



THE COUNSELOR

Mount Hood by Alana Ogilvie, MFT Intern

Past President's Message

Hello, ORCA Members!

Well, it has been an amazing year for me as president of ORCA. It is amazing how fast the time went— it feels like it was just yesterday that I was writing my first President's Message in the newsletter. I suppose this subjective experience of rapid time passage can be explained by the amount of fun I have had as President and how much we have completed over the last year. Here are just some of the highlights:

- We completed an ORCA member and professional counselor survey and used the results of the survey to make improvements to your association.
- We had an amazing conference in Ashland and have planned one of our largest conferences in the history of ORCA this Fall in Portland.
- We completed a number of successful professional development, networking, and human rights events!
- Working with COPACT, we have reviewed and provided feedback to dozens of legislative bills that would impact the counseling profession in Oregon.
- We have hired the first ever ORCA Service Coordinator, Evan Dumas, who will be working hard on increasing membership, adding benefits for members, improving our technology, promoting ORCA, and much more!

The success of a leader is not defined by success during that leader's tenure, but is defined by the leaders who follow and continue and improve on that success. I feel I was able to build off of the amazing work completed by our Past President, Marney Hoffman, and I am very confident that our new President Elect will continue and add to our already thriving association!

Please let me introduce our new President, Raina Hassan. Raina has volunteered with ORCA since 2010 and has served on the board since 2013, as Communications Chair and as President Elect this past year. Prior to serving as Communications Chair, Raina was the association's newsletter editor. She is an LPC in private practice and for the past three years has served as adjunct faculty in the Portland State University School of Social Work. In 2013, Raina earned a Master's Degree in mental health counseling and a graduate certificate in addictions counseling from Portland State University. Raina lives in Portland with her husband, Amos, and newborn son, Arlo.

The Oregon Counseling Association is in very capable hands! It has been my pleasure to serve as your President. I thank you all for the opportunity and look forward to the next year with ORCA!

Sincerely,

Ryan Melton, Ph.D, LPC
Past President, Oregon Counseling Association

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The Counselor is the quarterly newsletter of the Oregon Counseling Association.

Editors & Staff

Gianna Russo-Mitma & Alex Palecek (Sasha), Co-Editors, with thanks to Melissa Chernaik

For information about advertising or submitting articles, contact editor@or-counseling.org

Membership Info

Information about ORCA membership may be obtained online at www.or-counseling.org

Advertising Policy

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Statement on Anti-Discrimination

The Oregon Counseling Association will not knowingly engage in activities that discriminate on the basis of race, gender, color, religion, national origin, sexual orientation, disability, or age.

Highlights of the ACA 2016 Conference

by Suzanne M. Elton, LPC, ORCA Secretary

I am honored to have represented the Oregon Counseling Association (ORCA) at the 2016 American Counseling Association (ACA) Conference in Montreal, Quebec, Canada! This was my first ACA conference--a memorable week full of educational activities, business meetings, and social gatherings... as well as enough time for a quick walk through Old Montreal near the waterfront. I'm highlighting a few experiences, hoping to encourage interest and participation for the future.

A favorite part of any event such as this one is meeting fellow counseling professionals from other regions. Janet and I met the first morning during breakfast in the hotel. I sensed an instant connection. Both of us have backgrounds as military wives and military counselors, in addition to other similarities. Later, I "found" Marjorie at the conference registration site. I can only describe her as a joyful woman--almost seeming to "wrap me up" in that smile of hers! She is finishing her Master's degree and thinking of pursuing a PhD--all of this after helping her children complete their schooling. We have this in common. And, of course, it was great to connect with a few fellow Oregonians who are active within ORCA! I appreciated getting to know each of them a little better.

Oh yes-- the Western Region Photo Booth was a hit! I will never forget getting lost in the Montreal Underground in the maze of shops and cafes while looking for the Dollar Store to buy tape and scissors! Because of the popularity of our booth, all of the other regions are now highly motivated to compete for the "best" booth for the conference in 2017! The Competition is on!

ACA conference attendees are provided with an overwhelming number of Continuing Education (CE) opportunities which include a wide variety of topics of interest. For simplicity, I narrowed the focus of my own choices and attended those that were related to counseling within the military community. I have developed an interest in learning more about attachment theory as applied to the military lifestyle and the deployment cycle. Navigating the initial deployment phase, as well as the reintegration into civilian and family life, can be rocky, at best. Those with an insecure foundation in their relationships prior to deployment seem to have more potential for problems, including PTSD, depression, aggression, and divorce, during the reintegration into family and civilian life. My plan is to further explore this phenomenon of attachment--another topic for a newsletter article at a later date!

Keynote speakers this year included two powerful presenters: Dr. Jeremy Robinson, a neuroscientist and researcher from Connecticut, and Silken Lauman, a former four-time Canadian Olympic rower. Dr Robinson and his wife, Jennifer Hensel, developed the Avielle foundation in honor of their six-year-old daughter who was killed in the Newtown, Connecticut, shootings in 2012. His message is informative as well as compassionate. Silken Laumann, four-time Canadian Olympic rower, motivational speaker and author, provided insight into her triumphs, as well as her struggles in life. Silken's personal story

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Oswald West State Park by Kari Carroll

2016 ACA Conference Highlights (continued from p. 2)

includes a set-back during a practice race prior to her fourth Olympics. Defying the odds, Silken's determination and perseverance led her not only to participate in the race, but also to winning the third-place Bronze Olympic Medal for Canada.

In closing, the ACA Conference offers a wealth of experiences for all of us in the counseling profession. Through my own participation, I have a better understanding of the "Big Picture" of our professional organization. Being a part of ORCA (a Branch of ACA) is an important piece of the whole. I can't emphasize enough the importance of staying abreast of current trends and issues within our profession. I know that I pass on this benefit to my clients, who deserve my best! I can only continue to offer these high standards if I continue to grow professionally, as well as personally.

