THE COUNSELOR

President's Message

Help Promote and Protect Counseling in Oregon

Hello ORCA colleague,

Did you know that April is Counseling Awareness Month? As counselors, we know that we play a vital role in the health and wellbeing of our clients and in the strength of our communities—and yet, the confidential and private nature of our work means that our stories don't often see the light of day.

The Oregon Counseling Association is actively promoting and protecting our profession by highlighting the important work counselors do each day and the impact we have on individuals and our communities. Recently, ORCA Board Members held meetings with nine Oregon legislators at the state Capitol to provide information on counseling and therapy and discuss access to mental health services. As the primary source of funding for COPACT, ORCA is the driving force behind the important advocacy work that brings our important stories to the people who need to hear them – this is your membership dollars at work!

This issue of *The Counselor* is full of interesting and enlightening articles to help you keep your practice sharp and to keep you informed of the important changes affecting counselors. You will also see the many ways that ORCA continues to produce engaging opportunities for members to connect, learn, and support our unified advocacy efforts, state-wide and beyond. A few reminders to consider:

- Be sure to register to attend the May 3 ORCA learning event: *Private Practice in the New Era of Healthcare Reform* taking place in Portland or at your computer via webinar. The event will be packed with essential information for private practice counselors and is approved for 6 CEUs.
- Interested in presenting at the ORCA Conference in October? Conference presenter proposals are due no later than May 1.
- ORCA Elections: Don't forget to vote in our upcoming election. In early May, you will be emailed an electronic ballot and asked to vote to approve new executive officers including a new President-Elect, a Treasurer, and Secretary.
- Consider making a donation to COPACT to show your support and further strengthen our government relations and advocacy partnership.
- In mid-May, the ORCA Governing Board will meet for its annual leadership retreat. If you have interest in serving your profession through one of our many volunteer leadership opportunities this year, please let us know.

ORCA takes great pride in bringing attention to the importance of professional counseling, and the role of professional counselors throughout our state. Your membership matters; thank you for your continued support of the Oregon Counseling Association.

Matt Morscheck, MS, LPC
ORCA President, 2013–2014

IN THIS ISSUE

The Wounded Healer Archetype: Key to Our Careers

By Aubrie De Clerck

We have many cultural symbols for identifying the gifts inside of our wounds. Think about the story of Rudolph the Red Nosed Reindeer. His shiny nose was the source of pain and ridicule, until there was an opportunity for him to use it in a way that positively affected children around the world. Think also of the metaphor held in an oyster—the irritation of a grain of sand producing a beautiful pearl. There is a powerful archetype in astrology that speaks to this dynamic-it is called Chiron, the wounded healer.

In Greek myth, Chiron is a centaur whose story represents a deep wounding that exists for all of us since birth. Chiron was abandoned by his mother, who, overcome by her shame at giving birth to a child who was half man-half horse, asked the gods to turn her into a linden tree rather than continue as Chiron's parent. We all are born with the notion that we are separate and imperfect in a way that will cause rejection. Adam Gainsburg calls this the sacred wound, explaining it as a "subconscious belief or pattern of assuming we are permanently damaged, wounded, broken or unfixable in specific ways necessary to our fulfillment."

In actuality, the wounded place is exactly what is key to our fulfillment—and our purpose. By going into the wound, we find the very thing we are here on the planet to contribute.

Many times we will try to protect this place from the light of day, by either succumbing to hopelessness or overcompensating and coming on strong. Either reaction moves us further away from the gold that lays hidden.

Let's look at a client example:

This client continually worked in toxic non-profit environments over her career. Her creativity and innovation were unwelcome in each workplace, the very things she identified as giving her energy and satisfaction in life. She wondered if no healthy non-profits existed out there, but when she went deeper she shared her worry that there was something wrong with her that was causing this struggle, something she couldn't fix. Her Chiron placement affirmed that her ingenuity was what she was here to contribute. Understanding she was wired up to give this gift and had been choosing organizations that only supported the wounded side of this coin, she was able to conduct a search that focused on understanding the culture of the organization and how to find the place that would welcome her fresh perspectives. She is currently happily, healthily employed at a non-profit that is a fit.

