



THE COUNSELOR

Greetings ORCA Members!

We've received a lot of positive feedback from many of you indicating the electronic version of our newsletter is a welcome change. Our communications chair has worked diligently to create ways for all of us to connect.

If you haven't checked out ORCA's new e-mail listserv yet, take the time in the next week or two (see sidebar). It's just another way ORCA is working to make Oregon counselors a more cohesive group. Currently, there are over 2,300 registered or licensed counselors in our state and ORCA makes up more than 10% of that group. Ultimately, it is our role as your board to advocate for all counselors in the state and if we can communicate with everyone electronically, we can disseminate important information more efficiently.

As you know, there are significant health care changes happening at the federal and state levels. At this time, we are all uncertain about how the health care reform laws will impact our clients and our profession.

Even if you don't bill insurance companies, our profession can expect to see insurance companies attempt to influence legislation related to how we provide our services. It's imperative that we have a passionate voice to advocate for the needs of counselors and therapists.

One way your board has worked to make our voice louder is to collaborate with the Oregon Mental Health Counselors Association (OMHCA).

AROUND THE HORN

The conversation has started! ORCA has created an e-mail listserv so members can have a private forum to consult about practice questions, professional interests, and potential legislative hurdles.

This is a new benefit to your professional membership, and an online community that you need to be a part of! Recent discussions include information

about the creation of continuing care organizations (and what that means for counselors!), questions about anger management groups, and job postings. Don't miss out on the conversation. Click the below link to request access: <http://health.groups.yahoo.com/group/OregonCounseling/>



ORCA and OMHCA are currently working on creating a structure that can disseminate information, respond to member concerns, advocate for the profession, and impact our licensure board and legislators in Salem. Maybe you were affected when changes in OBLPCT guidelines were enacted. Maybe you have seen reimbursement rates decline due to insurance company influences. Maybe you weren't aware that when Continuing Care Organizations (CCOs) are created, we may be restricted in our ability to practice independently, outside of an HMO-like organization.

If any of this information has confused you, concerned you, or caused you to question your professional future, I invite you to attend a board meeting, networking event, or follow the listserv. Presumably, you've worked hard to get trained and become proficient as a therapist and you'd like to continue working in the profession as a helping professional for years to come. Maintain your membership with ORCA and get more involved, we would love to hear from you!

As the past-president in the coming year, I will be attending OMHCA and ORCA board meetings and keeping you informed on how the partnership between ORCA and OMHCA will be working for counselors in Oregon. The leadership on the ORCA board will be changing as of July 1, 2012, but our mission will continue and we invite you to join us in getting more involved to carry out that mission.

Thank you for the opportunity to serve on the ORCA board,

Lara Pevzner, MA, LPC

ORCA President 2010-2012

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DSM-5: Coming Soon

What every practitioner should know about the manual's proposed changes

By Matt Morscheck, LPC

Whatever your professional opinion on diagnosis itself, there is no question that the publication of the 5th Edition of the Diagnostic and Statistical Manual of Mental Disorders (*DSM-5*) in 2013 will mark one of the most anticipated events in the mental health field. The revised edition will include major changes to diagnostic groups and criteria, as well as the introduction of “dimensional assessments” to the categorical classifications.

Recently, while at the American Counseling Association (ACA) 2012 Annual Conference in San Francisco, I attended a panel discussion by the ACA's *DSM-5* Proposed Revisions Taskforce, who presented a fascinating update about the proposed changes, controversies and concerns surrounding the *DSM-5*, and its significance to the counseling profession. The ACA Taskforce has been very active in representing the voice of counselors, a large constituency with a vested interest in the *DSM-5* developmental process. Below are some major proposed changes that every counselor should be familiar with.



Five Things to Know About the *DSM-5*

1. Publication Date: According to the American Psychiatric Association (APA) *DSM-5* Development website, publication of the revised manual is scheduled for May 2013. This date has already been pushed back once, leaving some to question the certainty of this new publication date.

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DSM-5 continued...

