



A Rocky Mountain Connection

...from the CCA President...

With the first snow of the season falling in the Front Range area, and the holiday season just about behind us, it is time to look ahead to the New Year! We have much anticipation ahead for the events and activities of your Colorado Counseling Association. In addition, it is a good time to be thinking of our own self-care. As counselors, we often encourage our clients to “take care of yourselves.” Who is persuading us, as giving, helping people, to take care of ourselves? ACA recently recognized this as a need in their January 2011 issue of *Counseling Today*, “Counselor Wellness,” with several good suggestions and examples of counselors balancing the needs of their clients with their own care. As a high people-contact role where we potentially carry the heavy concerns of our clients, this concept is essential to performing our jobs well. Many of you are already experts at this. However, a little reminder never hurts. I add my encouragement to take the time you need for yourselves as we begin this new year, balanced with the care you give your clients.

The CCA Annual Conference, “Community and Collaboration: Promoting Personal and Professional Development,” is approaching March 11-12, 2011 at the Doubletree Hotel Denver North. We are pleased to offer a high quality program in a beautiful facility conveniently located off the Boulder Turnpike in Westminster. You will be refreshed with new ideas, have your craft sharpened with additional tools, and have the opportunity to network with each other. Please take advantage of hearing the national keynote speaker along with local experts presenting breakout sessions. Richard Yep, Chief Executive Officer of the American Counseling Association, will present on our professional identity as counselors, “How Do You Reach the Top When You Find Yourself at the Bottom?” and will include up-and-coming issues related to the counseling profession. Additionally, the lobbyist CCA has hired to observe and consult on issues and bills related to CCA’s interest in the state legislature will be speaking at the conference and will be available for questions.

Friday will consist of two four-hour pre-conference sessions on relevant topics. The first, “When Your Spouse Comes Out” is presented by Carol Grever and Deb Peranian, who have been featured on Good Morning America and The Oprah Winfrey Show. “The Graduate Course You Never Had: How to Develop, Manage, and Market a Flourishing Mental Health Practice” with Larry Waldman will include a copy of Dr. Waldman’s book. Registration is open now, so please take advantage of the early registration prices.



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March 11 & 12, 2011
Doubletree Hotel Denver North
8773 Yates Drive
Westminster, CO 80031

**SAVE
THE
DATES!**



**“Community and Collaboration:
Promoting Personal & Professional Development”**

Friday Half-Day Workshops:

When Your Spouse Comes Out: Counseling the Straight Mate

&

The Graduate Course You Never Had: How to Develop and Market a Flourishing Practice


**Conference Key Note Speaker:
ACA Executive Director - Richard Yep**

**For more information and to register online visit
www.coloradocounselingassociation.org**

Colorado Counseling Association
Annual Pre-Conference Workshops
&
Annual Conference
"Community and Collaboration:
Promoting Personal & Professional Development"

Doubletree Hotel Denver North – 8773 Yates Drive – Westminster, CO 80031

Friday, Mar 11 Pre-Conference Workshops

Friday Morning Workshop Carol Grever M.A., & Dr. Deb Peranian – When Your Spouse Comes Out: Counseling the Straight Mate -	8:00–12:00
Friday Afternoon Workshop Dr. Larry Waldman – The Graduate Course You Never Had: How to develop and market a flourishing mental health practice – with or without managed care.	1:00–5:00
-Reception-	5:00–8:00
Registration	7:00-7:45
Breakfast – Welcoming Session – Open discussion with Lobbyist Jeff Thormodsgaard	7:45-9:00
4 Breakout Sessions	9:00 -10:00
 <p style="text-align: center;">Keynote: Richard Yep, CAE, Executive Director of the American Counseling Association</p> <p style="text-align: center;">How Do You Reach the Top When You Find Yourself at the Bottom? <i>For more than 20 years, Richard Yep has been an engaged and active observer of the counseling profession. During his tenure with ACA, he has served in the area of public policy, marketing, communications, and for the past ten years as the Association's executive director.</i></p>	10:15–11:45
Lunch - Awards	11:45-1:00
Poster Sessions	11:45-1:00
Vendors	8:00 – 5:00
4 Breakout Sessions	1:00 – 2:00
4 Breakout Sessions	2:15 – 3:15
4 Breakout Sessions	3:30 – 4:30
CCA Membership Meeting	4:30-5:30

President's Message (continued)

We will also host the annual membership meeting at the conference in addition to an awards ceremony. Please watch for a call for nominations for the annual awards to be presented and nominate deserving practitioners to receive recognition of their excellence.

