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## LOOKING FOR A FEW GOOD BOARD MEMBERS

As you can read in this newsletter (VACC Retrospective), the Virginia Association of Clinical Counselors has a long and proud tradition of protecting and advocating for the clinical counseling profession in Virginia. Much of the work of the organization is done by the Executive Board, a dozen or so members who serve as committee chairs and elected officers. From time to time, we have openings on the Board, as we do at present. We meet four times a year (on Fridays in Richmond) and have contact between meetings by phone and e-mail. Administrative and leadership experience is valuable, but so is dedication and commitment. We would welcome inquiries from all interested parties, and would like to include counselors from both private and public service. Racial, ethnic, and geographic diversity is valued as well. The rewards? Among others, camaraderie, leadership experience, a direct role in shaping the future of the counseling profession, credit (up to eight hours) toward your 20 hours of continuing education, and many intangibles. Send inquiries and resume/vitae to Lynessa Glass, VACC President at [therapistlynessa@gmail.com](mailto:therapistlynessa@gmail.com).

Serving the needs of Virginia Clinical Counselors since 1980

VACC Headlines Issue 31 October 2011



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COUNSELORS

# VACC Headlines

Serving the needs of Virginia Clinical Counselors since 1980



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## PRESIDENT'S CORNER by Lynessa Glass, LPC, LMFT

It is a great honor to serve once more as your Virginia Association of Clinical Counselors President for the 2011-2012 term.

I am grateful to work with such capable board members with a variety of experiences as clinicians in the mental health field. Please refer to our website, [www.VACC.org](http://www.VACC.org), for a listing of our current board members, along with our mission as an organization serving clinical counselors throughout the entire state of Virginia.

One goal of mine as current president is to increase our membership throughout the state by offering workshops conveniently located for members throughout the state. You will notice this is why we alternate locations for workshops. We welcome any special requests or suggestions you may have for upcoming workshops. Please remember that we do offer continuing education credits as well as great networking opportunities with others in the field.

We always discount conference fees for members, and have negotiated discounts to programs by our social work and marriage and family colleagues.

I am most excited about the prospect of holding our first annual conference in 2012. We are in the midst of planning this now, along with two other workshops before that time. We plan to focus the conference on Therapist Self Care.

Although participants will leave with ideas and techniques to share with clients, we want all of us to leave feeling rejuvenated, refreshed and excited about continuing our work as clinicians. Any suggestions from members are invited and appreciated.

Now, as I have told you about some of what VACC has in store for you, I have a big favor to request from every current member. I challenge you to invite at least one more clinician to join VACC. When your referred colleague joins, please ask them to indicate your name as the referral source. We will track these and the member with the most referrals will be recognized in a special way at our conference. Thank you in advance for your dedication to assisting with membership growth.

I want this to be yet another successful year for VACC. I always welcome suggestions and would enjoy the opportunity to speak with you. Thanks to each and every one of you for making this organization what it is today and thank you for your dedication to the important work we do each day.

Peace and Best Always,  
Lynessa Glass, LPC, LMFT  
[therapistlynessa@gmail.com](mailto:therapistlynessa@gmail.com)



## JOB OFFER

### HAMPTON ROADS

Substitute Licensed Clinical Therapist Needed immediately. Must be able to perform complex diagnostic clinical planning and therapy including individual, group, family therapy, crisis intervention, perform clinical case management, clinical administration, as well as participate on all treatment team activities.

Visit [WWW.VACC.ORG](http://WWW.VACC.ORG) for the list of requirements or Visit [www.barryrobinson.org](http://www.barryrobinson.org) for details.

Send resume with cover letter and salary history or apply in person to Human Resources.

More Information is on [WWW.VACC.ORG](http://WWW.VACC.ORG)



NBCC-TRICARE



NBCC, ACA and AMHCA are pleased to announce that on July 26, 2011, Secretary of the Army John M. McHugh signed Army Directive 2011-09, Employment of Licensed Professional Counselors as Fully Functioning Army Substance Abuse Program Practitioners. This directive authorizes "the Army Substance Abuse Program to employ licensed professional counselors and licensed mental health counselors as independent practitioners with a well-defined scope of practice."