Suzanne Elton, LPC has a private practice in Tigard, OR. She currently works with adults and adolescents experiencing anxiety, depression, and addiction, as well as providing counseling services for Oregon military members and their families with ongoing concerns related to deployment. She also accompanies and supports the Oregon National Guard Military Youth Leadership and Teen Panel on camping retreats. Suzanne is serving her third year as Secretary for the ORCA Executive Council.

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Empowering the Cognitively Diverse in Counseling

by Kimberly Zeszutek, MA, NCC, LPC Intern

For those experiencing cognitive differences such as Autism Spectrum Disorder, cognitive disabilities, or developmental disabilities, mental health counseling is beneficial, but often overlooked. Typical programs for these populations often focus on behavioral changes and interventions but leave out emotional support. Counselors can promote inclusivity by recognizing the emotional impact of a diagnosis, and recognizing the support available through mental health counseling. When connecting with my clients who have cognitive differences, they regularly express emotional reactions to being told that they must change and their self-esteem is often negatively impacted. Often the person who receives these corrections develops the perspective that their natural state does not fit in to the rest of society.

There are two concepts to keep in balance when approaching counseling with clients who identify having cognitive differences: accommodation and assuming competency. These clients will need accommodations in your counseling style, such as explanations and interventions tailored to their cognitive capacities and their communication strengths. At the same time, while clients will need accommodations, it is best not to assume that a client will be unable to understand or complete something. I approach counseling my clients by respectfully holding both of these concepts simultaneously. Including and empowering clients while acknowledging their cognitive diversity means treating clients as equals while also honoring their unique needs.

Cognitively different clients typically experience society as identifying them with negative stereotypes, and often they are mistreated due to lack of understanding. Many clients with this experience have grown up with family members grieving the delays or struggles they have had compared to other children. During their education, they have been presented with tasks that assume a lack of intelligence and that fail to challenge them. Adult clients have come recognize that their childhood educational setting presented them with flash cards and coloring to fill the time, rather than giving them

math problems like their peers. One clue that clients have internalized this is they often apologize for themselves and their differing ability, such as by saying "Sorry, you are probably annoyed that I still don't understand this." As their therapist, of course I am not annoyed, but in this statement I can hear that they experience others as usually having less patience and expecting less of them.

The therapeutic relationship is the primary building block in helping the clients to develop a sense of empowerment. Often outside support systems and families are uncomfortable processing intimate emotional events in detail. Counselors are able to step up in advocacy by approaching these topics and processing them. Through the clear communication and belief in their capability of healing, the counseling relationship can repair the internalized messages of lack of capability for progress that society has instilled in clients.

For these clients to progress in their personal life goals, I have learned to treat them as equally capable of progress as clients who do not have cognitive differences. One simple intervention is to validate and normalize that there are differences in thinking and abilities. Another strengths-based strategy is to identify and highlight the client's unique abilities, rather than always focusing on the challenges. Approaching these clients with hope, inclusivity, respect, and equity presents them with a unique space to explore reaching their goals.

Kimberly Zeszutek, MA, NCC, LPC Intern is in private practice at [Filtering Light Counseling](#) in NE Portland. She also works at The Center at Heron Hill with Alliance Counseling in Canby and the Washington County Crisis Team. She specializes in clinical work and advocacy for individuals diagnosed with Autism Spectrum Disorder, severe and persistent mental illness, developmental disabilities, and survivors of violence and trauma. You can reach her at kimberly@filteringlight.com.

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 The Oregon Counseling Association has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 2038. Programs that do not qualify for NBCC credit are clearly identified. The Oregon Counseling Association is solely responsible for all aspects of the programs.

COPACT Corner

by Wendy Curtis, LPC, COPACT Member

COPACT (Coalition of Oregon Professional Associations for Counseling and Therapy) has been hard at work through this last legislative session and we have exciting updates to share!

- We're still working on **network adequacy** (i.e. ensuring that insurance companies provide adequate access to mental health professionals) and COPACT Secretary Steve Rodgers, LMFT just finished his stint on the Network Adequacy Workgroup that took place in Salem for the past year. Not only was Steve's presence a terrific marker of inclusion for LPCs and LMFTs, but the fact that we are now in an ongoing discussion about this topic is something to feel good about!
- Also, on May 30th, COPACT was part of a series of "**legislative days**" wherein COPACT, OPA, NASW-OR, and AMHA met with various legislators to share their experience and expertise regarding the state of mental health care in Oregon and to work with legislators to be a resource for upcoming new legislation. Our fabulous lobbyist Elizabeth Remley was present for all of these meetings and is invaluable to our organization as a daily presence in the Capitol to pursue the passage of legislation that supports and protects our professions.
- COPACT is also working on proposing a bill to include LPCs and LMFTs in statute so that we can become **Forensic Evaluators** – we'll keep you posted on this one, so stay tuned!
- Lastly, COPACT is working on our **outreach** and we are beginning to produce **videos** that help illustrate what COPACT is about and why we are worth supporting. Visit our [website](#), or follow us on [Facebook](#) or Twitter ([@OregonCOPACT](#)) to see the latest!

COPACT: Advancing access to quality mental health care for all Oregonians.

Wendy Curtis, LPC is in private practice in Portland, OR and specializes in working with Adult Children of Difficult Parents. You can find out more at livegrowtransform.com



Please support our lobbying efforts through COPACT:

Coalition of Oregon Professional Associations for Counseling and Therapy

COPACT is ORCA's and OAMFT's legislative advocacy organization working on behalf of LPCs and LMFTs in Oregon. The funds we raise go directly to paying our lobbyist, Elizabeth Remley, to pursue the passage of legislation that supports and protects our professions. To learn more about what COPACT is doing for LPCs and LMFTs, visit www.copactoregon.com.

