stay more attuned with my clients, to explore and allow myself to be more open to the present moment. Instead of holding the entire model in my head, I can focus on these five moves.

We start with Tango Move 1, which is to reflect and distill the present process. In this move, we are looking for the best place to work. The therapist will track and reflect the cycle, while also beginning to find underlying emotion. In an actual session, this can look like one partner sharing a moment of disconnection where they felt fear, sadness, or anger. As we tune into our client’s emotion, we find the place where we need to focus, which in EFT is emotion!!

In Move 2, we assemble the affect and deepen emerging emotions. We help our clients to organize and distill his/her/their inner world in moments of disconnection. For example, we can assemble a client’s sadness by asking specific questions about the emotion –

Continued on page 2
Learning to Dance  Continued from page 1

“Where do you feel sadness in your body? What do you tell yourself as you feel this sadness? What would I see you do with this sadness?” As the emotion becomes organized, we also deepen it with validation and empathy.

Once we have a client’s experience online, we go to Move 3. This move has our client enact this new emotion to his/her/their partner. The Tango calls this a choreographed encounter, designed to make emerging emotion relational. To continue with the example of sadness, I would ask my client to share this sadness with their partner – “How would it be to let your partner see this sadness? Can you turn to him/her/them and share this pain?” As the partner reaches in this vulnerable way, we also help the listening partner to be present and emotionally engaged in the encounter.

Next, we process the encounter through Move 4. During an encounter, our clients vulnerably step out of their negative pattern. It is important to process how this feels to each of them. “How was that to share? How was that to hear yourself say? What are you each feeling on the inside after that important moment?”

Lastly, we go to Move 5 where we integrate and consolidate. “Look at what you just did! That was amazing to turn and share your sadness. It took such courage, and it has changed your steps in the dance.” Our clients need our validation. More importantly, our clients need to know what the heck they are doing! It is in Move 5 that we help our clients grasp the process so that they can integrate it into their relationship.

And then…you do it over and over again! It may sound simple, but these 5 moves in each stage of the EFT model help to guide us as EFT therapists from session to session. As we hold the traditional treatment goals of EFT, the Tango gives us the freedom to stay attuned to our clients and to ourselves as we step into the world of EFT.

Spreading Awareness of Perinatal Mood & Anxiety Disorders

MEGAN MACCUTCHEON, LPC, PMH-C

I had the pleasure of talking about Perinatal Mood & Anxiety Disorders (PMADs) at the NVLPC training event last month. For those of you who were unable to join, I’d like to introduce myself here and explain why I’m so passionate about this topic. Ever since learning about PMADs, I’ve felt compelled to bring awareness to more clinicians regarding common disorders that can occur during and following pregnancy.

My journey to becoming a Certified Perinatal Mental Health Clinician began with my own experience of postpartum anxiety, something I’d never heard of despite being in the field for almost a decade. I knew of postpartum depression, but I wasn’t sad, thus I struggled in silence and rationalized away my symptoms for weeks before they escalated. Eventually, when I started feeling irritable and increasingly overwhelmed by the sound of my kids’ cries, I decided to seek help.

Continued on page 3
Unfortunately, it’s quite common for PMAD indicators to be dismissed, preventing moms from getting treatment. Those who do reach out for help are often met with inadvertent yet damaging dismissal or overreaction to their experiences due to a lack of awareness among providers in both the medical and mental health fields. The unfortunate result is that too many women suffer from symptoms that are actually very treatable.

Statistics show that PMADs are the number one complication in pregnancy and childbirth, making them more common than preeclampsia, gestational diabetes, and preterm labor, some of the more commonly understood conditions during pregnancy. One in approximately six women experiences a PMAD and over 86% are undiagnosed or misdiagnosed due to lack of awareness.

