



# President's Message

Four months into our fiscal year and our organization has been busy. Membership is up, which means a stronger organization and a more powerful lobby effort. Speaking of lobbying, COPACT has been busy the last couple of months writing amendments to add to the network adequacy bill that will hopefully help LPCs and LMFTs get on insurance panels. The goal is to have that bill pass this next session. In addition, they are also working hard to clarify reimbursement rates for all mental health providers.

The Fall Conference Planning Committee coordinated a terrific program last month. Not only did we have a number of local experts share their knowledge and expertise with us, we had Dr. Susan Pollack from Harvard Medical School come and share her mastery of mindfulness. What I particularly enjoyed about her presentation was her ability not only to teach techniques that we can apply to our work with our clients but we were also able to apply the skills learned to ourselves. It was very informative not to mention extremely relaxing!

Our Graduate Programs committee has been busy reaching out to graduate students. They also held a terrific networking event in October geared specifically toward graduate students. Our networking committee also planned a very well-attended event in Beaverton just a few weeks ago.

And I can't forget to mention what happened over the summer. This last July, Technology Committee Chair Roy Huggins and I had the opportunity to attend the Institute for Leadership training offered by ACA, where we met with staff members from the offices of Senators Merkley and Wyden to discuss employment opportunity access for counselors in the VA system, as well as the need for Medicare reimbursement for counselors.

Looking ahead, stay tuned for more details on our upcoming educational opportunity we'll offer both online and at the Monarch Hotel in

Clackamas, "The Nuts and Bolts of Primary Care Behavioral Health Integration," on February 7th. Whether you are in private practice or community mental health, this will help you understand the changes taking place in healthcare integration. Registration details will be posted on our website and emailed soon.

From my perspective, this is an exciting time. ORCA is growing, membership is increasing, our influence in Oregon is greater than ever and we are offering opportunities for members to connect with others in the field and stay on top of changes in the mental health field. I am grateful for the support and participation of all of you—our members, volunteers, and board. Thank you!

*Warmly,*

*Marney Hoffman, MA*

*ORCA President, 2014-2015*

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# Teen Dating Violence

## *Therapists Need to Be Aware: Domestic Violence Can Occur for People at Any Age*

**By Chalaina Connors, LPC**

**O**ctober was Domestic Violence Awareness Month. Domestic violence can occur anywhere, including in teen relationships, which we call teen dating violence. I hope for most of you this information isn't new, but in case it is, I want you all to know all of the different types of abuse a teenager may face when in an abusive relationship.



One of the most common but less talked about is emotional/verbal abuse. People will use name calling, put downs, yelling, cursing, threats, constant monitoring, excessive texting, intimidation, humiliation, or even isolation. Physical abuse refers to anything intentionally used to cause physical harm to another person, such as hitting, punching, kicking, biting, scratching, pulling hair, restraining, pushing, strangling, throwing objects at, or even using a weapon. Sexual abuse refers to any action that impacts a person's ability to control their own sexual activity or the circumstances in which sexual activities occur, like controlling access to birth control or the use of protective measures like condoms or dental dams. It can also occur when the person refuses to respect their partner's refusal to engage in sexual behaviors

and continues to use verbal and emotional abuse to try to force that person to do what they want. Financial abuse occurs when one person forces the other to pay for everything, controls their ability to get to work, calls their work to try to get them fired, and uses money as a way to get them to do what they want. Stalking occurs when the person follows their partner wherever they go, calls them incessantly, and repeatedly harasses them. Digital

abuse is occurring more often with the advancement of technology. The use of social media and texting is used to bully, harass, stalk, or intimidate a partner. Often, this behavior is a form of verbal and emotional abuse, but perpetrated online. This may include getting access to their passwords, checking their phone, emails, Facebook messages, and even stalking their whereabouts when they are posted online.

Teens deserve healthy relationships! It is really important for therapists to be an understanding, knowledgeable, safe, and stable support for these teens. The worst thing we can do is assume that because they haven't been in a relationship for that long the abuse couldn't be intense or severe. Teenagers first go to their peer relationships for help and support. It is important that we educate all teenagers about healthy and unhealthy relationships so they can

*Continued on next page*

feel empowered to ask for help from an adult if they recognize any of the warning signs. We as adults need to listen, respect, and offer support for any teenager that tells us they are experiencing an abusive or unhealthy relationship. We need to encourage the teenager to document all of the abuse, so they have evidence in case it may be needed for court and help the teenager access other resources to feel safe.