You can donate directly to **COPACT** via PayPal at www.copactoregon.com/donate. All donations are tax deductible as business expenses. In addition to direct donations, a large percentage of ORCA membership dues go to our lobbying efforts. Please keep your ORCA membership current, and encourage your colleagues to become members as well! Thank you for your support.

Keeping Yourself Nourished as a Therapist

by Elsbeth Martindale, Psy.D. – part 1 of 3

Our work as therapists can be emotionally demanding. We can be empathic sponges, picking up all sorts of pain, sorrow, and struggle from our clients. How we care for ourselves is really important... really important. I will be sharing three articles over time about self-care as a way to remind you of the importance of attending to the most powerful therapeutic tool you have: Yourself. My hope is these reminders will inspire you to be attentive and invested in your own restorative care.

Meet Carla, the fictitious therapist. Carla loves her work and sees 20-25 clients each week in her private practice. Her life looks good from the outside, but Carla is physically exhausted, more cranky with her kids than she wants, and doesn't take any time for herself. She believes this is just part of the territory of being both a professional and parent. So, Carla trudges on.

I saw a bumper sticker once that said, "Take my advice, I'm not using it." This is Carla's situation. She helps her client's see the importance of good self care, yet she is unable to practice this effectively for herself.

There are several very important things Carla could do to keep herself restored and able to show up to work with a sense of enthusiasm, fullness, and availability. These activities also apply to you! By participating in them you can fill up your personal cup so you have the nourishment to offer those who seek your assistance. This article will focus on one of three actions that will have a profound impact on your ability to be alive in your work.

Create Regular Time for Reflection

Reflection is the tool that allows you to build conscious awareness of your life and needs. Reflection allows you to observe, intervene, steer, and adjust as needed. When you keep yourself too busy, or too distracted, you miss out on the opportunity to be mindful of what is happening with yourself and in your world.

There is an apt quote by Confucius, which states, "By three methods we may learn wisdom: First, by reflection, which is noblest; second, by imitation, which is easiest; and third by experience, which is the bitterest." Is it a noble act to create

time for reflection? It sure beats the bitterness that comes from the experience of letting your personal cup run dry.

Carla was learning by experience and this was leaving quite a bitter taste in her mouth. Pain is a great teacher and Carla's pain was screaming for her to shift things. Carla was willing to run an experiment for a week to see if a small dose of reflection might offer her desired benefits. She decided to assert her "coffee time" as her reflective space. She asked her family to leave her be when she had her coffee mug in hand, asking them to manage without her for this brief time each day. She took this 10-15 minutes as her time to think through her day, listen to her own longings and plans for keeping herself better nourished emotionally.

continued on p. 8

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Keeping Nourished (continued from p. 7)

She used a journal to store her ideas, gratitudes, and plans. Carla started with a small change. This little act was do-able and began the journey in the direction she desired.

Think for a minute about the ways in which you have created successful reflective space in your own life. Was it through contemplation, meditation, or prayer? Did you write or draw in a journal? Did you find your best reflection indoors or outside? There are so many ways to bring yourself to this reflective space. In fact, you likely tell your clients all about this on a fairly regular basis. But, are you claiming this wisdom for your own life? Your life will feel more nourished if you do.

As Carla took time to reflect, even in this small 10-minute-coffee-time manner, she began to feel a sense of spaciousness. She started seeing what she could limit in her life and what she longed to add. She began talking with her partner about shifts they could make in their schedules and ways to spend more time together in creative activities.

Theoretical discussion alone doesn't usually bring about change, action is required. What helps cement intention into action is to name a plan aloud, to hear yourself claim it, and to commit to following through. If you are needing more reflective time in your life here are some sentences to read aloud and answer for yourself. Hear yourself speak your truth and let this experience call you into helpful action.

Consider these prompts for reflection:

- The best place for me to be when I need self/life reflection is...
- The amount of self-reflection in my current life is (pick one): abundant, adequate, or lacking.
- I will make space for reflection [state when] ... by doing [state what]...
- I feel [emotion]... when I think of creating this kind of reflective place for myself.
- The supports that could help me move toward more reflective time include...

By filling in these statements, you, like Carla, are taking small but meaningful steps toward your own self-care and emotional nourishment. Take another action step, if you want to keep this momentum going. Mark Twain had it right when he said, "The secret of getting ahead is getting

started. The secret of getting started is breaking your complex overwhelming tasks into small manageable tasks, and starting on the first one."

Pick a small action that would give you a dose of reflective space. Do this with intention, in the service of creating a restored self, capable of meeting your work with full capacity to be present. You deserve this, and your clients will be rewarded by having a therapist who can effectively model the practice of what they preach.

Elsbeth Martindale, Psy.D. is a Clinical Psychologist with a practice in Portland, OR, with over 30 years of experience in her work. Her greatest passion is in enriching and empowering younger professionals to be skillful and engaged practitioners. Her creative style is evidenced in the tools she has designed for psychoeducation, most notably the Things to Know Before You Say "Go" card deck for relationship assessment. Driven by her concern for the emotional well-being of therapists, she has recently begun offering Restorative Self-Care Retreats for professionals. You can contact her at elsbethmartindale.com

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2016 Conference Award Nominations

Recognize Your Peers' Outstanding Contributions: *Submit an Annual Award Nomination*

Do you know a fellow counselor who deserves recognition for their outstanding contributions to the counseling field? Nominate them for an ORCA award! Each year at the Fall Conference, the Oregon Counseling Association takes time to recognize individuals in our state who have made outstanding contributions to our profession and/or our association. We are actively seeking your nominations for the following awards:

The Leona Tyler Award: Recognizes counselors who have made outstanding contributions to the profession and whose work has statewide implications for counseling. Dr. Leona E. Tyler was Dean of the Graduate School at the University of Oregon. Her many contributions to our profession, including research, writing, teaching, and supervision of graduate students, attained both national and international acclaim. The award was established in 1967 in her honor and was initially presented to Dr. Tyler.