The Governing Council is beginning the process of seeking nominations for next year's elected positions (President Elect-Elect and Secretary) as well as for standing committee chairs. I encourage you to seek opportunities to participate and impact the organization. We would love to have new committee members get started early to learn about the roles within the organization and where you might fit best. Please contact me if you have interest in learning more about the opportunities to get involved (wendy.winter@comcast.net).

I wish you all the best as we approach 2011! Please feel free to contact me with ideas, needs, or questions you may have regarding CCA and counseling in Colorado.

Sincerely, *Wendy Winter-Searcy*, CCA President 2010-2011

News from the Past President: Lessons Learned in Self-Care

Greetings Colorado Counselors,

Wow, another year has flown by! I'm once again reminded of when I was younger (much, much younger) and I'd hear "older folks" say "My how time flies!" Well, it never "flew" for me! At least until around the time I turned 35. Then, magically, the years did start "flying" by. Now they fly by faster and faster with each passing year. Actually, it's kind of fun to have a year pass so quickly! It's like having a whole day jam packed with adventures with never a dull moment. Unlike the days of my youth when an hour could stretch out into agonizingly painful drudgery!

In any event, I would like to share with you a wonderful amazing lesson I learned this year. I was hit with the "self-care" lesson. In fact, it came up and pretty much hit me upside my stubborn ol' head. I would like to share my story with you because it snuck up on me like a thief in the night and perhaps by sharing it I'll save some of you from the sneak attack.

I've experienced migraine headaches for years—they're more or less genetic and I've just accepted them as part of life. I see a neurologist and take medications for maintenance and then other medications when I get a migraine. I've been on a cocktail of meds for about 10 years that have been managing things pretty well. In June the migraines started getting more frequent and intense and the meds were not managing them as effectively. My neurologist started switching meds around and not much was working.

Finally in early September my husband had to take me to the ER in the middle of the night to get some relief from a migraine that had been getting progressively worse for about two weeks. I saw my neurologist a couple of days later and he suggested that stress may be causing my migraines to be out of control and that and there was not much more he could do with the meds. This was the first time he had said this about my migraines. I thought about the "stress" thing and decided it didn't really apply to me because I felt pretty happy with my life. Well, except for the migraines of course. I blamed the migraines on other things, like the weather, allergies, grieving over the loss of my pets, etc. Anyway, this appointment occurred on Thursday morning, I went to work that day, met with students, taught class that night, and got home late.

The next morning I had an appointment with my psychotherapist and "mentioned" the talk with my neurologist. He did what any good therapist would do and decided to map out my daily activities so we could see what a "month in the life of April Young" might look like. Well, it was a bit of an eye-opener once we got it all lined out on paper. It did appear that I was a "bit" busy some times. In any event, I took the paper, folded it up and put it in my purse and went to work, met with students, and then taught classes all weekend (yes—Friday, Saturday, *and* Sunday). To be honest with you, I did feel a little tired and run down that weekend. A few of my colleagues mentioned I was looking a little "tired."

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News from the Past President (cont.)

On Monday I decided I should go see my general practitioner thinking I *may* have a little bit of a cold, what with this cough I had going on, and the fact that I was pretty darn tired. The doctor took a look and a listen and promptly stated, “You have pneumonia and it’s time to go to the hospital.” I responded, “I’m too tired to go to the hospital. If I promise to go straight home, straight to bed, cancel all my client’s appointments, and take all my meds, can we skip the hospital part?” Surprisingly, she agreed to let me try this. However, I had to come back in on Wednesday and if there was not an improvement, I’d have to go straight to the hospital—no questions asked. So home and to bed I went, where I slept for two days straight.