Continued on next page

Chiron shows up uniquely for each person; however there are common ways it has been pivotal in my work with clients:

• Identifying gifts-giving name to the gifts and the comforting idea that they are innate within the client already. This paves the way for motivation and self-acceptance.

• Defining healthy work environments—encouraging clients to advocate for themselves at work in a balanced way and guiding clients to structure searches that support the expression of the gift, rather than furthering the wound.

• Finding empowerment—helping clients understand that the key to change is right in front of them and does not require outside circumstances to change in order for them to access it.

How do we know when Chiron might be at work? The following are some of its telltale characteristics:

• What we do well for others that is difficult to do for ourselves

• Inability to identify how we are unique and special

• Feeling understood more by people who are older than ourselves by about 50 years, such as grandparents or mentors

• Swinging between denial and overachievement

To deepen your understanding of Chiron's influence on your career and the careers of your clients, consider finding its astrological placement. It will provide specific information about a client's gifts, areas that create roadblocks and paths to healing and purposeful expression.

Aubrie De Clerck, CPC, is a Career Coach and Astrologer in private practice in Portland, OR. She has over 9 years experience helping people find fulfillment at work in all stages of life (new careers, mid-career changes, retirement) including 4.5 years working for the career development organization Lee Hecht Harrison. Aubrie is well versed in corporate, non-profit, education and entrepreneurial sectors, with expertise in helping clients get clear on what they want from their work lives. www.coachingforclarity.net.

The Counselor

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Capitation

A Word to Know in the New Era of Healthcare Reform

By Larry Conner, MA, LPC

It is now spring of 2014. The country is digging itself out of some very large snowdrifts. And Health Care Reform is being implemented around the country. President Obama recently announced that 7 million people who were formerly uninsured are no longer. Many people believe the Affordable Care Act (ACA) was all about that. That is certainly a big part of its intent. But another part of the ACA is cost containment. This is the part of the ACA that is causing many observers to say the ACA is not health care reform, it is health care transformation.

A huge shift coming with the ACA is a change in the way health care providers are paid. Up until now, our health care system has been fee-for-service. That means health care providers have been paid by the procedure. In other words, the more sessions we counselors provided, the more we got paid. That has been true for those of us both in private practice and in agencies. Those of you working in agencies maybe were not aware of it because the money for all your sessions did not come to you, but instead it went to your agency.

Under the ACA, fee-for-service will be ending. It will be replaced with something you are going to be hearing a lot about: capitation. In a capitated system we will be paid based on the speed and effectiveness of the outcome of our service. Simply, we will make more income if we can help our clients' symptoms shift quickly.

This change to capitation is complicated. Many details have to be worked out to determine how it will affect those of us in private practice. Counselors working in community mental health agencies are already starting to see capitation. Right now Oregon Health Plan clients' care is capitated through Continuing Care Organizations (CCOs) in Oregon. You may be hearing from your supervisor that you need to reduce the number of sessions you are providing a particular client. The reason you are hearing that is your agency is allotted a limited amount of funding for a particular group of clients, and if you provide less service, but still get good outcomes, the agency gets to keep more of the allocated funds. Something to keep in mind is, if you get good outcomes efficiently and thus your agency gets to keep more of the funds, you should get a bonus at the end of the year. That is the way a capitated system works: providers who are efficient and who save money can expect to be rewarded financially.

Yes, capitation is coming. But here is a big caveat: outside of the CCOs, it is not happening right now in Oregon. It may start in a year or two. It will very likely be happening in five or six years. By then we will have a much better idea what the system will look like and we will have opportunities to change some of it in the legislature. COPACT, your lobbying organization, is watching this process very closely to see what we need to do to ensure that the care we provide will be ethical, and that private practitioners will have a chance to survive.

And a second caveat: capitation will not affect all of us. Many of us will choose to work in cash practices so that we will not have a capitation system limiting the care we provide. Long-term therapy will not be well supported in the new system. Yet there will be a continuing need for that. We will have to find ways to survive with or without capitation because our clients will want us to.

ORCA is committed to helping LPCs and LMFTs get through this change. For example, on May 3rd, a number of ORCA members will present "PRIVATE PRACTICE IN THE NEW ERA OF HEALTHCARE REFORM." We will discuss procedures for getting on insurance panels, for providing successful cash practices, and strategies for the ethical and secure use of credit cards. We will also discuss some of the information that is coming out about forming Independent Practice Associations (IPAs) as a way of managing the changes that are coming. The presenters will be Roy Huggins, Lynne Coon, Courtney Woodward and myself. If you have concerns about all the changes afoot, please come and spend a day with us or join us via webinar. You can register for the workshop at the ORCA website: http://or-counseling.org.