Consider, for example, Melissa’s story: Melissa came to see me after a hospitalization when her baby was just a few months old. Melissa had a relatively normal pregnancy and uncomplicated birth with her first child, but after a few weeks, Melissa began experiencing intrusive and scary thoughts regarding bad things happening to her daughter. As these thoughts increased, Melissa became overwhelmed and horrified that she might actually cause harm to her baby. She feared she was on the verge of losing control and questioned whether she was a threat to her child’s safety.

Melissa first contacted her OB/GYN, who seemed equally concerned and instructed her to go to the emergency room. Wanting to protect her child, Melissa called her husband home from work and headed to the hospital. She hated the idea of separating from her child but felt going to the ER to get help was in her daughter’s best interest.

At the hospital, Melissa was stripped of her own clothing and belongings and was placed on a psychiatric unit. She immediately regretted reaching out for help. She felt like a horrible mother for abandoning her baby and felt trapped somewhere where she was completely out of place among the other patients.

After three stressful days in the hospital, Melissa was released with the instructions to follow up with a therapist. Fortunately, Melissa decided to find someone with a specialty in perinatal issues.

When we met, Melissa explained she’d been diagnosed with Postpartum Depression with Anxious Distress and OCD Personality Disorder. Hearing this misdiagnosis reinforced my disappointment with the lack of awareness in our medical system. Melissa had none of these things. She was initially reluctant to discuss her intrusive thoughts, fearing she’d be sent back to the hospital, but it was immediately apparent that she was dealing with Postpartum OCD, an incredibly common and very treatable condition among new moms.

I helped Melissa to understand that her thoughts were not ones she was ever going to act upon and connected her with a reproductive psychiatrist who got her on a medication that helped lessen her intrusive thoughts. Soon, Melissa was on the path to recovery and began feeling like herself again, able to enjoy motherhood and the connection she had formed with her baby.

While the outcome was ultimately good for Melissa, she, along with countless other women, suffered for longer than necessary and experienced the added burden of a traumatic hospitalization.

While there are some perinatal specifiers in the DSM 5, PMADs are not clearly defined. It’s up to each of us, as providers, to educate ourselves about the various disorders that can emerge or be exacerbated during or following pregnancy so that we don’t inadvertently contribute to another mom receiving suboptimal treatment, suffering for longer than necessary, or missing out on important time with her baby.

Continued on page 4
Summary: NVLPC Survey on Teletherapy

Licensed Professional Counselors (LPCs) in Northern Virginia are nearly unanimous in their endorsement of teletherapy as an effective medium for counseling and psychotherapy according to a recent survey conducted by the Northern Virginia Licensed Professional Counselors (NVLPC). Teletherapy refers to counseling through “video conferencing (video + audio) through Zoom, doxy.me, thera-LINK, iPhone, etc., or telephone only.”

This effort was undertaken by the NVLPC Board of Directors to understand the response to teletherapy. The results will be used to evaluate the ongoing use of teletherapy and develop organizational policies and positions. NVLPC will share the report with concerned health officials, agencies, legislators, and regulators.

The survey sample for this report consists of 164 respondents, all Licensed Professional Counselors (LPCs) in Northern Virginia. All conduct most or all of their counseling sessions through teletherapy.

Highlights from the survey include the following results:

- 99% state that they provide effective counseling services via teletherapy.
- 98% report that their clients see teletherapy as an effective service delivery medium.
- 95% have conducted treatment using only teletherapy.
- 90% of those who have conducted treatment using only teletherapy report that the treatment was effective.
- 71% report an ability to serve diverse and hard-to-reach populations including people with transportation barriers, physical disabilities, and social phobia.
- 61% report an increase in client count since COVID-19 incented teletherapy.