On Wednesday I actually felt well enough to sit up and talk with the doctor so I asked how I could have gotten pneumonia. She stated that it’s a germ, a virus, that’s in the air everywhere around us and only those with compromised immune systems catch it. She stated that since I’m otherwise pretty healthy, my immune system is probably compromised due to too much stress in my life. What? Are you kidding me? How can it be that I’m hearing this again in less than a week? This has got to be some weird coincidence! In any event, I had shown enough progress that I did not have to go to the hospital, but I did have to go back to the sofa. She explained that recovery was going to be at least two months or longer if I did not cut out some stress in my life.

Now, here’s where the insight comes in. I spent the next week on my sofa, which I have now dubbed my “meditation shrine” because I’ve done a whole lot of soul searching on that sofa over the last couple of months. As I was first lying there in my “recovery” I couldn’t help thinking, “I just don’t *feel* stressed!” I’m truly happy and I truly love mostly everything I do. I love teaching. I love counseling. I love supervising. I love serving on the CCA. I love being married to my husband. I love my house. You get my gist... I could not find a source of what I believed to be “stress” for me. Then I remembered the list that my therapist and I had made. I dug it out of the bottom of my purse, and looked it over. Hmmm, yeah, my days were just a *bit* long, and a *bit* full. But, I LOVE everything I do! It does not FEEL like stress. Stress feels bad! Doesn’t it? Well, evidently not. Evidently there is such a thing as too much of a good thing—or *things* in this case. My days were just too darn full and that was the bottom line! That’s when I really started getting honest with myself. I had to admit to myself, “Yes, you love doing all these things, *and*, there are only 24 hours in the day, *and*, you’re getting older now.”

I believe the big lesson is that I’ve always been a hard worker and I’ve never really been in a position where I’ve had the luxury of having all of my jobs be things that I love. In the past, I’ve done jobs more out of necessity in order to make a living—to get by. And even though I’ve always been talented at making myself happy no matter what I’m doing, I’ve never been as fortunate as I am now to be doing so many things that just make me happy!

So I’ve had to move some things off the list. I’ve resigned as Chair of the CCA Conference Committee. Dale Piper stepped in and he’s doing a great job! I’ll be turning over the web site soon. I’m also turning over some other duties that aren’t as visible to the CCA. I’m dedicating more time to reading novels, watching movies, going to dinner with friends, and spending time on my “meditation shrine.” I guess you could say that’s my New Year’s resolution for 2011. I hope yours contains some of the same! Even if you *love* what you’re doing, everything must be in moderation!

Wishing you and yours an insightful New Year!

April Young, CCA Past-President & Website Manager



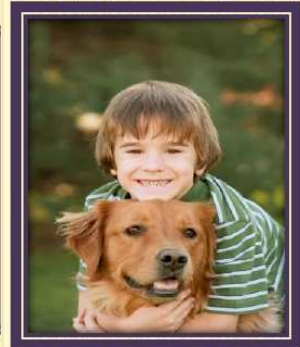
SUPERVISION FOR LICENSURE AND CONSULTATION

Supervision of all aspects of practice in fulfillment of the supervision requirement for licensure including clinical issues, practice management, standards of practice and ethical issues. Over 30 years of clinical experience in a variety of settings, including 23 years in private practice, as well as 9 years on the LPC Board. Fees negotiable. Consultation and other supervision also available. Near I-36 & Sheridan Blvd.. Lynn C Elliott, MA, LPC, 303 430-4416, lelliott6@msn.com

WORKING WITH ANIMALS IN A PROFESSIONAL SETTING: A Series of Workshops to train for competency

Continuing Education Units Available (DORA Accepted)

Presented by: Animal Assisted Therapy Programs of Colorado



Animals can be helpful in many different counseling settings and research has shown a variety of benefits. However, when working with animals in a professional setting there are many considerations: client and animals needs, legal and ethical issues, certifications, registration, training... And how do you get started?

This series of workshops will provide attendees with all the practical information necessary to get started working with your animal in a professional setting and develop *competency* in animal assisted therapy (as required for ethical practice and malpractice insurance).

The innovative programs at AATPC have been featured in USA Today, The Denver Post and Channel 9 News.