One of the most dangerous times in an abusive relationship is when the survivor may be trying to leave or has just ended the relationship. This is the abuser's last-ditch effort to regain that power and control over the other person, and they will typically make due on threats they said during the relationship. It is VERY important that when working with a teenager who is in an abusive relationship, that we safety plan and utilize their parents/guardians, school, and other supports in helping the teenager feel safe. Contact the local domestic violence agencies, help them file a restraining or stalking order, and after they are free from that abusive relationship, help them heal and educate them about healthy relationships so they can begin to believe that they deserve a healthy relationship.

*Chalaina Connors, MA, LPC, specializes in helping people heal from trauma, especially in regards to domestic violence and sexual assault. In her free time, she runs a local chapter of a national non-profit harm reduction group, called DanceSafe. <http://curativegroove.com/>.*

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Raina Hassan

### **Editorial Staff:**

Natasha Laumei, CJ Strauss,  
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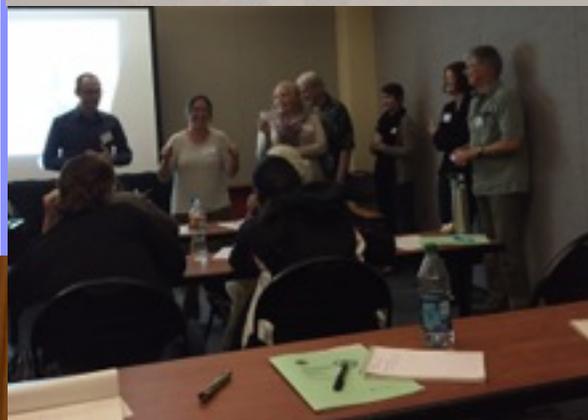
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# Fall Conference 2014:

Two Days of Mindfulness,  
Workshops, and Connection



Starting at top, left to right: Fall Conference Planning Committee members Jenny Pugh, Sarah Lebo, and Candice Elliott; Keynote Speaker Susan Pollack, EdD; Anne Marie Banfield receives the ORCA Human Rights Award; conference attendees; Ryan Melton presents on the *DSM-IV*; former ORCA board member Doug Querin receives the ORCA Distinguished Service Award; counseling graduate students meet for happy hour; conference attendees practice guided meditation.

# Fall Conference 2015

Save the Date for Next Year's Gathering in Ashland on October 23rd and 24th

By Dominick Robertson, LPC

As we close the door on another great Fall Conference, let me invite you to think ahead and save the date for our exciting conference in 2015.

We try to balance our conferences between a Portland location every two years, and a regional destination in between. In 2013, we were in Eugene, and in 2011, in Bend.

In 2015, the board of ORCA, the ORCA Conference Committee, and the Counselor Education faculty of Southern Oregon University would like to invite you to the beautiful Rogue Valley and our campus in Ashland for an exceptional experience.

On Friday, October 23rd, we will have a full day featuring nationally renowned speaker Dr. Ofer Zur, Director of the Zur Institute in Sonoma, California. A great way to get your 6 Ethics CE hours.

The main conference follows all day on Saturday, October 24th, with a diverse program of topics of interest, and plenty more CE hours. All sessions will take place in the Stephenson Union building of our delightful campus. A range of accommodations with special pricing will be offered to conference attendees.

Ashland is the heart of the lovely Rogue Valley, nestled at the foot of the Siskiyou mountains: a thriving community for counselors, and home of the famous Oregon Shakespeare Festival. We will even be offering an optional trip to see a festival play! You might choose to drop in at one of our many wineries or visit Crater Lake on your travels.

Whatever your pleasure, let us invite you warmly to visit us in Ashland, to experience what Southern Oregon has to offer, to network

with other counselors, to make new friends and get reacquainted with old ones, and to enjoy the diverse learning opportunities offered through the conference.

See you in Ashland in 2015!

*Dominick Robertson is a Licensed Professional Counselor, a counselor educator at Southern Oregon University, and a former president of the Oregon Counseling Association. He is currently completing his PhD at Oregon State University.*

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## A Collaborative Approach to Divorce: Empowering Stay-at-Home Spouses to Re-Enter the Workplace

By Gail Nicholson, LPC

Increasingly in recent years, couples seeking an amicable divorce have chosen mediation as a way to avoid a nasty escalation into an expensive, attorney driven legal battle. This works for many families. However, anecdotal research shows that other folks still want more than a neutral mediator, an advocate in their corner. In a collaborative divorce, a settle out of court option, each party has their own attorney who advocates for them, but not at the expense of their partner. Collaborative divorce is conducted in the spirit of mediation with the goal of maintaining respect, safety and hope for the future for both spouses throughout the process.