The directive also establishes credentialing and privileging standards for licensed counselors who seek employment through the Army Substance Abuse Program (ASAP). The criteria include the following:

- Successful completion of a master's degree in counseling from a regionally accredited college or university that has its counseling program accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP) (Counselors who are already employed with ASAP or who have already entered the application process for an ASAP counseling position prior to the effective date of the directive do not have to meet the accreditation requirement.)
- Possession of a state license as a professional counselor or mental health counselor
- Achievement of the highest clinical level offered by their state licensure board
- Passage of the National Clinical Mental Health Counseling Examination



The directive became effective upon signature by Secretary of the Army McHugh on July 26, 2011.

We have been told that the directive is a temporary policy that allows counselors to practice independently until the TRICARE regulations are completed as directed by the FY 2011 National Defense Authorization Act (P.L. 111-383).

You may recall that the TRICARE regulations were due out by June 20, 2011, but the deadline was missed and we were told that it may be another six months or more. **There is no requirement that the final TRICARE regulations establish the same criteria as this directive.** NBCC, ACA and AMHCA continue to urge the Department of Defense to adopt broad TRICARE regulations that recognize all qualified professional counselors.

**Qualifying counselors who are interested in ASAP positions should act quickly.** The Army is in dire need of more counselors and recently launched a national hiring initiative described here: [www.dodlive.mil/index.php/2011/08/army-urgent-to-hire-130-substance-abuse-counselors-asap/](http://www.dodlive.mil/index.php/2011/08/army-urgent-to-hire-130-substance-abuse-counselors-asap/). **The job announcements reference social workers and psychologists, but we have confirmed with ASAP leadership that these positions are available to professional counselors.**

ASAP vacancies are posted here for interested counselors: <http://medcell.army.mil/spotlight.asp?id=20>

Our organizations are pleased with this step forward, but continue to encourage recognition of all qualified professional counselors. We invite counselors to report back on any challenges or successes they experience as the result of this new policy and employment opportunities.

## VACC ETHICS AND STANDARDS COMMITTEE REPORT



Board of Counseling minutes (2/18/11; 5/6/2011; August meeting cancelled), reveal that the Board raised ethical issues regarding "supervised experience" in Intensive In-Home and Therapeutic Day Treatment settings. The Board expressed concern that the purpose of "supervised experience" is to provide clinical counseling and therapy services while under appropriate "Board-approved" supervision. The Board realizes, however, that many duties of the "license eligible" individuals in the referenced settings include supervision of others and case management duties, which the Board considers insufficient to meet licensure preparation requirements while under clinical supervision. Because of the volume of programs providing these services,

has increased regarding services provided and qualifications of the employees providing such services. It was stated that any ethical concerns relating to supervision were the responsibility of the licensed supervisor and could be addressed in a disciplinary forum. Ms. Brown commented that the Board of Counseling would consider publishing a draft Guidance Document to address the required supervised experience in the delivery of clinical services necessary for LPC licensure. (The motion was made that the Board adopt Guidance Document 115-7: Supervised Experience Requirement for the Delivery of Clinical Services for Professional Counselor Licensure.) "Tele-Counseling" was also on the Board's agenda. The Board suggested that they obtain a speaker with expertise in the matter of "tele-counseling" and client confidentially concerns for the next Board meeting. In researching this upcoming topic, HPSO, ACA Code of Ethics and APA all agree that telephone, e-mail, blogs, chat rooms, and videoconferencing are all Electronic Alternatives to in-person counseling. However, there are ethical issues, e.g., what standards of care should apply to electronic counseling.

VACC will continue to follow (and attend when possible) Board of Counseling meetings. If you have issues you would like us to address with the Board, please contact Theresa Johnson-Sion, LPC at [teressa249@cox.net](mailto:teressa249@cox.net).

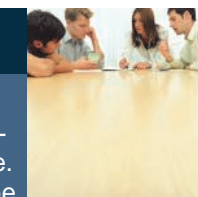
## UPCOMING VACC CONFERENCES

VACC is planning several conferences and workshops in the next few months. We had an excellent Borderline Personality Disorder conference last year that featured Robert O. Friedel, the famous author of Borderline Personality Disorder Demystified. We are looking to reprise the workshop this winter in a format in which Dr. Friedel has more opportunity to speak informally with the conference attendees. The workshop will be held in Richmond, probably in February 2012.