Introduction to Working with Animals in a Professional Setting

Friday January 28, 2011
8:30 am – 12:30 pm

Integrating Dogs into Your Professional Practice
Friday February 25th 8:30 am – 5:30 pm

Cats & Small Animals as Animal Assistants in Your Professional Practice
Friday March 25th 8:30 am – 5:30 pm

Working with Children with the Assistance of Animals
Friday April 29th 8:30 am – 5:30 pm

Working with Couples & Families with the Assistance of Animals
Friday May 27th 8:30 am – 5:30 pm

Working with Adults with the Assistance of Animals
Friday June 24th 8:30 am – 5:30 pm

The Suicidal and Self-Injuring Client: How Animals Can Enhance Treatment
Friday July 29th 8:30 – 12:30

For more information and to register online:

www.aatpc.com/professionaltraining

Meets requirements for DORA Continuing Education

Phone/FAX: 720-266-4444

Email: info@aatpc.com

A BREAKDOWN OF THE DORA SUNSET REVIEW REPORT

Submitted by Bill McDonald, Public Policy Chair

On October 15, 2010, the Department of Regulatory Agencies (DORA) delivered its 78-page report, which included its recommendations for changes to the Mental Health Statute. This report is one step in the sunset/sunrise process, that is, the periodic reauthorization of regulatory statutes.

The report contains a good deal of information pertaining to the regulation of mental health in Colorado. The recommendations for changes are to be found on pages 49 – 65 of the report.

(Note: References are made here to the Sunset Coalition. This is a group of Colorado mental health professional associations that met to prepare a consolidated list of recommendations to DORA ahead of the sunset of the Mental Health Statute. The Colorado Counseling Association (CCA) was, and continues to be, a member of the Coalition. CCA's position on these recommendations is in complete agreement with those of the Coalition.)

The following is a synopsis of the recommendations, inclusive of some background information:

Recommendation 1

DORA is recommending that the Statute continue with separate boards of examiners.

Background:

At the inception of the Statute there was only one board, the State Grievance Board. As the various professions pushed and ultimately achieved State licensure, each profession established its own board of examiners.

The Sunset Coalition was successful in convincing DORA to keep the current arrangement.

Recommendation 2

DORA is recommending that addiction counselors be placed under the mental health statute and to create a board consistent with the other boards of examiners.

Background:

Addiction counselors currently have a national certification process in place that regulates the certification of addiction counselors. However, addiction counselors in Colorado are not licensed and they are

regulated by a different agency. If this recommendation is adopted, addiction counselors will come under the Mental Health Statute and CAC II & III will be licensed in similar process as other covered professions.

Recommendation 3

DORA is recommending that the current provision for a "provisional" license be maintained.

Background:

There currently is a provision for a "provisional" license in the Statute, but it was due to be repealed. This recommendation must be adopted in order for the provision to remain in the Statute. This provision permits candidates for licensure in any mental health field to work in a Therapeutic Residential Child Care Facility (TRCCF). Candidates' respective boards must approve the "provisional" license.

To qualify, candidates must have completed the educational requirements towards their degree and they must work under the supervision of a licensed mental health practitioner (the supervisor's license does not have to be the same as the one the candidate is pursuing). The provisional license applies only to work in a TRCC facility and there is no time limit on how long a "provisional" license lasts.

Recommendation 4

DORA is recommending the creation of a candidate registry for Marriage and Family Therapists (MFT) and for Licensed Professional Counselors (LPC).

Background:

Currently whenever MFT and LPC candidates for licensure enter into supervision they must register with the State's Grievance Board as an "unlicensed" psychotherapist. This places the Grievance Board in charge of any grievances arising during candidates' supervision.

At the present social workers do not have to register with the Grievance Board. The Statute provides for Social Workers to become Licensed Social Workers (LSW) but they must work under the supervision of Licensed Clinical Social Works (LCSW). Social workers use these provisions for their licensed candidates.

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DORA SUNSET REVIEW REPORT (continued)

Psychologists already have existing language in Part 3 of the Statute that provides for candidate registry under the Board of Examiners for Psychology. The Sunset Coalition proposed a recommendation to essentially use the existing language in Part 3 to be incorporated into Parts 5 and 6, the parts that pertain to MFTs and LPCs.