The Human Rights Award: Dr. David Capuzzi, former counselor educator at Portland State University, established this award in 1986-87, during his year as President of the American Association for Counseling and Development (now the American Counseling Association). This award recognizes counselors who demonstrate a commitment to respecting and fostering human dignity and who have demonstrated an exemplary level of professional and personal commitment in the areas of human rights.

Distinguished Service Award: Recognizes individuals or groups who have contributed substantially to the Oregon Counseling Association and the counseling profession. This award is traditionally presented to ORCA members. However, non-members such as legislators, school officials, agency administrators, or others in the larger community may also receive the award for outstanding contributions to ORCA.

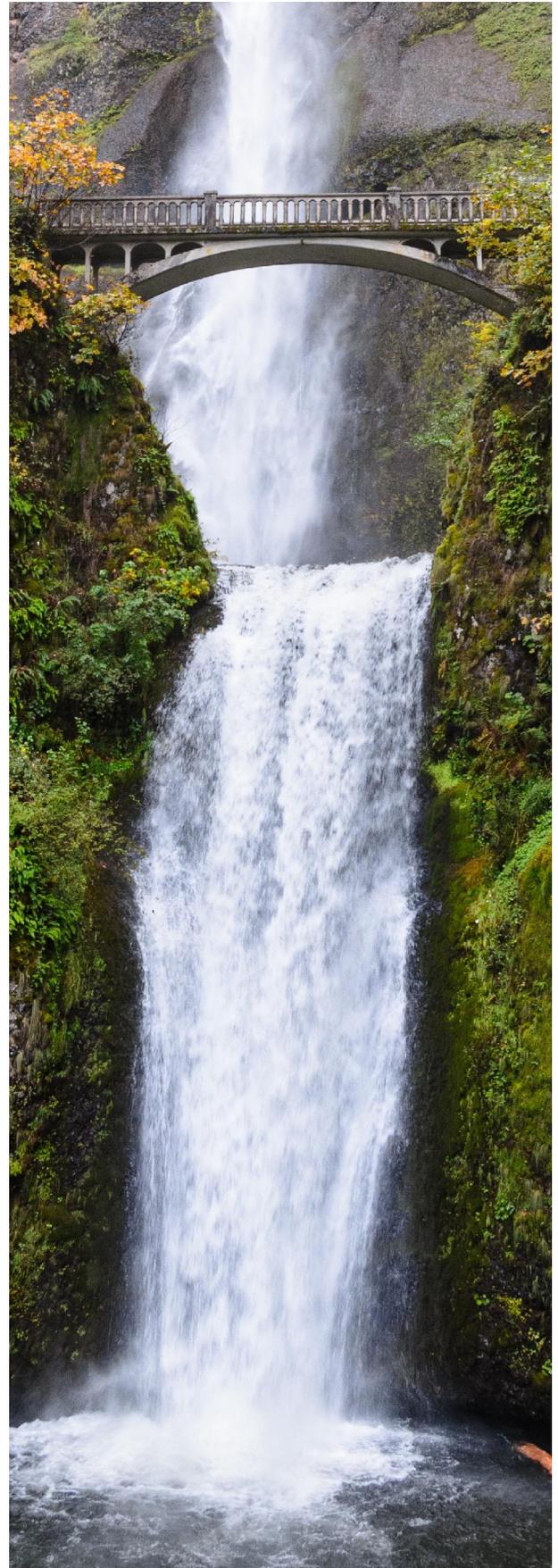
At this year's [fall conference in November](#), ORCA will be announcing a **new award!** Be sure you are [registered](#) to join us and help recognize another outstanding colleague in our field!

Use [this form](#) to submit an award nomination.

The deadline for receipt of nomination forms is **September 5th, 2016**.

If you have any questions, please contact us at:

president@or-counseling.org.





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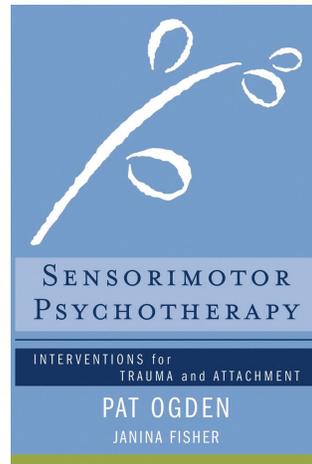
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Trainers

Ame Cutler, PhD, is a psychologist specializing in the field of transgenerational trauma who brings years of experience in a variety of body-oriented modalities to her work with individuals, couples, and groups, as well as both violent offenders and victims of violent crimes. Also certified in the Hakomi Method, she combines interests in somatic psychology, mindfulness, and indigenous wisdom to assist clients suffering the aftermath of relational trauma in building a safer relationship with their own bodies.



Rebeca Farca, MA, MFT REGISTERED INTERN, has studied Humanist Counseling, Group Processing, and Gestalt Psychotherapy and trained in CORE Energetics in Mexico City, where she held a private practice. Rebeca has also lectured for the US Department of Veteran Affairs on the treatment of trauma with Sensorimotor PsychotherapySM with clients who have experienced military sexual trauma and chronic pain. Rebeca currently works in Los Angeles integrating Sensorimotor PsychotherapySM into the treatment of traumatic and developmental issues.

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- Current graduate (Master's level) students; 5%
- Attendance at a prior SPI sponsored workshop; 5%

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For More Information or to Apply

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Sensorimotor Psychotherapy Institute® (SPI), is a professional educational organization that designs and provides the highest-level trainings and services to serve a global network of mental health practitioners. Seeking to enhance human relationships, our paradigm is substantiated by interpersonal neurobiology and impelled by mindfulness applied in interactive contexts.

Legal Advice Corner

by Attorney Paul Cooney with Gianna Russo-Mitma, M.S.