The use of teletherapy in Virginia began abruptly in mid-March as a result of the severity of the COVID-19 pandemic. On March 17, 2020, the Centers for Medicare and Medicaid Services (CMS) announced an emergency change in regulations to provide telemedicine services to beneficiaries that are “…easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.” Insurance carriers and a number of state governments were quick to follow the CMS lead and endorse telehealth, including outpatient psychotherapy, which we refer to as teletherapy. In Virginia, Governor Ralph Northam issued executive orders beginning on April 17, 2020 “expanding the use of telehealth that will assist in the provision of needed health care services to the citizens of the Commonwealth.” Governor Northam signed legislation in November 2020 extending legislation maintaining teletherapy as an acceptable treatment option through July 1, 2021.3

Safety requirements due to the COVID-19 pandemic are the cause of the near universal, ultra-rapid change from in-person treatment to teletherapy in Northern Virginia. Had there been no pandemic, the change would not have occurred. Some of us would use teletherapy on occasion or for special populations while others might read about its increased use and wonder if it would become co-equal with in-person meetings as a service delivery medium. Instead, we were faced with the stark choice of closing our practices entirely or adapting to a readily available medium with which just about everyone has some level of experience – face-to-face video communication for personal and business uses.

We are beyond the first two stages of a three-stage process, adaptation and application. The

Upcoming Board Meetings

The next Board meeting will be held virtually on May 2, 2021. All members are welcome to attend. Please register on the website.

1 Center for Medicare and Medicaid Services. (March 17, 2020). Medicare Telemedicine Health Care Provider Fact Sheet (Online). https://tinyurl.com/b8r9t95d
question now concerns the efficacy and effectiveness of teletherapy as a medium to deliver counseling services. We hope that the outcome of this survey contributes to that evaluation process.

The results for the sample of 164 LPCs reflect the attitudes of the larger body of 1,209 LPCs in Northern Virginia, described in the Virginia’s Licensed Professional Counselor Workforce: 2020\(^4\) (pages 23, 24). Statistical issues are discussed in Appendix 1 of the full report (see link below).

Results from the teletherapy survey offer NVLPC important information to represent the membership in training, advocacy, and other efforts. In addition, the results should inform practitioners, policy makers, and regulators regarding the reaction of practitioners to teletherapy and open new avenues of investigation. The next phase of research will focus on the client response to teletherapy and a qualitative assessment elaborating clinician responses to the survey.

The full report can be viewed here: [nvlpc_survey_results](#).

Michael T. Greelis Ph.D. LPC, LMFT
Advocacy Chair, NVLPC [https://nvlpc.org](https://nvlpc.org)
Private Practice: Reston/Herndon VA
drgreelis@aol.com

N.B. If you would like to see the survey or contribute to it, it can be found at this link: [https://0w6cgaeoamz.typeform.com/to/p7XpqXEr](https://0w6cgaeoamz.typeform.com/to/p7XpqXEr)

---

**Benefits of Joining NVLPC Forum**

**When:** Thursday, May 27 at 7:30pm

**Where:** Zoom Meeting

**Contact:** Marie Harris, [membership@nvlpc.org](mailto:membership@nvlpc.org)

**Registration Information:** Online registration is available until: 5/26/2021

**RSVP:** Register online at any time.

**About the Event**

Topics Include:

- Internships/Residencies > Student Development, Committee/Therapist/Provider Finder Lists
- Supervision > Clinical Supervision Training/Supervisor Finder List
- Licensure. Monthly Residency Support Groups
- Ethics > Online Support/ Forums/ ListServ
- Advocacy > Committees with Professional Knowledge Base

---

Using Mindfulness to Counteract Racial Bias

1.5 Credit Hours

When: Friday, May 7th, 2021, 10 AM to 11:30 AM

Where: Zoom Webinar Platform

Presenter: Terri Pilkerton, MAEd, NCC

Contact: Ericka Nelson, Events@NVLPC.org, Phone: 703-400-0751

Registration Information: Online registration is available until: 5/6/2021

Fees for Virtual Webinars:

<table>
<thead>
<tr>
<th></th>
<th>Student/Resident/Retired members</th>
<th>Clinical/General</th>
<th>Non-members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$20</td>
<td>$25</td>
<td>$30</td>
</tr>
</tbody>
</table>

In registering for this event, I agree to allow NVLPC to share my email address with the presenter. This will only be done, as needed, for distribution of presentation-related materials.