If adopted, these provisions will put candidates' supervision under the control of their respective boards of examiners rather than requiring registering with the State Grievance Board as an "unlicensed" psychotherapist. (Note: The term of the candidacy is four years. After that it is not renewable.)

Recommendation 5

DORA is recommending the repeal of the current title "unlicensed" psychotherapist and replacing it with "registered" psychotherapist.

Background:

The Colorado Mental Health Statute allows for people without licenses to practice merely by registering with the State Grievance Board. They are legally and ethically required to disclose to their clients at the time of intake that they are not licensed. When and if a grievance is lodged it is handled in the same manner as with other mental health professions; that is, the grievance is sent to the board that covers the mental health practitioners.

DORA is seeking this change because they believe it is in the best interest of the public that they understand that these mental health practitioners are being regulated by the State. DORA contends that the term "unlicensed" does not connote that impression.

The Colorado Association for Psychotherapy (CAP), the association representing the "unlicensed," has been advocating for this change.

The Sunset Coalition, with the exception of CAP, is opposed to this change. It is the position of those in opposition that the public understands the term "registered" to mean that practitioners have completed a specific educational program and have passed a national qualification/certification examination. Further, the term "registered" connotes that these practitioners must continue to comply with continuing professional

development in order to maintain their title and that the registry continuously monitors their compliance. (Note: Nurses and dietitians are two professions with this type of registry.)

Currently, there are no educational or continuing professional development requirements to practice as an "unlicensed" psychotherapist in Colorado. In addition, Colorado is about the only state that permits "unlicensed" mental health practitioners to practice without supervision.

The Sunset Coalition is going forward with its opposition to this recommendation.

Recommendation 6

DORA is recommending an amendment to the current provision pertaining to the jurisprudence examination to permit a computerized test administration.

Background:

When this provision was first adopted computerized test administration was not available. If adopted, this recommendation will bring the Statute up-to-date.

Recommendation 7

DORA is recommending an amendment to the "prohibited acts" provision to include "failure to respond to a complaint" as a prohibited act.

Background:

Currently there is no provision for a "failure to respond to a complaint." DORA contends that a failure to respond within 30 days to a complaint lodged with a board results in increased cost and effort to investigate a complaint.

It would seem to be in the best interest of practitioners to respond in a timely fashion to any complaint. A failure to do so would make mounting a defense against the complaint more difficult. Also, a failure to respond to a complaint by a practitioner could be viewed as an admission or no contest to the complaint.

Recommendation 8

DORA is recommending removing the term "willful" from the "prohibited acts" provision pertaining to "ordering... unnecessary tests and studies."

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NEW PEER CONSULTATION GROUP FOR EXPERIENCED THERAPISTS FORMING IN SOUTHEAST METRO DENVER

Submitted by Ruth Ross, MSW, MA, LPC

A peer consultation and support group is starting! Peer and support groups were highly recommended by speakers at our spring conference—and can be helpful, if not essential, in today's environment for even the most experienced professionals.

The first group will be for experienced psychotherapists in the southeast metro Denver area (Colorado & I-25, DTC, Aurora, Centennial, Parker, etc.). Generally, this means at least 5 to 7 years full-time post-master's experience, openness to sharing insights, and dedication to learning and growing as a professional.

The group will meet monthly at a mutually convenient time and place, such as a restaurant with privacy, or rotating among members' offices.

Therapists will be able to present cases or questions to peers of similar experience levels, fight professional isolation, and improve their skills and knowledge. These groups will be designed to meet upcoming state requirements that we must all fulfill for professional development and competency.

If you have questions or might be interested, please contact Ruth Ross, MSW, MA, LPC at 303-750-2082 x353 or acare-bridge@aol.com. (Ruth has been in private practice 13 years, has 19 years clinical experience, two master's degrees, all but dissertation in counseling psychology, and experience in peer consult groups.)

STATE ISSUES: NEW PROVISIONS CONCERNING LICENSED MENTAL HEALTH PROFESSIONALS INCLUDING LICENSED PROFESSIONAL COUNSELORS

Submitted by Bill McDonald, Public Policy Chair

The Department of Regulatory Agencies (DORA) is currently conducting informational workshops pertaining to two new provisions to the Mental Health Statute that will take effect in 2011. Workshops include online webinars. Those affected by these provisions should have been notified by DORA.