2. **Paradigm Shift:** The *DSM-5* presents a fundamental shift from a categorical classification system to dimensional classification of disorders. Instead of categorizing disorders in a binary way (either present or not), new “cross-cutting” dimensional assessments will describe to what degree symptoms reflect a disorder.
3. **Organizational Structure:** The *DSM-5* will present noticeable changes in overall structure and organization from its predecessor, the *DSM-IV-TR*. The *DSM-5* organizes chapters in a developmental lifespan fashion. According to the APA, this change is designed to make diagnosis easier and more clinician-friendly.
4. **Multi-axial System Eliminated:** The proposed revisions recommend collapsing the familiar five-axis diagnostic system into a single-axis one. Further details on the new format are limited at this point.
5. **Revisions to Personality Disorders:** The new draft criteria reduces the previous 10 categories of personality disorders to six specific personality disorder types (antisocial, avoidant, borderline, narcissistic, obsessive/compulsive, and schizotypal).

Watchful Eye

The ACA Taskforce has kept a close watch on the *DSM-5* development process by offering feedback to the APA, voicing concerns, and communicating with the counseling community. A search of the ACA blogs for “*DSM-5*” produces details on several top areas of concern brought to light by the Taskforce. These include: lowered symptom requirements for existing disorders, newly introduced “subthreshold” disorders, complex dimensional assessments, problematic research methodology, and unintended consequences.

Your Take

For more information on the most recent proposed revisions to the *DSM-5*, visit the APA *DSM-5* Development website at www.dsm5.org. The American Counseling Association website is also a great resource where counselors can read more about how ACA is representing counselors’ interests in the *DSM-5* development process (www.counseling.org). Also through the ACA website, members will have an opportunity to offer feedback on the latest *DSM-5* revisions, which will probably be posted to the www.dsm5.org website sometime in May.

Matt Morscheck is the president of the Oregon Career Development Association
www.ocda.info

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The Impacts of Marijuana Abuse

Cannabis (marijuana) is the most commonly used illicit substance in most countries, including the U.S. For counselors who have clients with co-occurring psychiatric disorders, a pertinent question arises: in what ways, and for which disorders, does cannabis use seem to have the greatest negative impact?

by Raina Hassan

This is not an easy question to answer. There is ongoing debate about the exact nature of the relationship between cannabis abuse and psychiatric disorders, including whether this relationship is causal. However, researchers seem to agree there is a consistent association between cannabis use and psychotic symptoms, as well as overall poorer courses and outcomes of mental illnesses.

Cannabis use has been shown to negatively impact individuals with major mental illnesses such as schizophrenia and related psychotic disorders, bipolar disorder, major depressive disorder, and anxiety disorders. Additionally, some researchers claim that cannabis alone — particularly in high doses — can cause psychiatric illness in individuals who are otherwise healthy and who have no genetic predisposition for mental disorders.

Clients with schizophrenia are among those with the highest rates of comorbid substance abuse of all mental illnesses, and they are also one of the groups most negatively affected by cannabis abuse. Although researchers cannot say unequivocally that cannabis use is capable of causing schizophrenia, they do agree that it impacts the course of this disease. In prospective studies of patients with schizophrenia and related disorders, cannabis abuse has been an independent risk factor for more psychotic relapses and aggravation of psychotic and disorganization symptoms. Additionally, researchers found that heavy cannabis-abusing patients relapsed even more frequently and earlier.

Continued on next page...

Oregon Community for Emotionally Focused Therapy Externship June 13-16, 2012

The Oregon Community for Emotionally Focused Therapy (OCEFT) is proud to announce the dates for the upcoming Externship with trainers:
Yolanda von Hockauf, M.Ed. &
James Furrow, PhD in Portland, OR!



This externship is recommended to all professionals who counsel couples. The four-day externship includes observation of live interviews, theory and clinical techniques, skill training exercises, and supervision in specific areas. Participants learn to see marital distress from an attachment perspective, help partners reprocess the emotional responses that maintain marital distress, shape new interactions and bonding events, and overcome therapeutic impasses. More Information at eftoregon.com



In studies conducted in Spain, the U.S., and Germany, cannabis consumption was found to be the best predictor of relapse and rehospitalization over the follow-up period and was associated with overall symptom exacerbation. Additionally, patients who abused cannabis were rehospitalized at a significantly higher rate, tended to have poorer psychosocial functioning than non-abusing clients, and had higher scores on the Thought Disturbance and Hostility items on the Brief Psychiatric Rating Scale. At one 5-year follow-up, cannabis-abusing clients showed poorer treatment adherence, lower utilization of rehabilitation services, and a higher rate of unemployment than non-users.