RSVP: Register online at any time.

Refund, Cancellation, and Inclement Weather Policies:
To cancel, please call or email 48 hours in advance or you will be charged for the event. If NVLPC cancels an event, you will be refunded the cost of the event. During inclement weather NVLPC will host the event as scheduled; events will only be cancelled in circumstances when the federal government shuts down due to inclement weather.

About the Event:
Current global anti-racism protests have sparked a much-needed awareness of racial bias and systemic racism. Most often bias is invisible to those who have it. The reality is that we are all a little racist. Our unconscious is more powerful than we think! The good news is that there are ways that we, as counselors, can offset and disrupt implicit bias on a personal and professional level. Research shows that mindfulness practice helps us focus, gives us greater control over our emotions, and increases our capacity to think clearly and act with purpose. Mindfulness and related practices assist in increasing focus and raising awareness, and have been shown to assist in minimizing bias. This workshop focuses on the implicit racial bias, and how the use of Mindfulness can reshape how we view and engage others.

Earn 1.5 Contact Hours for attending this event.

About the Presenter:
Terri Pilkerton, MAEd, NCC is a resident psychotherapist who works with individuals with a wide range of emotional and psychological difficulties including anxiety, depression, emotion regulation, ADHD, Autism, and OCD.

As a practitioner of holistic therapy, Terri’s treatment approach places emphasis on the mind-body relationship by way of an evidence-based fusion of Cognitive Behavior Therapy and Mindfulness. Cognitive Behavior Therapy (CBT) is a present-oriented and structured psychotherapy directed at solving current problems and teaching skills to modify unhelpful thinking and behavior which often affect the ability to create and maintain healthy relationships.

Continued on page 7
I’m Licensed. Now What?

1.5 Credit Hours

When: Friday, May 21st, 10 AM to 11:30 AM

Where: Zoom Webinar Platform

Presenter: Joanne Thomas, MA, LPC, NCC

Contact: Ericka Nelson, Events@NVLPC.org

Registration Information: Online registration is available until: 5/20/2021

Fees for Virtual Webinars:

<table>
<thead>
<tr>
<th></th>
<th>Student/Resident/Retired members</th>
<th>Clinical/General</th>
<th>Non-members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$20</td>
<td>$25</td>
<td>$30</td>
</tr>
</tbody>
</table>

***In registering for this event, I agree to allow NVLPC to share my email address with the presenter. This will only be done, as needed, for distribution of presentation-related materials.***

RSVP: Register online at any time.

Refund, Cancellation, and Inclement Weather Policies:

To cancel, please call or email 48 hours in advance or you will be charged for the event. If NVLPC cancels an event, you will be refunded the cost of the event. During inclement weather NVLPC will host the event as scheduled; events will only be cancelled in circumstances when the federal government shuts down due to inclement weather.

About the Event:

This presentation serves to consolidate the information of the many avenues that individuals can pursue once licensure for LPC is granted by the Virginia Board of Counseling. There is not a lot of information regarding expectations for salary, various employment opportunities, and strategies to become pro-active in laying the groundwork for successful transition to a fully licensed clinician. Ultimately, this training serves to dispel the myths regarding what steps are necessary to make a smooth transition from Resident in Counseling to Licensed Professional Counselor.

Earn 1.5 Contact Hours for attending this event.

About the Presenter:

Joanne Thomas, is the owner of Play Therapy Essentially PLLC, a group private practice providing behavioral health services. She is also currently an American Counseling Association (ACA) Blogger who has documented her journey from a Resident in Counseling to a Licensed Professional Counselor in the state of Virginia. She was lead presenter at ACA Conference in 2016 to discuss Multicultural Perspectives of Career Choices and Masters Level Students.