The first provision is the Health Care Professionals Profiling Program, also known as the Michael Skolnik Medical Transparency Act. In 2011, any one applying for a new license and anyone renewing an existing license must first complete profile information to the registry. For further information on this regulation contact DORA at www.dora.state.co.us/hppp.

The second provision is the Continuing Professional Development provision. In 2011, anyone applying for a license or renewing an existing license will be required to initiate the process of compliance with this provision. The informational workshop outlines the general thrust of this provision. The specific details, however, will not be available until after the first of the year. For more information contact DORA at www.dora.state.co.us/registrations/legoutreach.FAQ.html.

To ensure that you receive alerts from DORA, contact them at www.dora.state.co.us/dora_pages/Alerts.html.



CCA CHAIRS AND COMMITTEES

Pattie Dunlap & Sandra Varley, co-Membership Chairs

Calling All Members!

First, and foremost, the CCA Membership Committee welcomes the new members that joined in November! In November, the committee made use of a feature within the new website that allows multiple notices to be sent without the usual loss to spam filters. We got a 25.33% return from the membership letting us know that the system had indeed reached them. It is not too late to respond, so please, if you saw my request for a 'ping back,' let me know by simply replying with an "I got it." The note from me should be in your Inbox, however some people have informed me that they found it in their spam folder, so please take a look there and rescue it. Our goal is to be able to reach every member of the CCA. The organization is only as strong as the communication system it has, so we are working to get that to a dependable, elevated status.

In addition, we have sent via the old tried and true postal system (remember stamps?) letters to folks for whom we have no email address or our records indicate a lapse in membership. Each person is critical for the CCA to be able to provide support, conferences, and a voice in the bigger arena of legislation as it affects counselors in Colorado.

The goals of the membership committee include establishing regional contacts all over the state so that information can be distributed quickly, and that issues do not sit on the back burner and get forgotten. To that end, I invite anyone interested in being such a contact person, to please let me know at pattielynn@hotmail.com. I promise I will not inundate you with hidden responsibilities. The job is:

- ✦ Channeling any concerns of counselors in your area to me so that I can get them to the board member with the answers.
- ✦ Letting me know if there are any particular topics the people in your area would like to address in programs that we can bring to your area.
- ✦ Helping with physical logistics when such a program would come.
- ✦ Encouraging counselors to join CCA when you have a chance (great excuse to do lunch!).

It is a goal of the CCA to be active in the various areas of the state by bringing programs to each area. It takes people power, but in the end it helps all of us.

Thank you, Pattie and Sandy (The Membership Committee)

REDUCED GROUP MEMBERSHIP RATES FOR GRADUATE STUDENTS

CCA has decided to offer graduate counseling programs the option of registering their students for group membership at a discount. If you are part of a college or university offering graduate degrees in counseling, we would like to invite you to consider group membership in CCA for your students. The normal membership fee for student members is \$30. CCA is able to offer the opportunity for a college or university to pay for the student membership for its students once per year at a discount, based on number of students. If you are interested in this option, please contact Wendy Winter-Searcy, wendy.winter@comcast.net, for more details. For additional information on membership, please see the web site: http://www.coloradocounselingassociation.org/membership_joinrenew0.aspx."



**CCA'S ANNUAL CALL FOR NOMINATIONS WILL BE POSTED ON THE
CCA WEBSITE THIS MONTH!**

**LOOK FOR THE CATEGORIES AND APPLICATIONS AT
WWW.COLORADOCOUNSELINGASSOCIATION.ORG**

IS IT ETHICAL TO OFFER SLIDING SCALE FEES TO CLIENTS?

Michelle J. Stevens, MA, JD, CCA Ethics Chair



In this era of economic turmoil most people could use some economic assistance or at the very least, a break here and there. But is it ethical to offer counseling services to clients on a sliding scale basis?