Divorcing has often required financial support for women as they re-enter the workforce, usually after many years at home caring for children. Increasingly, in our modern world, there are stay-at-home dads in the same situation. And unfortunately, they may have also experienced a devaluation of their talents and skills, as someone who didn't receive an income for work done during the marriage, which can leave them feeling vulnerable and one down as they enter the negotiation process.

Women and men who are financially vulnerable are supported by the collaborative team, which includes a vocational expert who provides supportive counseling to the stay-at-home spouse while clarifying their

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interests, values and skills and working to understand their need for training and potential earning capacity. The assessment works for both spouses by helping to identify the career path that would be best for the person re-entering the workplace, as well as the amount and duration of financial assistance needed as they transition to being more self-supporting. The thoughts and feelings of the spouse who will be contributing to support payments are also solicited as realistic and doable arrangements are the goal.

In traditional litigation the stay-at-home spouse is frequently evaluated by a vocational expert to determine their potential earnings as both sides prepare to settle and/or go to court. Sometimes both spouses will pay for an expert to forecast the career path that would be best, or earn the most, for the person re-entering the workplace. These proceedings often do not include the feelings and choices of the person being evaluated and can become quite contentious as the supporting party seeks to lower monthly payments. The vulnerable spouse can experience extreme anxiety, a sense of having no control over their future.

The vocational coach in a collaborative process seeks to empower the stay-at-home spouse. The client is engaged and supported through career testing, homework and exploratory exercises that develop and reinforce their emerging identity as a single person and their choices for the life that is to come. The collaborative process, which is facilitated by professionals outside the court, but not the legal system, promotes real growth—personal and career progress evidenced by a renewed sense of self, self-confidence, purpose, hope and excitement about the options being explored.

*Gail Nicholson, MA, LPC, a personal and career counselor, has worked with women in transition for over 30 years. She has a special interest in serving clients who are divorcing and is trained in mediation and the collaborative divorce process. Gail works with men and women who want to rebuild their lives, their work lives and a positive sense of self. This article is drawn from the blog *Career Transition: The Inside Job* at [www.ccppblog.wordpress.com](http://www.ccppblog.wordpress.com).*

## Next Generation Eating Disorder Treatment

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As eating disorders are increasingly recognized as biologically-based mental illnesses, and with the inclusion of Binge Eating Disorder as its own diagnosis, practitioners' treatment responsibilities are expanding. With these changes comes a new commission to educate ourselves regarding best practice and to find effective treatment for all of our patients along the eating disorder continuum. It is truly the next generation for eating disorder treatment.

The goal of this year's conference is to inspire and educate practitioners about appropriate treatment approaches for all types of eating disorders and to challenge them in finding creative ways to identify, diagnose, understand and treat patients with all types of eating disorders with individualized focus and intention.

**Cost** \$150 by 2/5, \$165 after. Reduced rates are offered for CREDN members and students or medical and nursing residents. Includes 6 CEUs, breakfast, lunch, and afternoon refreshments.

**Keynote presenters** Edward P. Tyson, M.D., Chevese Turner, and Amy Pershing LMSW, ACSW

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[go.lclark.edu/graduate/credn/conference](http://go.lclark.edu/graduate/credn/conference)

The Columbia River Eating Disorder Network (CREDN) is a non-profit organization composed of treatment professionals dedicated to the prevention and treatment of eating disorders.

# Understanding Our Statutes

## Knowing when to consult with colleagues or an attorney can be key to an ethical practice

By **Larry Conner, LPC**

**O**RCA board members are often asked questions about what an LPC or LMFT can or cannot do legally, which is often difficult to answer. Generally it is a good idea for professional counselors to direct questions about specific cases to the attorneys contracted with their malpractice insurance providers. You can get a referral to one of those attorneys by calling your insurer. If you have a question about a complicated release of information, a required report of abuse, or a subpoena, that is definitely the place to turn.

But some of the questions that have been directed to ORCA have to do with the statutes we work under or the statutes COPACT has amended, both of which we know well. Let me look at two recent questions.