Hello, ORCA Members! Last year, the Oregon Counseling Association entered into an agreement with Paul Cooney and his law firm to provide legal services to ORCA members. I interviewed Paul Cooney to see what would be the most helpful to our ORCA counseling community to know.....

Hello, my name is Paul Cooney. I am a healthcare attorney with Cooney, Cooney and Madigan, LLC in Tigard. I have been in practice for 24 years and am licensed in Oregon and Washington. I specialize in mental health law. As part of your membership with ORCA, I provide a FREE half hour legal or ethical consult each year. My hourly rate after the free consult is \$350 per hour.

Please feel free to call me at (503) 607-2711 or email me at pcooney@cooneyllc.com.

I routinely consult on issues such as:

- Who can access your records?
- Responding to subpoenas
- Reporting abuse
- Should I send my client to collections?
- Are my practice documents (informed consent, fee agreements, HIPAA Notice of Privacy Practices, Professional Disclosure Statement) correct?
- Other ethical dilemmas you may encounter in your practice

Mental Health law in Oregon can be quite confusing. Oregon is significantly different than many states in areas like abuse reporting or Tarasoff situations (Duty to Warn). It is important for therapists to have a resource to call when they are unsure of what to do next.

Board Complaints

I also handle many of the complaints filed with the Oregon Board of Licensed Professional Counselors and Therapists. I always represent the licensee in these matters and my fees are usually covered by your malpractice insurer. While the majority of complaints are dismissed, it can be important to consult with someone who has experience before the licensing board. The complaint letter typically only contains a very brief summary of the complaint, and

it may not be obvious what all the issues are that will be investigated.

Attorney Client Privilege

All calls to my office are confidential even if it's a free consult. I take notes on every consult, and attorney-client privilege applies. If you take notes of our conversation, please do not put those notes in your client file. To preserve the attorney client privilege, please maintain those notes in a separate "Attorney-Client Privilege" file.

It's important to know that attorneys are like therapists in that they must have the best interest of their clients at heart. This means that if you are talking to someone else's attorney (such as your client's attorney), they may not have your best interest at heart.

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Upcoming Workshops for Counselors & Therapists

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Introduction to Art Therapy Interventions

Saturday, September 10 • 7 CEUs

The Enneagram: Exploring a Tool for Clinical Practice

Friday-Saturday, September 23-24 • 15 CEUs

Applied Suicide Intervention Skills Training (ASIST)

Friday, October 14 • 3 CEUs

Shaping Clay: Making Contact Through Sensory Work in Counseling and Therapy

Saturday, October 15 • 7 CEUs

Intercultural Communication: Critical Understandings for Effectiveness

Thursdays & Fridays, November 3-4 & 10-11 • 30 CEUs

Clinical Supervision

More at go.lclark.edu/graduate/counselors/workshops



Legal Tips (continued from p. 12)

Frequently Asked Questions

Question: I just received a subpoena for my records and I don't want to send them because there are things in my file that may hurt my client's court case. What should I do?

Answer: We review subpoenas for free. The first thing to do is to fax the subpoena to (503) 607-2702 and either Dave Madigan or I will review the subpoena and get back to you. Please fax it as soon as you receive the subpoena as they are often time-sensitive. We will discuss your options after determining whether the subpoena is valid. Even if you don't want to send records, it's important not to ignore a subpoena. And yes, contrary to popular belief, subpoenas signed by attorneys are valid.

Question: I am seeing a minor client of divorced parents. The non-custodial parent is asking for a copy of my records. What should I do?

Answer: Under Oregon law, non-custodial parents have equal access rights to treatment records. (ORS 107.154). The Board's Administrative rules provide that "unless otherwise ordered by the court, parents shall have access to the client records of juveniles who are receiving professional services from the licensee." OAR 833-100-0051(12). There may be times where a therapist might withhold records, such as if there is a pending child abuse investigation, or if there is a significant danger to the child if the records are released. In those situations we might ask the court to determine who has access rights to the chart.

Make sure to read more from Paul Cooney in our fall newsletter, and tell all your counseling colleagues how great it is to be a member of the Oregon Counseling Association. When you count Paul's services, the membership pays for itself. In addition, we offer some amazing events and trainings. [Join today](#). Happy Summer!

Attorney Paul Cooney specializes in mental health law and provides a free half-hour consult to ORCA members. Contact him at (503) 607-2711 or pcooney@cooneyllc.com.

Gianna Russo-Mitma, M.S., LMFT Intern, has a practice in Portland, OR, in which she specializes in working with teens and co-parents after divorce. Gianna is the Communications Chair of ORCA, and is starting a new position as Adjunct Faculty at the University of Portland this Fall.

Join the ORCA Membership Committee!

Do you want to get involved in ORCA to welcome new members? Volunteer to join the ORCA Membership Committee! This position involves encouraging membership, calling and welcoming new members, and helping them orient to ORCA and find their place in our professional community.

Because of recent administrative changes, this position no longer involves working extensively with a database. Most committee members work from home, on their own and as part of a team. If you're interested, please email Raina at president@or-counseling.org.

Interested in volunteering with ORCA but have a different skill set? Check out our website to find the right committee for you!

<http://or-counseling.org/volunteering/>



Eating disorders become the number one priority. When you suffer from an eating disorder, it takes over your life. You can become isolated and emotionally detached, losing interest in friends, and activities you used to enjoy. If you think you or someone you love may have an eating disorder, get help at Eating Recovery Center of Washington. And take back your life. #RecoverLife

EATING Recovery CENTER
Washington

Locations: Bellevue, WA Programs: Residential, Partial Hospitalization and Intensive Outpatient levels of care
Focus: Eating disorders as well as co-occurring and related conditions including: Anxiety disorders, Trauma, Substance Abuse, Exercise Compulsion, Diabetes, Medical/Psychiatric Complications Populations: Adults and adolescents, male and female
BELLEVUE, WA
EatingRecovery.com
(425) 608-9828

Did You Know? A Few Answers to Your Questions

by Suzanne M. Elton, LPC,
ORCA Secretary

Part of my job as ORCA Secretary is reading and responding to your questions about a variety of counselor-related topics. I enjoy this part of my "work" since I actually get to correspond (and sometimes speak directly) with many of you. It seems like the majority of the e-mails we receive are concerning the same issues. I'd like to pass on some of the most recent inquiries in hopes of saving you the time of an e-mail/phone call.