We are also planning one of our signature "PowerHouse Practice" workshops in which we feature niche practices with low barriers to entry (i.e., not requiring extensive training) that allow the clinician extra income. Past examples have included psychological testing, hypnosis, anger

management, EAP, coaching, group work, mediation, performance enhancement, and the like. Although the lineup has yet to be established, the workshop will probably be held in Hampton or Williamsburg in the spring. We will probably offer an ethics component. If there is enough interest, we may offer the workshop in other areas of the state as well.

Finally, we are hoping to collaborate with the Virginia Association of Marriage and Family Therapy and the Virginia Society for Clinical Social Work to produce a two day conference this fall. Penny Norford is our Conference Committee Chair and can be reached at [pennor4d@aol.com](mailto:pennor4d@aol.com).



## JOB OFFER

### HAMPTON ROADS

Clinical Social Workers/ Counselors (Contract) to provide outpatient counseling services in Virginia Beach Office. Professionals must have previous experience working with elderly, hospice, and/or substance abuse. Must have LCSW or LPC and be eligible for managed care networks. Requires previous work experience and computer literacy. EOE.

Send cover letter and resume to: Jewish Family Service, [DMayer@jfshamptonroads.org](mailto:DMayer@jfshamptonroads.org) NO PHONE CALLS.

## A VACC RETROSPECTIVE



From time to time, we like to offer our readers some information about the history of the organization and some of the past leaders who shaped the clinical counseling profession. Some of you may be aware that Virginia in 1976 was the first state to pass legislation creating our profession. Five members of the counseling profession, among them Fred Adair, Carl Swanson, and George Pratt, testified before the legislature and shepherded through a bill that created licensed professional coun-

selors. There was no model for clinical counseling advocacy organizations, but what is now VACC was born of two major influences: the American Mental Health Counselors Association and the Virginia Counselors Association. The Virginia Association of Clinical Counselors is the state affiliate of the American Mental Health Counselors, but has separated from the Virginia Counselors Association.

Organizational meetings occurred as early as 1978 and 1979, typically at VCA gatherings. In 1979, a statewide meeting was called and Russell Bigney was elected as the first president of our organization, then termed the Virginia Mental Health Counselors Association. Much of the early work of the organization was done by a small group of dedicated, vibrant individuals who would meet in each other's offices and send out for pizza while setting the agenda of the fledgling organization that would shape not only the counseling profession in Virginia but in America. The reader must remember the climate of the time: professional counselors could not receive third party payments, could not follow patients in hospitals, and were generally looked down upon by other professionals. The early work was largely that of organization and the pursuit of legitimacy.

Two of the major functions of our organization then and now are those of advocacy and government relations. Early efforts to secure mandated benefits (third party reimbursement) came within a hair's breadth of victory in 1979, but were ultimately denied until 1987 when we finally passed a bill to require reimbursement from insurers. As the organization grew in size and resources, more work could be accomplished. Steve Strosnider, one of our early presidents, served a major role by working diligently to enhance the recognition of our profession in the eyes of businesses, insurers, and the medical profession. In 1982, with the help of other influential VMHCA members, Steve engineered voluntary third party reimbursement by Blue Cross Blue Shield of Southwestern Virginia. This was an important precedent upon which later advocacy and legislative endeavors were built.

The Virginia Mental Health Counselors Association attracted more members. It began presenting yearly conferences and workshops. Bylaws were developed; treasury and accounting principles were created; a board of directors was brought into being. Under the leadership of Steve Alexander in 1988-89 the name was changed to the Virginia Association of Clinical Counselors and the dues raised from \$10 to \$50.00 per year. Passage of third party reimbursement bill in 1987 was followed by other victories. We were included with other professions in the legislation that caps malpractice claims. We engineered a substantive redefinition of our profession in the Code of Virginia in 1993, bringing our definition into alignment with our actual competencies and scope of practice. Recent legislation ensured our eligibility to be reimbursed under Medicaid.

In 2011, VACC's primary mission remains that of protecting and enhancing the viability of our profession in Virginia. We coordinate with national clinical counseling associations, the Board of Counseling, and other provider groups in our state. We must still be vigilant in regard to legislation that may impact our profession, and therefore operate a Legislative Committee. While discrimination against our profession has diminished over the years, we also operate a Professional Advocacy Committee to address issues that arise from time to time. An important aspect of our mission is now that of information dissemination about issues pertaining to our clinical practice and the business of operating a practice. We therefore provide a comprehensive website, e-mail alerts, and newsletters. We also provide workshops and conferences at reduced cost to members.