The ACA is an exciting and challenging statute. Our country will be working it out over the next decade or more. Please, for your own good, educate yourself about what we face and how we can face it together. To help with that, please keep your membership in ORCA up to date so you can stay informed. The ORCA listserv is a good place to get accurate information about what is going on. ORCA is committed to helping you. We will get through this together.

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

When Baby Brings Anxiety

By Robin C. Gibler, LPC

Karen* enjoyed her career as a teacher and waited until later in life to have children. She had difficulty conceiving and was thrilled when she became pregnant. During her pregnancy, she spent a great deal of time researching online before carefully creating her birth plan and buying items for the nursery. She and her husband attended natural childbirth classes and she found an experienced midwife to attend her delivery. As her due date drew near, Karen found it difficult to think about anything else but her baby. Although her husband was concerned about Karen's insistence on everything being "just right" for the baby, his family assured him that she was just excited about her new role.

When Karen experienced unforeseen complications late in her pregnancy, her perfect birth plan was replaced with a scheduled Cesarean. She was crushed by this news and secretly felt ashamed that her body had failed her baby. Although the delivery went as planned, she couldn't shake the feeling that something unexpected could again go wrong. She couldn't relax and had difficulty sleeping, particularly when her baby Abby* slept because she was afraid she would stop breathing in her sleep. She was exhausted, but was fearful of allowing others to care for Abby. She was impatient when her husband tried to help and he soon gave up trying. Her friends also stopped offering to help and slowly drifted away as Karen isolated herself at home. Karen often felt overwhelmed by the seemingly endless needs of the baby and the weight of her responsibility. Alone, she cried as she watched the baby sleep.

Karen's symptoms differed from the symptoms usually identified with postpartum depression—she suffers from perinatal anxiety. Perinatal anxiety begins when a woman is trying to conceive, is pregnant or is in the first year postpartum. It often overlaps with depression or leads to depression when untreated. Symptoms often begin in pregnancy and worsen after childbirth.

Perinatal anxiety can present in a number of ways. Typically, heightened worry and concern are present, along with feelings of being overwhelmed. Other common symptoms include sleep disturbance, loss of appetite, difficulty concentrating and making decisions, irritability and panic. The symptoms interfere with daily functioning and with the mother's perception of herself in relation to the baby. Some women are so debilitated by their anxiety that they are unable to care for their baby at all.

Continued on next page

Another form of perinatal anxiety is Obsessive-Compulsive Disorder (OCD). Most commonly, women will develop persistent, intrusive thoughts or mental pictures of harm coming to the baby. These thoughts are horrifying to the women who experience them, especially when the image or thought is of themselves hurting or killing their baby. In response, women will go to extreme lengths to protect the baby. For example, a woman who fears drowning her child will refuse to ever give her baby a bath, or even enter the bathroom with her baby. Many times these thoughts are held in secret and the woman is terrified that she is going crazy and may someday snap and kill her baby. It is very important to distinguish this anxiety from perinatal psychosis.

Thoughts occurring from OCD are deeply disturbing to the woman who has them, she can articulate why they are wrong and she will take steps to keep the child from whatever harm she is imagining. In contrast, perinatal psychosis is a rare condition that requires emergency intervention to protect both mother and child. Psychotic thoughts occur within a context of delusion or mania and the mother is not able to distinguish their irrationality.

Perinatal anxiety can also present as Post-Traumatic Stress Disorder (PTSD), particularly for women with a history of past traumatic experiences. Pregnancy and childbirth is a fertile ground for experiences that trigger feelings of vulnerability and helplessness. Once triggered, the mother may find herself returning to memories of past trauma, experiencing intense nightmares or flashbacks and unexpected emotional flooding. Unfortunately, the baby's cries may serve as such a trigger and the mother finds herself in a desperate state of avoiding her own child.