Joanne has an expansive resume within the field of mental health which includes work at a State Mental Health Hospital, Acute Care Psychiatric Facility and providing counseling services at a Juvenile Detention Center, Alternative School for adolescents and Community-Based Counseling agencies.

She is a Registered Play Therapist and Chair of the Fredericksburg Chapter of Virginia Association for Play Therapy providing trauma-informed interventions as an EMDR Trained Clinician working towards EMDR Certification. Her goal is to promote that play therapy interventions can be utilized across the lifespan.

Using Mindfulness

continued from page 6

Mindfulness involves a connection to self-awareness and internal processes. Developing greater awareness of inner experience (including thoughts and feelings) helps bring unhelpful thoughts to the surface as they arise.

Terri regularly provides workshops on mindfulness, meditation, and play for groups throughout the area, including FCPS Parent Resource Center, Commonwealth Academy, CHADD, and NVLPC.

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.
**Friday, April 30th: Electronic Technology & Telehealth: What Are the Ethical Issues?**

**Time:** 9am-12pm

*(there is a one hour NVLPC Membership meeting from 10am to 11am)*

**About the Workshop:** This webinar will use sections of the 2014 ACA Ethics Code to clarify clinicians’ responsibilities about the use of electronic technology, including the requirement to have a conversation with potential clients about the potential risks.

**Learning Objectives:**
1. Describe types of electronic technology that could reduce client confidentiality; indicate necessary safeguards.
2. Describe your own decision-making process about which technologies to employ.
3. Describe how you will explain the risks to clients.

**Friday, May 28th: Beginnings & Endings: Avoiding Some of the Ethical Pitfalls**

**Time:** 9am-11:15am

**About the Workshop:** This webinar will use ACA Ethical Standards and other professional recommendations to clarify clinician’s ethical responsibilities that affect the beginning and ending of professional relationships.

**Learning Objectives:**
1. Name two of your profession’s ethical standards related to beginning clinical relationships.
2. Name two of your profession’s ethical standards about ending clinical relationships.
3. Explain how beginnings can be used to create safer endings.

**About the Presenter:**

Mary Alice Fisher, PhD is a Clinical Psychologist in private practice in Charlottesville, VA, and a member of the adjunct faculty of the UVA Curry Programs in Clinical and School Psychology. She is the founding Executive Director of The Center for Ethical Practice. She is the author of numerous professional articles that are available on the Center website and has received multiple awards for her contribution to ethics education.

**Registration Cost for each Ethics Workshop:**

<table>
<thead>
<tr>
<th>Attendee Registering</th>
<th>Early (by 4/16 &amp; 5/14)</th>
<th>Regular</th>
</tr>
</thead>
<tbody>
<tr>
<td>NVLPC Members</td>
<td>$60</td>
<td>$70</td>
</tr>
<tr>
<td>Non-NVLPC</td>
<td>$70</td>
<td>$80</td>
</tr>
</tbody>
</table>

**Must be registered by the Wednesday before workshop at midnight. Reminder space is limited for each workshop**

Register for the Spring Ethics Workshops online at [https://www.nvlpc.org/](https://www.nvlpc.org/)

Membership information is available at [NVLPC.org](http://NVLPC.org)

Contact: Workshop@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.
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 work sheets, multiple handouts, and many question and answer opportunities. The PowerPoint and handouts will be provided in advance as well as further instructions.

Single or multiple day registration ❖ NVLPC member discount available

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

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

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

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

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

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

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

To register go to www.nvlpc.org

For questions contact Candice Arnold at workshop@nvlpc.org

Northern Virginia Licensed Professional Counselors
PO Box 122, Ashburn, VA 20146  www.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.
How to Address Issues with Your Resident

(Part 2 of the March, 2021 Supervision Corner article)

First, two important updates:

#1: NBCC has announced that the NCMHCE examination will change in early 2022 after many years of the same format (10 scenarios each with decision tree-style questions). For information about the changes go to: https://www.nbcc.org/Assets/Exam/NCMHCE_Content_Outline_2020.pdf. The new format will be 12-14 scenarios, each with multiple choice questions related to the domains of Professional Practice and Ethics; Intake, Assessment, and Diagnosis; Treatment Planning; Counseling Skills and Interventions; and Core Counseling Attributes.