Although the exact nature of the relationship between cannabis abuse and psychiatric disorders is unclear, one thing is very clear: cannabis has been shown to have deleterious effects on many clients with mental disorders, most acutely in those with schizophrenia and other psychotic disorders, bipolar disorder, major depressive disorders, and anxiety disorders.

Those who study the effects of cannabis on major mental illness point to bias and confounding factors (e.g., exposure to other substances and other mental health problems) as a few of the reasons for this unclear relationship, as well as the large variation of cannabis potency and intake practices. However, despite the murky relationship, researchers continue to call for further study of this topic, as well as for public education campaigns that will alert people to the risks associated with cannabis use — especially for those with a dual diagnosis of a major mental illness. As the research illustrates — the impact of cannabis abuse on psychiatric disorders is both a pressing clinical issue and a public health concern.

Raina Hassan is a second-year student in the Counselor Education program at Portland State University and a member of the ORCA Communications Committee.

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Event in Review:

2012 Professional Development Institute

By Donna Banwarth

The Oregon Career Development Association (OCDA) was proud to present the 10th Annual Professional Development Institute & Awards Luncheon on Friday, March 9th, in Clackamas, Oregon.

Our first speaker, Dr. Rosie Bingham, is vice president of student affairs and a tenured professor at the University of Memphis. Her primary passions are the power of inclusion, multicultural vocational psychology, ethics, and living well in a diverse society. Dr. Bingham presented on this year's theme, "the expanding role of career development professionals," highlighting issues surrounding the changing workforce and the roles of career development professionals.

Her vibrant, in-depth discussion focused on how career development professionals shape the workforce and connect clients to success, as well as factors at play in unemployment and underemployment, natural disasters, urban poverty, and changing demographics. Dr. Bingham led attendees in activities to help us verbalize concerns regarding our positions in society, how we can take action to make changes, and what we can commit to.

Later in the day, The Esther Matthews Award for Lifetime Achievement was presented to Carole Mackewich of Clark College, who was nominated by her peers for outstanding work with her career center. She is described as cutting edge in the field of career development and second to none as a colleague. We were thrilled to recognize her for her dedication.

An afternoon networking event followed, allowing attendees to meet and get to know each other better. This was a wonderful way to learn more about each other and connect to career development professionals who we sometimes see only once a year!

The Professional Development Institute wrapped up with a special report from Christian Kaylor of the Oregon Employment Department on emerging workforce trends — a nice complement to Dr. Bingham's morning workshop. Christian graced us with a dynamic, informative, and intriguing look at Oregon's employment, including top occupations, industry and job statistics, and forecasted job openings.

Overall, this year's event was a wonderful way to mark a decade of professional development, with two brilliant presenters, topics that spanned a variety of career development issues, recognition of outstanding colleagues, and a chance to reconnect with each other.

Donna Banwarth is the secretary of OCDA

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Jobs Wanted

Hope Starts With Counselors

By Sarah Andruszko, LPC

13 million people are unemployed in the USA right now. That was Dr. Rosie Bingham's opening line at this year's Professional Development Institute (PDI) put on by the Oregon Career Development Association (OCDA). Just think of those 13 million people, who want to work, but cannot find a job! Dr. Bingham explained that this recession has been called "The Great Protection" because people are afraid that there is not enough. They are not spending their money, and in turn jobs are being cut. Contrary to this pervasive fear, Dr. Bingham believes that there *is* enough, and I have to say she made a believer out of me!

Our society is moving from an industrial job market to a knowledge and technology job market. This means that as counselors we have to change our tactical approach to helping people choose a career path. We will further serve our clients if we remember that everyone has certain factors that influence their career choices. We all have a biological predisposition toward certain things we are naturally drawn to or good at. Our gender, family, racial/ethnic group, and the dominant/majority group in our society all influence us, as well. Knowing this will allow counselors to assess the impact of these factors on our clients' career decisions.