Perinatal anxiety is a serious condition that has the potential to interfere with early attachment. Although pregnancy and lactation hormones have a role in this condition, it is important to note that both men and women can develop perinatal anxiety, as well as adoptive parents. Early screening for risk factors is key in minimizing impact for the family.

For more information, please visit Postpartum Support International (postpartum.net) or our Portland resource, Baby Blues Connection (babybluesconnection.org).

***Composite character/fictional name**

Robin C. Gibler is a licensed professional counselor who specializes in women's issues, pregnancy and postpartum. She currently has a private practice in Portland and serves as a volunteer consultant for Baby Blues Connection. Her work is inspired by the courageous women she serves and her own healing journey through perinatal depression and anxiety. www.robingiblercounseling.com

PRIVATE PRACTICE IN THE NEW ERA OF HEALTHCARE REFORM

Understand the changing landscape for clinicians as we move into healthcare reform: where we are and where we're going including information on Independent Practice Associations (IPA's) and Electronic Health Records (EHRs). Learn how to have a successful cash practice (or how to build one whether you're a new or seasoned clinician) and how to attract clients who are willing pay cash in this new healthcare environment. Understand the intricacies of getting on and working with insurance panels including the reimbursement process for Medicare clients. Learn about the most current payment methods, why using them could be beneficial to your practice and how to use them ethically, be compliant with HIPAA and protect client safety.

Presenters include Larry Conner, MA, LPC; Courtney Woodward, MS, LPC; Lynne Coon, MS, LPC; and Roy Huggins, MS, LPC.

Saturday May 3, 2014 9 am-4:30 pm

(Check-in begins at 8:30 am)

In Person: OHSU Center for Health & Healing (South Waterfront location), Rooms 3171 & 3181

3303 SW Bond Ave., Portland, OR 97239-4501

OR

via Webinar

For more information and to register visit www.or-counseling.org

Prices are the same for in-person or on-line attendance.	Early (Before 04/15/14)	Regular
Licensed Professionals (6 CEUs)		
ORCA Member	$95	$115
Non-Member	$165	$185
Reduced rate workshop & one year ORCA membership ($96)	$150	$170
Pre-Licensed Professionals & Students *		
ORCA Member	$65	$85
Non-Member	$130	$150
Reduced rate workshop & one year ORCA membership ($72)	$115	$135

** No CEUs offered with this registration (CEU certificate can be requested for $30)*

DISCLAIMER: Any opinions, findings or conclusions expressed by the speaker(s) do not necessarily reflect the views of the Oregon Counseling Association or the National Board of Certified Counselors. ORCA reserves the right to substitute a qualified speaker in the case of unforeseen circumstances.

Registrants will not receive a CEU certificate until payment has been received and the seminar has been successfully completed. If payment is not received ten (10) days prior to the seminar, the certificate may not be present at the seminar. However, upon confirmation of both payment and attendance, a certificate will be available. If your payment is returned marked NSF it will be represented electronically and a processing fee will be charged as allowed by law.

When There's No Template

Figuring Out How to Retire as a Counselor

By Susan Zall, LPC

So I decided to retire. I had not been thinking about it, wasn't tired of the work, and actually looked forward to seeing (most of) my clients each week. I thought I'd be in private practice as an LPC at least another five or ten years. Age can be a benefit in this business.

And then came the opportunity of a lifetime, a chance to live in Italy for three or four months. As they say, an offer "you can't refuse." But three to four months is simply too long to put a counseling practice on hold. "Surely, Mrs. X, you can keep that depression under wraps for four months?" Good professional ethics required a more permanent solution.

Who knew it would be so complicated and take so much thought? Retiring as a mental health therapist is not quite the same as retiring from an accounting career. I did not know any LPC who had retired so I had no template to follow, no one to answer all the questions that arose.

It turned out that there were a number of logistical and good practice issues to consider. After a few discussions with peers, the consensus seemed to be that the process was up to me. Some questions popped up immediately: when do you inform clients? When do you stop taking referrals? How many therapists' names do you give a client who wants to continue counseling? How do you inform referring agencies and colleagues?

The first issue I considered was timing. I knew when I was leaving for Italy and factoring in time to prepare for the trip, came up with a date for the last appointments. Of course, as I began to answer these questions, I thought about the financial impact. What if all my clients decided to terminate well ahead of the last day and I had no new referrals coming in? I would have needed a crystal ball to know the answers so I had to be content that the decision to retire was the right one come what may.