As of the regulation changes in 12/2019, residents and graduate students are now allowed to take the NCMHCE at any time instead of waiting until residency is completed. If you’re offered the opportunity to take the exam while in graduate school, be sure to take the NCMHCE and not the NCE if you plan on becoming licensed in Virginia. If you want to fulfill both the Virginia requirement and the requirement for the NCC, NBCC offers the opportunity to take a “Master” exam twice a year (April and October). If you’ve already purchased the exam study materials for the current exam, it would be prudent to take the exam as soon as possible. That way, if by chance you fail the test, you’ll have time to reschedule before the new exam is put into use. Although the NBCC website states that if you fail the test you can take it again after 30 days, that’s misleading. Actually, the 30 days is the time you must wait to schedule your next exam. Based on scheduling availability for the exam, you might be waiting months to take it again and you would want to retake it before it’s changed.

#2: There is currently a petition (#341) to request “Credit for client contact hours during internship in counseling” which states “To allow all face-to-face client contact hours accrued during the supervised graduate internship in excess of the minimum required 240 direct client hours to be counted towards the 2000 total required direct client contact hours required for residency.” Current regulations do not allow use of direct client contact hours accrued during internship to be counted towards licensure. The petition opened for comment on 4/12/21 and will close on 5/12/21. If you would like to comment on this petition go to: https://townhall.virginia.gov/L/comments.cfm?petitionid=341.

PART 2: This article is a follow-up discussion of how supervisors can address the issues that were listed in PART 1, which appeared in the March 2021 newsletter.

The situations listed in Part 1 were all real-life situations shared with me by supervisors seeking consultation about how to deal with them. They can be consolidated into two general categories:

1. Not fulfilling the requirements of clinical work (like failure to keep up with charting), supervision, and the supervisor’s requirements which are typically skills-based issues
2. Personality traits that interfere with supervision and ultimately the ability to be a competent counselor (like lying about their work) which are typically characterologically-based issues

With both of these categories, the questions typically asked by supervisors are: How do I manage this situation? How do I get my resident to fulfill the requirements? What is my responsibility?
in reporting the issue to the Board of Counseling? If the Resident with these issues has left my supervision and hired another supervisor, do I talk with the next supervisor and if so, what do I say?"

Let’s start with number 1. In the past supervisors had to use their own contracts, but now the Board of Counseling has made that easier with a suggested contract that covers just about everything regarding clinical practice with “the goal of increasing competency” of the resident. Of course, residents will make mistakes, so the goal of supervision is to help the resident gradually improve their skills over time with the supervisor’s guidance. The problem arises when the resident doesn’t improve even with open, supportive guidance given repeatedly over time. It’s the supervisor’s responsibility to discuss the issues with the resident candidly as quickly as possible. If a resident’s skills don’t improve over time, the supervisor may recommend the resident take trainings to improve skills, take a leave of absence, or terminate the supervision until the resident is able to show improvement. The Board requires notice of termination of supervision but doesn’t require a reason.

Now to number 2. The question is: what to do when a resident lies, misrepresents, fails to disclose previous issues with another supervisor, is emotionally dysregulated, has acted unethically, displays characterological behaviors that are affecting the supervisory relationship and/or affecting client care, or is threatening in some way. Again, the first important step is to discuss the situation candidly with the resident as soon as possible and on-going until resolved. If a supervisor is concerned about the reaction to discussing these sensitive issues with a resident, it’s important to first speak to a trusted colleague or seek a consult with a supervision expert in order to prepare for the discussion and possible reactions to the consequences given. And again, if the issues can’t be resolved with the resident, it may mean asking the resident to take a leave of absence or terminate the supervision until the resident is able to resolve the personal/characterological issues affecting the residency or preventing their ability to provide competent client care, which may include a recommendation for the resident to seek therapy.