How can I join the ORCA Listserv?

A benefit to ORCA members is the ability to join the ORCA Listserv. This information is listed on the [ORCA website](#). Join [this list](#) through Yahoo Groups to get news updates on legislation, referral sources, help finding various resources, and serious issues for counselors. Visit our [Yahoo listserv](#) and click Join. Someone will assist you soon after.

I have an ethical question/dilemma. How can I get an answer?

I encourage you to join ORCA as a benefit of membership is half hour free consult with an attorney, Paul Cooney, who is an expert in the Mental Health field. (See Paul's article on p.12 of this issue.) You can join ORCA by going to [our website](#). You can also find the Oregon Counselor Code of Ethics on the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT) [website](#).

Where can I learn more about the intern registration and LPC licensure process?

This information can be addressed by the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT). Both processes are found on their [website](#). Email and phone information is found under the Contact section.

Where can I find out information about Oregon jobs/ internship opportunities/Networking/Continuing Education/ Annual Event opportunities?

The ORCA website has a list of resources including [current jobs openings](#), as well as a [list of agencies](#) that you can contact for information. We also offer [quarterly networking events](#), [continuing education workshops/webinars](#), and an [Annual Fall Conference](#) among the professional advancement opportunities advertised on the ORCA website.



Human Services Training

PSU workshops and certificates are evidence-based, theoretical, yet practical, so that information is easily applied to your work. PSU trainings fulfill requirements of local and national licensing boards, including social work, counseling, addictions counseling, rehabilitation counseling, and couples, marriage and family counseling.

Contact lovrienk@pdx.edu
pdx.edu/ceed/human-services

The Human Core of Effective Psychotherapy: A Nonmedical Model of Emotional Healing Presented by: David N. Elkins, Ph.D.

Existential-Humanistic NorthWest invites you to join Dr. David N. Elkins, professor emeritus of psychology at Pepperdine University, for a day of lecture, discussion and experiential exercises in emotional healing. Dr. Elkins will examine how the human elements of psychotherapy, which include client factors, therapist factors, and relationship factors, provide the actual means of emotional healing. The workshop content will focus on how to apply this information in psychotherapy to increase effectiveness.

Saturday, September 24, 2016, 9:00am - 4:30pm
Ambridge Event Center, 1333 NE MLK Jr. Blvd,
Portland, Oregon 97232

For more information and registration, visit:
www.ehnorthwest.org/ehnw-workshop-2016

6 CEU's through NASW
Existential-Humanistic NorthWest is sponsored by
The Nonprofit Association of Oregon



Early Assessment and Support Alliance

*Investing in the Success of Teens and Young Adults
Who Confront Psychosis*

What is the Early Assessment and Support Alliance (EASA)?

EASA is a statewide network of programs which identify youth with symptoms of psychosis as early as possible, and provide support and treatment based on current research.

Who does EASA serve?

EASA helps identify and support young people ages 12-25 whose symptoms are consistent with the onset of a psychotic illness such as schizophrenia or bipolar disorder with psychosis. EASA also helps clarify diagnosis and appropriate treatment, and supports referents in linking to appropriate care.

Acute symptoms of psychosis include hallucinations (seeing and hearing things others don't); delusions (bizarre, out-of-character, fixed beliefs); and disturbances to speech, emotional expression, and movement. Onset of these symptoms usually occurs gradually.

Without early identification young people with psychosis are at great risk of school drop-out, loss of social support and ability to function, long-term trauma, legal involvement, disability and poverty.

With early intervention and appropriate support, most of these consequences can be prevented, and most will graduate from school, enter the workforce, and live a full and successful life.

Who should I refer?

Refer anyone who you believe may be experiencing the early signs of psychosis. If a person is having new, significant and worsening difficulties in **reduced performance, behavior changes, and/or perceptual changes**, call for a consultation. EASA can come meet with the family at school, at home, or any other location. **Don't wait!** Anyone can refer to EASA, or call for an anonymous consultation, free of charge.

What does EASA offer?

- Outreach, specialized assessment, and linkages to appropriate care
- Coaching to understand changes and help the young person succeed in school and elsewhere
- For youth with ongoing symptoms not best treated elsewhere, an intensive two-year transitional program from a local team including medical professionals, counselors, occupational therapists, and school/work specialists
- Family groups and peer support opportunities where people come together to learn relevant information and skills and to support each other

There are county-based EASA programs statewide.

**Find your nearest program and more at
www.easacommunity.org**

EASA is sponsored by



or reach us at EASA Center for Excellence at Portland State University - Regional Research Institute
(503) 725-9620 or 1-855-284-4750 toll free

Career Corner

The Confidence Trap: Coaching Women for Success

by Gail Jean Nicholson, MA, LPC

Many of my personal and career counseling clients feel they lack the confidence to fully explore their options. They express being overwhelmed by second-guessing, self-doubt, perfectionism and the inability to take action when deemed necessary. Women, in particular, describe discomfort while trying to outline paths beyond what they already know. It seems a woman needs more than the knowledge that she is competent in order to move forward; she must also possess complete confidence in her new venture, and that unfortunately is elusive according to a growing body of research.