I decided to stop taking referrals four months before my targeted retirement date. While I think I am a pretty efficient therapist and do use a lot of Brief-Solution Focused methods, I am clearly not a miracle worker. And we all know that even if a client identifies their issues as "short-term," that frequently does not turn out to be the case.

Continued on next page

As for when to inform clients, I tossed around a lot of possibilities. After all the counting of days, I decided eight weeks would be appropriate. That would give my clients time to get used to the idea, to set goals for termination or the next counselor, and evaluate their experience of counseling.

While I began the process of telling each client in person of my impending retirement, I decided to also send a formal written announcement. I included a list of at least three therapists in each of the three geographical areas where I had clients. The ethics of the counselor-client imbalance of power dictated that I do my best not to influence my clients' decisions.

Again, there was no help for what a retirement announcement would look like. I even Googled "retirement letter" but nothing much came up, certainly nothing pertinent to my field. I also realized that I would need to inform former clients because quite a few had returned over the years for a "tune-up."

I used the same format for the letter to present and former clients and the letter to colleagues. In the first paragraph, I stated I was retiring and gave the dates of the last appointment at each of my offices. In the second paragraph, I expressed appreciation for the opportunities for growth both clients and colleagues had afforded me over the years. Finally I ended with a general statement about future plans and thanks.

And then, in June of 2010, I retired from private practice as an LPC. To my knowledge, a counselors' guide to retirement still does not exist. Perhaps as our profession continues to grow and develop, this resource will emerge. Until then, I hope personal accounts such as mine here will be useful in guiding others.

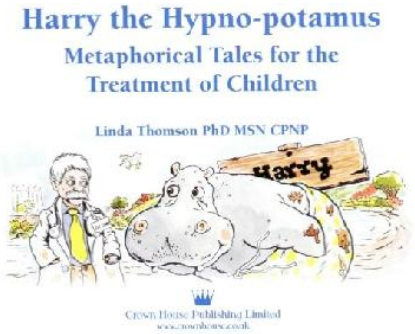
Susan Zall, LPC, NCC, currently provides Critical Incidence Response to businesses and agencies in the Portland metro area and serves as the co-chair of ORCA's Practice Development and Education Committee.

Oregon Society of Clinical Hypnosis

Linda Thomson, Ph.D.
MSN, CPNP, ABMH

Hippo-nosis: It's not just for kids.

Friday evening meeting: Hypnosis for children
And the child within all of us
Saturday morning workshop: pediatric hypnosis



Dr. Linda Thomson is passionate about dispelling the misperceptions of health care professionals and the public concerning hypnosis. She enjoys presenting educational programs to both professional and lay audiences about the therapeutic benefits of clinical hypnosis. Linda has taught workshops for health care professionals across the country and around the world on how to effectively incorporate hypnosis into their clinical practices. She also provides consultation to clinicians seeking certification. She brings passion, humor, and a unique gift for teaching to her presentations and workshops.

Dr. Linda Thomson has been a nurse practitioner for 35 years and incorporates hypnosis into every aspect of her practice empowering patients to help themselves. She is passionate about teaching other health care professionals how to utilize hypnotic skills and language in their clinical work. Linda has taught workshops in medical hypnosis across the country and around the world. She is the first nurse to become a Diplomate of the American Board of Medical Hypnosis. Known for her expertise in pediatric hypnosis, Linda is the author of the Harry the Hypnopotamus books - Metaphorical Tales for Children and the creator of a CD program entitled Stress Free Surgery. Linda is employed as a Nurse Practitioner and Medical Hypnotherapist at Rockingham Mediacal Group in Bellows Falls, VT and at Pioneer Valley Pediatrics in Longmeadow, MA and Enfield CT. Her private practice is Hypnosis for Health and Healing in Ludlow, VT.