Continued on page 13

Therapy Office Space Available in Reston

Second floor Office space located on Roger Bacon Drive in Reston, VA. One office available now and a second office available June 1, 2021.

Join seasoned solo practitioners in a beautiful office suite in a 4-story building with green space, ample free parking and 24-hour stair / elevator access. This is a wonderful location, walking distance to Wiehle-Reston Silver line station.

This beautiful office suite enjoys a shared waiting room, work room/file room space and interior bathroom for staff. All offices have individually controlled heating/cooling units and screened windows that open, shaded by mature trees.

Rent includes many additional costs except for phone, shared internet and supplies. We are open to renting by the month, day or hourly.

Please contact Mary Tiernan Brough, LPC, LCPC at 703-742-8540 or marytbrough@gmail.com

PAID ADVERTISEMENT. While NVLPC accepts and publishes paid advertising, it accepts no legal responsibility for products and programs advertised herein.
# NVLPC 2020-2021 Calendar

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting Type</th>
<th>Speakers</th>
<th>Title of Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/25-9/27/20</td>
<td>Virtual</td>
<td>Sharon Watson, LPC, LMFT, LSATP, NCC, ACS</td>
<td>Supervision Training</td>
</tr>
<tr>
<td>10/9/20</td>
<td>Virtual</td>
<td>Annetta Benjamin, LPC, NCC and Mrs. Jodie Hansohn</td>
<td>Coping and Succeeding with Bi-polar: Client Perspective</td>
</tr>
<tr>
<td>10/23/20</td>
<td>Virtual</td>
<td>Andrew Colsky, JD, LLM, LPC</td>
<td>Navigating the Challenges of Teen Vaping and Addiction</td>
</tr>
<tr>
<td>11/6/20</td>
<td>Virtual</td>
<td>Michelle May, LPC, NCC</td>
<td>FALL WORKSHOP: Anxiety In Person and Online: Advanced Assessment and Treatment</td>
</tr>
<tr>
<td>11/20/20</td>
<td>Virtual</td>
<td>Linda G. Ritchie, Ph.D.</td>
<td>Hypnotic Language: Words and Patterns for all Therapists</td>
</tr>
<tr>
<td>12/4/20</td>
<td>Virtual</td>
<td>Christa Butler, LPC,RPT-S, Nationally Certified TF-CBT Therapist</td>
<td>Play &amp; Expressive Therapy Interventions for Enhancing Emotion Regulation</td>
</tr>
<tr>
<td>12/18/20</td>
<td>Virtual</td>
<td>MJ Harford, MA, NCC, RYT, Resident in Counseling</td>
<td>Implementing Integrative Models into Clinical Practice</td>
</tr>
<tr>
<td>1/8/2021</td>
<td>Virtual</td>
<td>Cyndi Turner, LCSW, LSATP, MAC and Craig James, LCSW, LSATP, MAC</td>
<td>Practicing Alcohol Moderation: A Harm Reduction Alternative to the Abstinence-Only Model</td>
</tr>
<tr>
<td>1/22/2021</td>
<td>Virtual</td>
<td>Joan Monahan, LPC</td>
<td>The Art of Therapy the Value of EMDR</td>
</tr>
<tr>
<td>2/12/2021</td>
<td>Virtual</td>
<td>Dr. Lenese N. Stephens, EdD, LPC, LCPC, MAC, NCC, ACS, BC-TMH</td>
<td>What Are You Hungry For?</td>
</tr>
<tr>
<td>2/19/2021</td>
<td>Virtual</td>
<td>Linda G. Ritchie, Ph.D.</td>
<td>Hypnotic Language: Words and Patterns for all Therapists</td>
</tr>
<tr>
<td>2/26/2021</td>
<td>Virtual</td>
<td>Lori Kelly, LPC</td>
<td>Integrating Neuroemotional Technique into the Therapeutic Process</td>
</tr>
<tr>
<td>3/12/2021</td>
<td>Virtual</td>
<td>MJ Harford, MA, NCC, RYT, Resident in Counseling</td>
<td>Navigating the NCMHC</td>
</tr>
<tr>
<td>3/26/2021</td>
<td>Virtual</td>
<td>Emily M. Brown, LMFT, Resident in Counseling</td>
<td>Emotionally Focused Therapy</td>
</tr>
<tr>
<td>4/23/2021</td>
<td>Virtual</td>
<td>Megan MacCutcheon, LPC, PMH-C</td>
<td>Understanding and Treating Perinatal Mood &amp; Anxiety Disorders</td>
</tr>
<tr>
<td>4/30/2021</td>
<td>Virtual</td>
<td>Dr. Mary Alice Fischer</td>
<td>Spring Workshop: Electronic Technology &amp; Telehealth: What Are the Ethical Issues?</td>
</tr>
<tr>
<td>5/7/2021</td>
<td>Virtual</td>
<td>Terri Pilkerton, MAEd, NCC</td>
<td>Using Mindfulness to Counteract Racial Bias</td>
</tr>
<tr>
<td>5/21/2021</td>
<td>Virtual</td>
<td>Joanne Thomas, MA, LPC, NCC</td>
<td>I’m Licensed. Now What?</td>
</tr>
<tr>
<td>5/27/21</td>
<td>Virtual</td>
<td>Marie Harris</td>
<td>The Benefits of Joining NVLPC Forum</td>
</tr>
<tr>
<td>5/28/21</td>
<td>Virtual</td>
<td>Dr. Mary Alice Fischer</td>
<td>Spring Workshop: Beginnings &amp; Endings: Avoiding Some of the Ethical Pitfalls</td>
</tr>
<tr>
<td>6/4-6/6/21</td>
<td>Virtual</td>
<td>Sharon Watson, LPC, LMFT, LSATP, NCC, ACS</td>
<td>Supervision Training</td>
</tr>
</tbody>
</table>