In "The Confidence Gap," Katty Kay and Claire Shipman (2014) reflect on the behavioral discrepancies between the genders. Their research reveals women of the same caliber as men in the workplace, at all levels, consistently underestimate their abilities. For example women applied for promotions only when they thought they met all the qualifications, while men applied when they met 60 percent. Men initiate salary negotiations more often and when women do initiate, they ask for far less.

Cameron Anderson, a psychologist at UC Berkeley says, "When people are confident, when they think they are good at something, regardless of how good they are they display a lot of confident nonverbal and verbal behavior." As human beings we respond to this behavior, believing this person to be as good as they project they are. We're more likely to hire them, promote them and pick them to join our team.

As scientists accumulate more data showing the link between confidence and compensation and promotion, it makes sense to think about how to improve confidence. Authors Kay and Shipman (2014) argue women need to learn that success in

the "professional jungle" depends on more than just doing the job right; you need confidence to excel. To develop it, women must extend themselves, stretch, ask for more, risk a little, push beyond what's known and take action. Examples of coaching for clients are:

- Move beyond math anxiety that keeps you from obtaining your degree or further education. Take advantage of tutoring at your college or university.
- Obtain peer support; seek out people who will tell you both what you are doing well and one or two things you can improve.
- Take those thoughts to start your own business seriously. Sign up for a small business management class through a community college or Mercy Corps.

It's only by doing more that we realize we can do more. We need proof that we can do more. We need evidence and the experience of accomplishing something we didn't think we could do and then we will have earned self-confidence, not the other way around. Increased confidence is the reward not the prerequisite and positions us to experience the greater work-life satisfaction we deserve.

References

Kay, K. and Shipman, C. (2014, May). The confidence gap. *The Atlantic*, 313(4), 56-62.

Gail Nicholson, MA, LPC offers a blend of personal and career counseling to clients in Portland, Oregon. A pioneer in providing holistic career development services, Gail studied both counseling psychology and business. Visit her website, gailnicholson.com to learn more!

ORCA Call for Volunteers!

Want to meet other counselors and expand your professional network?

Want to give back to your community?

ORCA is an all-volunteer organization, and we need you.

If you're interested in sharing your talents, visit our website to learn more about the available opportunities:

<http://or-counseling.org/volunteering/>

Traumatic Brain Injury: The Basics

by Kris Fant, LPC/LMHC

Statistics and Definitions

According to the Brain Injury Association of America, 6.4 million individuals are living with a disability related to brain injury. This means that, in your practice, you are likely to see either a survivor or family and friends of someone who has experienced a brain injury. A traumatic brain injury can be caused by an impact such as a fall or motor vehicle accident, or by a medical issue such as stroke, lack of oxygen, or tumor. They may be rated mild, moderate, or severe, but these ratings do not predict outcomes. After sustaining a brain injury, people experience a wide variety of side effects, including physical changes, cognitive changes, and emotional changes. These changes can impact a person's ability to care for themselves, their ability to be independent, and to maintain their professional and social relationships.

Treatment

Every brain injury is different, so make sure to evaluate changes that have occurred cognitively, physically, and emotionally since the brain injury. Include safety questions as well, including things like cooking, showering, and driving, as well as impulse control. Medical records, consultations, and family and friends are valuable sources of information.

An important piece of treating traumatic brain injury is often validation of the symptoms your client is experiencing. Many people, including medical professionals, are not familiar with brain injury, and will tell clients they "should" be better, or that they "shouldn't" be having these symptoms. Family members may lose patience at memory loss, cognitive changes, or emotional dysregulation. Friends may start to pull away. Validating the client's experience can be invaluable, while they build a system of professionals and social support who understand brain injury.

One lesson I start to integrate early in the treatment is pacing and brain breaks. A brain that has been injured needs rest. A tangible concept like "brain battery life" can be a useful comparison to help people understand their new limitations, and how to maximize their capacity. We can teach clients to check in with their brain energy levels on a regular basis, and then teach them to take brain breaks. A good rule of thumb is taking a brain rest for 10 minutes every hour.

Another part of the recovery process for many individuals will be developing new strategies for managing changes in memory and perception. The tool I most often use is a planner. Schedule all appointments in the planner at the time they are planned, and include time for transportation. Teach clients to check their planner hourly. When they check their planner, have them write down anything significant from the past hour, and then begin the task for the next hour. Use your sessions to have clients review their planner each week, to recall what has been significant.

If a client is experiencing emotional dysregulation, emotional coping skills will be an important part of the therapy process. Breathing, meditation, mindfulness, present moment awareness, grounding and yoga are all ways to help clients develop skills for dealing with changes in their brain.

Sometimes verbal skills are impacted by the brain injury, so a therapist may help clients navigate learning new paths to self-expression. Movement therapy, Art therapy, and Music Therapy can all be helpful modalities when verbal skills are impacted.

Our sense of self is often connected to our abilities, our long term memories, and our ability to be oriented to time and place. After a brain injury, clients often lose a part of their sense of self. The memory of "who they were" before their injury is often more salient than their current abilities and perceived limitations; clients can carry a sense of not feeling like themselves, and grieve this loss deeply. Therapy can help with the grieving process, as well as rebuilding a sense of self that is congruent with the client's values, hopes, and dreams. Through this process clients move toward accepting and even celebrating the physical, cognitive, and emotional changes that have occurred since the injury.

Resources

If you are interested in resources, please email krisfant@gmail.com, and I will send you a list of my favorites.

Kris Fant, LPC/LMHC works at Progressive Rehabilitation Associates. She specializes in working with individuals who have persistent pain or traumatic brain injury. You can reach her at kris@progrehab.com. When she's not at work, you'll find her riding off into the sunset on her motorcycle.

The Healing of Sexually Abused Men

by Amber M. Senger, M.S., LMFT Intern

It goes without saying the effects of sexual abuse can be psychologically damaging for people of all genders. Until recently the focus of research seeking to identify long-term effects and evidence-based treatment has focused primarily on females because it was believed higher instances of sexual abuse towards children was more prevalent with females. A 2005 study by the U.S. Center for Disease Control affirmed additional studies beginning from the early 90s indicating abuse of men was much more prevalent than what was actually being reported (Dube, 2005). Current research indicates one in six males experience unwanted sexual contact before age 18, and this is believed to be a low estimate (Hopper, 2014).