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The work of this organization has always been done by a cohesive group of dedicated, assertive, and sometimes visionary counselors. Personalities on the Board may come and go, but always seem to be replaced by other counselors equally dedicated and competent. Ultimately, it is a team effort, one that has brought huge benefits to the professional counselor in Virginia. We hope that each of our readers will support the efforts of VACC in their own way. Remain a member and recruit others. And when you are ready, come join us on the Board!



## FRIENDS II: VACC and VSCSW



In our last newsletter, we were pleased to write about our growing collaboration with the Virginia Association of Marriage and Family Therapy. Now we are pleased to inform you of our other new friend: The Virginia Society for Clinical Social Work. As are we and VAMFT, they are the state branch for clinical practitioners. Their organization is structured much like ours, with a collection of Board Members from diverse sections of the state. Their issues are the same: advocacy for their profession, lobbying as needed, providing continuing education, and interacting with their Board.

In our recent Board meeting, we welcomed the Secretary of the Virginia Society for Clinical Social Work, Gretchen Garber, who shared with us their mission, initiatives, and plans. VSCSW

agreed to allow VACC members their membership discount at their December 16th Symposium in Williamsburg on **Sexual Violations**. You can find their brochure on their website ([www.vscsw.org](http://www.vscsw.org)). If you are attending, check the "Member" box and write in "VACC."

VACC will extend the same courtesy to VSCSW and VAMFT at our upcoming conferences. We have also discussed with both groups the possibility of the three organizations collaborating on a major conference next summer or fall. Joint legislative initiatives are also a possibility during the forthcoming legislative session. We are certainly enjoying our new collaborations!

*Michael Nahl, [michaelnahl@cox.net](mailto:michaelnahl@cox.net)*

## CLINICAL SUPERVISION: AN ONGOING FORUM

Hello Colleagues,  
VACC has decided to start a Clinical Supervision column for the newsletter. We invite any of you who are interested in contributing to this column to contact me at [Pennor4d@aol.com](mailto:Pennor4d@aol.com). A couple of years ago, I conducted several workshops on Clinical Supervision in Richmond and Northern Virginia. I was impressed with your experience in providing supervision and I know that you hold a wealth of

information that would benefit others. So, please consider writing a few paragraphs and sharing with members of VACC. During the workshops many of you expressed interest in establishing peer supervision groups. If anyone is already conducting such groups and would like to share how you have organized yours, please do so with this forum.

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## CLINICAL SUPERVISION: AN ONGOING FORUM

The non-identifying client information, including the results of a sexual dependency inventory (SDI) that had been previously emailed to all group members, would be discussed and impressions given by group members. Then, the supervisor would give his impressions and offer suggestions for ongoing treatment.

There are several advantages to this type of supervision. First, I was able to satisfy the supervision requirements without having to travel more than two hours to the closest approved supervisor. Second, I received supervision from an expert who teaches and writes about the SDI. Third, I was able to hear about cases from all modalities: inpatient treatment, outpatient treatment, and private practice. Like-

I recently participated in group supervision via Skype while working towards a certification as a sexual addiction therapist. During each two-hour group, two therapists would present cases for 45 minutes each.

wise, I was able to learn about specific client populations from all over the world. Finally, I made friends with whom I now interact at annual conferences.

The disadvantages to such groups are: First, there is a strong dependence on the expert as members are simultaneously learning to interpret the instrument. Second, there is an initial nervousness when presenting a case without visual cues from other members as to how your message is being received. Third, there is an 85/15 percentage of time listening to time engaged in talking. For some, that may not be enough, for others it may be ideal.

In conclusion, what are your clinical supervision needs? Do you need more workshops offered by VACC? Do you need to belong to a peer support group? Do you need to write and share with other VACC members? Let us know!

*Penny A. Norford, Ph.D., L.P.C., A.C.S.*

# 2010-11 Heacock Memorial Fellowship Contest Winners

Name: Hannah Bayne  
University: Old Dominion

A small frame hangs on the wall beside my desk. Within the frame are broken pieces of colored glass, and scrawled around the edges is the phrase "I never realized that broken glass could shine so brightly." This frame, a gift from a client I counseled for sexual abuse and self-injury, serves as a reminder of why I chose this profession, and how, despite what I do for my clients, they also teach and inspire me.