The first question is: "Can I provide psych testing and bill an insurer?" The short answer is maybe and maybe. Let me flesh that out. Our practice act states that one of the grounds for suspension or revocation of a license is that the LPC or LMFT:

has practiced outside the scope of activities, including administering, constructing or interpreting tests...for which the licensee has individual training and qualification. ORS 675.745(g)

Let me translate that for you. What it means is that for LPCs and LMFTs to provide psych testing, they must have training to provide that testing. We all had

at least one assessment/testing course in our graduate programs. In that course, we were exposed to a number of testing instruments and we learned to interpret some of the common tests like the Meyers-Briggs Type Indicator, The Beck Anxiety or Depression Scales, or the Strong Interest Inventory. There are many similar tests, such as short screening instruments to help with diagnosis, that the typical LPC or LMFT is trained to provide.

But how many of us, upon leaving graduate school, can claim to be prepared to provide a complicated personality assessment like the MMPI or the Millon Clinical Multiaxial Inventory? Most of us were exposed to those tests in graduate school, but does that translate to being trained to use the test? No. The good news is that if you wish to provide those tests or others like them, you certainly may, once you have the advanced training to do so. But, if you provide those tests without getting the advanced training to interpret such instruments, your license can be suspended or revoked.

As to the question of billing an insurer, once you have the advanced training, you can petition an insurer to recognize your claim. Just be ready to back it up with adequate information about your training.

Another question that came up recently is this: "When can an LPC or LMFT, who is working with a teen client, offer

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treatment without involving parents?" In 2013 COPACT wrote an amendment that was passed into law, which added LPCs and LMFTs to the list of providers who can work with a teen, age 14 and up, without parental consent. So the answer is age 14. But, the statute goes on to say:

However, the person providing treatment shall have the parents of the minor involved before the end of treatment unless the parents refuse or unless there are clear clinical indications to the contrary, which shall be documented in the treatment record. ORS 109.675(2)

In other words, this is not a total green light to work with a teen over age 14. There is a responsibility for the LPC/LMFT to involve the parents in the care sometime before the end of treatment unless the parents refuse to be involved or if there is a clear clinical reason to not involve the parents. You would have to make that reason totally clear in your treatment notes. Clearly, the legislature wants parents involved in treatment whenever possible, and the pressure is on the provider to fully explain any deviation from that.

The statute goes on to define that these requirements to involve parents are waived if the teen was sexually abused by a parent, or if the teen is an emancipated minor who has been living separately from parents or guardians for 90 days.

This gives you a taste of how the statutes we work under are written. It is the responsibility of the LPC/LMFT to get it right by reading the statute and asking for help when necessary.

ORCA is willing to help answer questions about the practice act we work under and any statutes we have amended, because we know those statutes well. A good place

to seek answers to your questions is on the ORCA listserv. If you are not already a listserv member, go to <http://groups.yahoo.com/neo/groups/ORCAmembers/info> and click join.

If you have a question about something other than the practice act or the statutes we have worked on, you would be best to consult with an attorney through your malpractice insurer. Remember, they are there to provide that service. Your malpractice insurer would rather have you get an accurate answer to your question than to make a mistake they have to pay for.

*Larry Conner, MA, LPC, is the ORCA Public Policy and Advocacy Chair and COPACT Government Relations Chair.*

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# Considerations for Supporting Family Caregivers

As family caregiving increases, it's important to be aware of available supports for these important helpers

**By Mariko Clark, LPC**

**M**edia messages around the loss of community, people isolated by technology and the proverbial village dropping out of child rearing may seem in contrast to the growing trend in family caregiving. First Lady Rosalynn Carter summed it up by saying, "You either have been a caregiver, you are a caregiver today, you will be a caregiver, or someone will be caregiving for you." Approximately 44 million Americans are caring for someone over the age of 50. Typically this looks like an adult child caring for an aging parent or a spouse caring for their partner after retirement. Many family caregivers need counseling and support to weather the experience and process the emotional upheaval.

Being an unpaid family caregiver can look many different ways and creep into one's life. It may start as short-term help after a

surgery or injury, but morph into long-term care for a chronic condition, such as dementia, Alzheimer's, Parkinson's, cancer and heart disease. It can be hands-on help with physical needs and daily tasks, or it may be help with doctors' appointments, transportation and finances. In addition to these types of demands on a caregiver's life, the emotional component of caring for someone you have a long-standing and/or loving relationship with can be even more burdensome.

Caregivers are often dealing with anticipatory grief, which can look like the better-known stages of grief after a loved one has passed. Your client may be describing symptoms such as irritability, loss of sleep, sadness, anger and isolation, but not connect these feelings to grieving because their loved one is still present in physical form. A looming sense of loss sets off anticipatory grief. Even if death may be years away, knowing that a loved one will never recover their past abilities, that dreams and plans made may never be fulfilled, the loss of independence and the shift from past roles into caregiving can all create a deep sense of grief.