Culturally, we have begun to acknowledge the need for further research, support and outreach for this population. As a result we as clinicians are seeing an increase of men who have experienced childhood sexual abuse in our practices. Having an understanding of the unique issues these men face and how we can tailor our treatment methods to best fit this population is necessary for clinicians working with complex trauma.

Unique issues

The extent of harm and potential for resiliency of sexual abuse is dependent upon factors not relating to gender such as the relationship between the child and the abuser, the duration of the abuse and how the child was helped. One of the turning points after the occurrence of abuse is when it is reported to an adult. Oftentimes boys who disclose unwanted sexual contact are not assisted. Essentially, this is influenced by society and the idea of strong men and "toughing it out." The abuse then becomes unreported and ignored (Hopper, 2014).

Symptomatology of this population indicates high rates of anger, isolation and alienation, self-blame/guilt, shame, humiliation and a sense of lost power, control, and confidence. Other long-term effects include masculinity inferiority and inadequacy beliefs, confusion over sexual identity and/or sexual orientation (Dube, 2005). A notable study that compiled qualitative data by means of survivor interviews affirmed consistent research themes in a way that includes survivor perspective in each category discussion (Lisak, 1994). This study projects evidence in a way that is both insightful and compassionate and utilizes survivor discussion to give greater meaning to the epistemology of symptoms.

Evidence-based treatment

Traditionally, trauma informed treatment has incorporated behavior therapies such as Cognitive Behavioral Therapy (CBT). Behavior therapies address major issues associated with trauma including damaged relationships, high stress, and overwhelming emotions. It creates a sense of control and balance between

thoughts, feelings, and behaviors and provides healthy coping skills and responses. In my practice, I often utilize Dialectical Behavioral Therapy (DBT). Because of the terror, fear and helplessness children often experience with trauma, biological rewiring occurs after abuse. The activation of this fear system causes victims to be stuck in hyper-arousal. DBT is successful with this population as it recaptures control of the emotions and the mind, balancing the emotional mind, the logical mind into the "wise mind." The mindfulness skills of DBT change brain structures and restore the client's sense of power and choice.

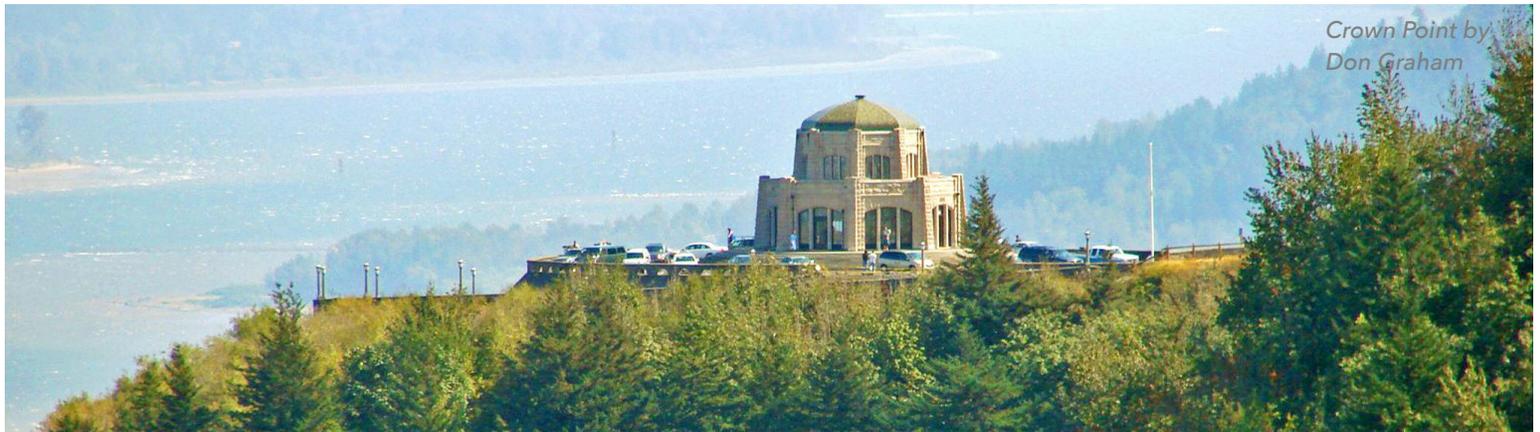
My approach with this population is also influenced by the work of Bessel van der Kolk and his book, *The Body Keeps the Score* (2014). From this perspective the effect of trauma is also viewed as a neurological rewiring that separates the mind, body and emotions. The instability and lack of whole self is often described with trauma victims as disassociation. I often suggest to my clients therapeutic interventions that incorporate physical body work such as EMDR, neurofeedback and trauma-informed massage and yoga. These modalities provide a sense calming and balance so that traditional talk therapy and behavior interventions are more effective.

Historically there has been limited data on male survivors and treatment, but this is changing. Male survivors of childhood sexual abuse are seeking treatment more often. These men have the potential to experience unique challenges that women survivors may not. Treatment which integrates developmental, biological, psychodynamic and interpersonal aspects address the entire person and range of issues they may face.

References

- Dube, S.R., Anda, R.F., Whitfield, C.L., et al. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, 28, 430-438.
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- Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Viking.

Amber M. Senger, M.S. is a Marriage & Family Therapist state intern with a private practice in SW Portland / Beaverton. In addition to working with individuals and adolescents, she has a special interest in complex trauma, specifically, working with male survivors of childhood sexual abuse. You can contact her at amber@elanvitalpdx.com and www.elanvitalpdx.com



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