Date: Friday & Saturday, May 16 &17, 2014

Location: OHSU School of Dentistry (611 SW Campus Dr, Portland, OR 97239)
Sixth Floor Conference Room 606

Cost: Friday: $15 (OSCH Members) $20 (Non-Members) $10 (Students)
- Includes light dinner and 1 CE accepted by ASCH

Saturday: $50(OSCH Members) $80 (Non-Members) $30 (Students)
- 3 CE accepted by ASCH

Times: May 16, 2014 6:30pm-7:00pm Dinner 7:00pm-8:00pm presentation
May 17, 2014 9:00am-12:00noon workshop

Registration: Dr. Susan Rustvold
- Email: susanrustvold@mac.com
- Phone: (503) 705-8454

OSCH is a component of the American Society of Clinical Hypnosis

Visit the website at www.orhypnosis.org for a calendar of events, hypnosis certification courses, and membership information. OSCH events are open to all licensed health care professionals who hold a master's or doctorate degree in medicine, dentistry, psychology, counseling, nursing, or are students currently enrolled in graduate programs in the aforementioned fields.

http://www.ohsu.edu/xd/education/schools/school-of-dentistry/about/directions-and-maps.cfm

A Growing Profession

Recent Licensing Board Data Highlights Our Burgeoning Field

By Doug Querin, JD, LPC, CADC I

The Oregon Board of Licensed Professional Counselors and Therapist (OBLPCT) has recently reported that it issued 343 new licenses in 2013. At year's end, there were 2,812 licensed professional counselors and therapists in Oregon and 1,018 registered interns. Thus, the total number of board-regulated counselors and therapists at the start of this year amounted to 3,830.

If your sense is that there are many more LPCs, LMFTs, and registered interns today than in past, you would be right. In the year 2000, the number totaled about 1,450; by 2010 that number had increased to approximately 2,850, nearly double what it had been just a decade earlier. And, today we have 3,830 professional licensees and registered interns in our state.

Of additional interest is the OBLPCT's demographic breakdown of its 1,080 registered interns:

(1) 848 of them are LPC interns and (2) 170 of them are LMFT interns. A little more than half (55%) received their graduate degrees from the following Oregon schools: George Fox University (14%), Lewis & Clark College (14%), Portland State University (9%), Pacific University (7%), Oregon State University (6%), and University of Oregon (5%).

There are many different conclusions we might draw from the licensing board's recently reported data. In terms of professional ethics, as well as human rights, one conclusion worthy of consideration is that, given the significant unmet mental health care needs in our communities, particularly within our minority and disadvantaged populations, and the recent expansion in affordable health insurance programs, this growth in our ranks as mental health care providers is greatly needed.

We, as helping professionals, along with our state's educational institutions, have a profound opportunity in the coming years to improve the lives of many who might not otherwise have had access to mental health services. We can do this not just by being available as service providers. We can also do this by being a social and political force on behalf of those who often have no voice and are seldom heard. Our state-wide and national professional associations, like the Oregon Counseling Association and American Counseling Association, can be powerful and influential representatives of our professional values and commitments. To effectively and meaningfully accomplish what needs to be accomplished, we must both grow our profession (as it appears we are) and actively participate in those organizations that share our common goals.

Douglas S. Querin, JD, LPC, CADC I, serves as the ORCA Ethics & Human Rights Committee Chair.

OVERHEARD

SOME SNIPPETS FROM ONLINE MEMBER DISCUSSIONS:

LinkedIn: ORCA Tech Chair on the Heartbleed flaw

"The Heartbleed flaw hit the Internet hard, and we have a simple responsibility to protect our clients' information from the flaw: change our passwords." Read the full article.

—Roy Huggins, LPC, ORCA Tech Chair

Become a LinkedIn Group member:

http://www.linkedin.com/groups?gid=2467168

Facebook: Apply to be a Fall Conference Presenter

"Registrations for our May 3 Healthcare Reform event are rolling in! Meanwhile the deadline for proposals to BE a presenter at our Annual Fall Conference is just a week and a half away (May 1)." Apply here.

— Sarah Lebo, LPC, ORCA Fall Conference Chair

Like our page to get newsfeed updates:

http://www.facebook.com/OregonCounselingAssociation

Tune in to our Twitter feed:

https://twitter.com/OregonCounselor

Yahoo Groups: New 2014 ACA Code of Ethics

ACA Code of Ethics Now available:

http://www.counseling.org/knowledge-center/ethics

—Matt Morscheck, LPC, ORCA President

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

Go to http://health.groups.yahoo.com/group/OregonCounseling/ and click join now.

Oregon Counseling Association 2014 Leadership Roster

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