Whether it is out of love or duty, or some combination, family caregivers have usually known the care recipient for a long time. Thus, family caregiving may heighten historical family conflicts. Caregivers often describe a resurgence of thoughts and feelings they thought were long ago put to rest, and it may be unpleasant. It can be especially difficult when a caregiver feels they

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are caring for someone who never cared for them. Getting support around feeling resentful and disappointed that the time to hash it out as a family may have passed is important.

Caregivers may devote so much time and energy to caregiving that they neglect their own physical, mental and spiritual needs. Often caregivers express feeling guilty about self-care and this can lead to caregiver burnout, which includes depression, fatigue, irritability, negative thoughts about self and care recipient and exhaustion. Reaching this acuity of stress often creates a crisis for the family and the current caregiving situation must be reevaluated.

In addition to counselors supporting the emotional needs of caregivers, there are many social services throughout the state

that may help with practical matters. The Aging and Disability Resource Connection of Oregon acts as a clearinghouse to connect Oregonians with local services. Services vary by county, but often include help with respite care, durable medical equipment in the home, in-home healthcare, support groups and counseling, family caregiver trainings, nutrition programs, benefits counseling and assistance finding care facilities.

For more information visit [www.ADRDofOregon.org](http://www.ADRDofOregon.org) or call 1-855-673-2372.

*Mariko Clark, MA MFT provides counseling services to non-paid family caregivers through the Washington County Disability, Aging and Veterans Services.*

## **CACREP and Its Affiliate CORE Move Forward with Accreditation Reviews for Clinical Rehabilitation Counseling Programs**

CACREP and its affiliate CORE are in the final phases of completing the first round of reviews of CORE-accredited programs seeking to become dually accredited Clinical Rehabilitation Counseling and Clinical Mental Health Counseling programs. These programs will become the first in the nation to successfully demonstrate compliance with both the newly implemented Clinical Rehabilitation Counseling Standards, as well as CACREP's Clinical Mental Health Counseling Standards. The conversion process, to date, has only been made available to rehabilitation counseling programs that are currently CORE-accredited and already include a clinical practice component. Due to the success of this offering, CACREP and its affiliate CORE have begun working on jointly administered accreditation processes for programs developing programs that will focus on educating students from both clinical rehabilitation counseling and clinical mental health counseling perspectives. In addition to the conversion reviews, CACREP and its affiliate CORE completed a board member selection process that required each respective board to nominate applicants for the other's governing body to ensure consistency in reviews and decision-making processes for the dually accredited programs. The primary goal of the joint work undertaken by CACREP and its affiliate CORE continues to be the development of a single accreditation process for the counseling profession that ensures graduates enter the field as highly knowledgeable and ethically competent counseling practitioners who can work with clients' life challenges from developmentally and clinically appropriate perspectives, including disability, because the prevalence of disability increases with age across the lifespan and increases at an accelerated rate among the elderly. Please visit the CORE and CACREP websites at [www.core-rehab.org](http://www.core-rehab.org) and [www.cacrep.org](http://www.cacrep.org) to obtain the most updated information.

# OVERHEARD



SOME SNIPPETS FROM ONLINE MEMBER DISCUSSIONS:



## LinkedIn: Parenting Styles

“Authoritative parenting styles have a clear edge over authoritarian styles with regard to attachment and trust.”

<http://www.goodtherapy.org/blog/authoritarian-and-authoritative-parenting-styles-which-is-best-0502144>

—Kathy Hardie-Williams, MEd, MS, NCC, MFT, LPC

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## Facebook: 2014 Fall Conference Activities

“Restorative activities today included walking meditation, yoga nidra, networking and grad student connections over happy hour! To check out Susan's Powerpoint slides from today, visit the link below.”

<http://www.slideshare.net/sarahlebo/sitting-togetherpowerpoint>

—Sarah Lebo, ORCA Fall Conference Planning Committee chair

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## Yahoo Groups: ORCA October Networking Event

“It was great getting together last night, and I heard a lot of great conversations and some good networking going on. Thanks to everyone who showed up!”

—Sue Ujvary, Mental Health Counselor

**Join our group to get regular e-mail news updates:**

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Public Policy & Advocacy: Larry Conner  
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Communications: Raina Hassan  
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Technology: Roy Huggins  
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Ethics & Human Rights: Chalaina Connors  
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Fall Conference: Sarah Lebo  
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Graduate Programs: Jenny Pugh  
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