In just six short months I will be searching for employment, and I hope to find an opportunity to blend clinical work with adjunct teaching. I do not want to be far from clinical work, and I believe it is essential for future counselors to be taught by professionals who are still active in the field. Ideally, I would like to work within college counseling or a mental health agency. I believe college counseling is moving towards a community mental health model in response to the increasing variety and severity of mental health concerns on campus, and I would like to be part of addressing these concerns. I am also passionate about providing mental health services to the Spanish-speaking community. I plan to continue to provide trainings for counselors who serve this population and to offer my own services through private practice, pro bono, or agency employment. In addition, I hope to provide some consultation within the medical profession. My dissertation is a qualitative study of empathy in medicine, and I have designed an empathy training program for medical students. Through this work I hope to increase the identification of mental health issues and referrals to professional counselors by helping physicians better understand patient complaints.

I continue to work towards licensure and, though it is an arduous process, I look forward to one day adding "LPC" behind my name. I believe licensure is essential, not only in protecting our clients by ensuring a standard of knowledge and experience, but also in adding to the legitimacy of our profession. Counselors continue to struggle for reimbursement rights and compensation for services. Licensure requirements demonstrate respect for the quality of treatment our clients deserve, as well as the complexity and breadth of our field.

In that same vein, professional associations advocate for the profession and offer counselors opportunities for continued learning and networking. I am a member of seven professional associations, and I attend an average of five conferences a year. I truly value the sense of community that these associations provide, as well as the resources they make available to their members.

I love that counseling is both a science and an art. It requires that I be fully present and compassionate, while also grounded in intentionality and continued learning. As a counselor, I am exposed to society's greatest ills, but I am also frequently overwhelmed by the individual strength, resolve, and courage of my clients. This is truly a dynamic and challenging career, where the power of the therapeutic relationship continually surprises and inspires me.

Applicant: Eve Montavon  
University: George Mason University

I have selected a career as a professional counselor because I believe that this occupation allows me to combine my life experience, my personal strengths and my professional training. After college I volunteered for several years for an international organization called Covenant House, working with runaway and homeless youth. After this incredible experience, I was the Director of Outreach for a congregation of over 2,500 individuals and counseled a range of individuals from the homeless to the congregation's leadership. My next career move was as director of a youth program and then I moved to my most challenging position, that of parent.

Currently, my goal would be to spend time as a school counselor while actively working towards earning my credentials to become a community agency counselor and next a LPC. I have a heart for social advocacy and enjoy working on a team. In the school system, there are many legal limitations on the counseling I can provide with my main role is to support the student academically, emotionally and in career development. I want to be able to do more with my counseling degree. After gaining experience in a community agency, I would like to combine my training in a private practice.

Licensure for professional counselors is extremely important because as professionals, licensure ensures ethical standards and a base line of needed essential knowledge and skill level. Counselors have the privilege of stepping into our client's lives and directly impacting individual's thoughts, behavior and actions, with this privilege comes a great professional responsibility. Licensure keeps the standards of our profession high and helps us to continue with ongoing training in the field. As an LPC, when we speak, teach, mentor or write we are viewed with more esteem as others understand the higher level that a licensed individual has earned.

Additionally, in our highly educated society, there are still some that do not understand the role mental health professionals. Licensure helps "credentialize" our field. Involvement in professional associations for counselors is essential. As a student I was part of the professional graduate honor society, Chi Sigma Iota. I was an involved member and then was elected as an officer. While still a student, I joined the Virginia Counselors Association. I joined the Northern Virginia Counselors Association. I was elected as the student representative on the NVCA board. I served in the position helping connect and educate fellow students from six different graduate counseling programs about the importance and benefits of joining a professional organization. I increased the student membership and involvement. Last year, still as a graduate student, I was elected as secretary of NVCA and this year I am co president. I attend the Virginia Counselor Association board meetings and am involved in a state and national level. Professional organizations provide important ongoing training in the field. These organizations lobby for legal protections for our field and for the needs of many underrepresented individuals in our society.

I believe active involvement in professional society is my responsibility.