Our Events and Workshop Chairs are working on finalizing details with presenters and venues for some of the events. As the information becomes available, additional information will be provided through future newsletters and the website. Always check the website for the most updated information and registration links.

* A final decision regarding in-person events is pending

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.

www.nvlpc.org
The Supervision Corner continued from page 11

If the supervisor is concerned that the resident may still try to practice by moving to another supervisor in either of these cases, it may require speaking to the next supervisor. Although the supervisor is to be listed on any advertising per the regs (i.e., Psychology Today or a resident’s website), that may not happen. Notably, the Board of Counseling website doesn’t list a resident’s current supervisor(s). So, the only way of finding out the supervisor’s name is to email the Board and ask. However, if as the supervisor you choose not to talk to the next supervisor, you may email the Board of Counseling with your concerns and ask for their recommendation about how to proceed if the resident is continuing to practice. Remember, supervisors are the gatekeepers of our profession.

Of course, it’s impossible to know for sure when taking on a resident if there will be issues such as the ones listed in Part 1, but in examining what happened with a resident that resulted in a leave of absence or termination, the questions to ask yourself as a supervisor are: How did things get to the point that they did? Was there any indication when initially vetting the prospective resident that there could be problems? Was there hesitancy to address the issues/behavior earlier on in supervision and if so, why? When the issues were addressed, what was the outcome? Asking these questions may help in vetting a resident in the future or assist in managing issues once a resident has started.

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 questions you may have regarding supervision, residency, and the regulations. You can email me at supervision@nvlpc.org.