Dr. Bingham reminded us that every person, job, and career is important for our society to run well, and she left us with three important truths she has learned over this last season of her life: 1) turn your depression into joy, 2) turn your anxiety into excitement, and 3) turn your fear into faith. Then, and only then, will you be free from worrying about whether there is enough to survive and be able to experience true peace.

It has to start with us, Dr. Bingham says, because if we don't believe it — neither will our clients. How refreshing it was to hear this inspiring message! It was uplifting to be reminded that career counseling is something every counselor does, because what people do with their lives and how they spend their time affects every part of who our clients are.

Sarah Andruszko, LPC, is the graduate programs chairperson for ORCA.

THE STATS

As an analyst with the Oregon Employment Department, Christian Kaylor, is able to make boring statistics come to life before your very eyes. Some statistics he provided at this year's PDI include:

- ☀ Oregon was up to 11% unemployment in 2009 and now it is down to 8.6%.
- ☀ 1 in 10 jobs are healthcare related, and 1 in 7 jobs are tech related.
- ☀ Job growth outside of the Portland Metro Area is almost non-existent. (This trend has encouraged most young people to move into the city or closer to it so they can be close to work).
- ☀ Adults ages 20-39 in Multnomah County have grown by 41,394 people in the last 5 years! *This is a big switch from recent history, when people were moving to the suburbs and commuting to the city to work.*
- ☀ The median wage in Portland is \$17.84
- ☀ Approximately 965,000 people work in the Portland Metro area.

If you are interested in other facts of this nature, then check out Mr. Kaylor's web site: www.qualityinfo.org. You can sign up for a newsletter list to receive the latest statistics each month.

OVERHEARD



SOME SNIPPETS FROM ONLINE MEMBER DISCUSSIONS:



LinkedIn: A conversation regarding clients and social media

“To be honest it has become a problem with families in my private practice. It negatively affects the family system in many ways: 1. Communication 2. Discipline of children 3. Conflict resolution, and many other things. I did attend a CEU seminar on the issue and it proved very informative. I am personally recommending a family night once per week when all media is turned off and the family plays games together, cooks together, or plans an outing that does not include going to a movie which is also media driven. The plan is that they communicate effectively. Being a marriage and family therapist, this is a very important issue which affects the parent and child relationship, the sibling to sibling, and communication in society as a whole.” - Rhonda Cyprus



Facebook: A news story about texting for suicide help

“Texting instead of calling a suicide hotline? What do you think about that? An article from the *Duluth News Tribune*: Texting hot line gets attention in suicide-prevention efforts. Minnesota’s suicide call center is getting as many cell-phone text messages from teens in a day as it used to get phone calls from teens in a month. That’s because Carlton County applied for and received a \$1.44 million federal grant to roll out a seven-county texting hotline for suicide prevention. ‘We looked at recent suicides, and we looked at what kids were doing prior to those suicides,’ said Dave Lee, director of Carlton County’s public health and human services. ‘They were texting people or they were on Facebook.’”



www.or-counseling.org: New job postings

Our jobs page was recently updated! Check out some of the listings on our "Job & Volunteer" page, including:

-  Mental Health Specialist 3 for the Lincoln County Substance Abuse Services Program
-  Two clinical specialist opportunities at the Children's Society of Washington
-  Mental Health Therapist at Kaiser Permanente



Do you wonder about local support groups that can benefit your clients?
 Or maybe you offer a free support group to the community?
 Then you might want to check out www.freesupportgroups.com, a resource web site created by David Leventer, LPC, LMFT, of a Better Way Counseling.
 All the groups listed are completely free, and there is no advertising on the site.
 If you would like to see your group added to the site, e-mail listings@freesupportgroups.com

Oregon Counseling Association 2012 Leadership Roster

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Technology: (open)

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OCDA President: Matt Morscheck
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If you are interested in becoming a working member on the board, please contact President Lara Pevzner for more information at: President@or-counseling.org