What is a sliding scale? The Merriam-Webster dictionary (2010) defines a sliding scale as “a flexible scale (as of fees or subsidies) adjusted to the needs or income of individuals.” Simply put, this means that fees for clients are based on their needs or their income. In theory, this sounds like something that therapists would welcome, a way to help clients who may not be able to afford the full hourly rate we charge. It is not, however, that simple. A true sliding scale fee would suggest that a therapist screens every client for his or her income level and then charges a fee according to that income level. It might look something like this: a client who makes \$0 - \$30,000 a year would pay a \$30 fee; \$30,001 - \$40,000 would result in a \$40 fee; \$40,001 - \$50,000 would result in a \$50 fee, and so on. But, many therapists do not do business this way. Instead they offer sliding scale rates to a few clients, perhaps 10-20% of their total clientele, and charge the rest the full rate. Is this practice ethical? Probably not, according to the American Counseling Association (ACA) Code of Ethics.

The ACA Code of Ethics, Section A, *The Counseling Relationship: Introduction*, states: “Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono publico).” Pro bono publico means “for the public good.” On its face, this ethical tenet could be interpreted to allow, and even encourage, the use of options, such as sliding scale fees, to treat clients who may not otherwise be able to afford therapy. However, the key phrase in this section is “little or no financial return.” These words are certainly more indicative of charging either no fee or charging a nominal fee—such as is offered by many mental health agencies, rather than a fee scale based on income.

This interpretation is further supported by Section A.10.B of the Code, *Establishing Fees* which states: “In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. *In the event that the established fee structure is inappropriate for a client, counselors assist clients in attempting to find comparable services of acceptable costs.*” In other words, if the fees that a counselor charges are consistent with the mental health market in which they practice and a client cannot afford to pay these fees, it is the responsibility of the counselor to assist the client in finding mental health assistance that he or she can afford. It is not, however, the responsibility of the counselor to drop his or her fees to meet the needs and/or income of the client.

I have no doubt that there are many counselors who are thinking it is our job to help clients, and if that means that we need to drop our rates to help those individuals that can’t afford therapy, then so be it. But before you cement your opinion, consider the following questions: 1. How do you determine who gets sliding scale fees? 2. Is the amount you charge solely based on income? 3. Why are you offering sliding scale fees? 4. Do you offer every client a sliding scale rate?

To illustrate this further, consider this example: You are approached by two clients, one who makes \$30,000 a year; has little to no debt; and can afford therapy at a full rate comfortably within his or her budget. The other client is someone who makes \$150,000 a year, is over-extended, and who can’t afford therapy at a full rate. To which client do you offer the sliding scale rate? According to the sliding scale practice of many that base these decisions solely on the criterion of income, the client who makes \$30,000 a year would receive the sliding scale rate. However, if the intent behind the sliding scale fee is to assist clients based on need, it would appear that the client who makes \$150,000, in this scenario, would be the client who most “needs” the sliding scale. Unfortunately, based on his or her income alone, he or she would be prohibited from receiving it.

While we are here to help clients, whether to do so through use of the sliding scale fee is a bit of a conundrum. Charging clients different amounts for the same service based solely on income seems to raise more questions than it answers. Where does a therapist draw the line? Which clients get sliding scale fees? How do you set the fees? Do you ask for documentation of

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SHOULD YOU USE TESTIMONIALS IN YOUR MARKETING MATERIALS?

Michelle J. Stevens, MA, JD, CCA Ethics Chair



I recently observed an email exchange over a networking group to which I belong. The subject was whether to use written testimonials when marketing your counseling practice; for example, posting them on your website. There were mixed reactions from the participants with some adamantly against the practice and others in strong support.

On the pro side of the debate, testimonials can be a way to inform potential clients about the great things that other clients have said about you as a therapist. If someone is new in town and wants to find a quality therapist, a list of testimonials on a website may be the type of information he or she is seeking. Additionally, testimonials are statements that can certainly help build a therapist's reputation for doing good work. Putting positive comments in writing may convey to a client the quality therapeutic experience that he or she can expect.

On the con side of the debate, how does a reader "know" the testimonials are true statements? In order to avoid breaching client confidentiality, a therapist can most certainly not post a client's first and last name, nor any other identifying information about the client. So, as a client, how do you know the therapist hasn't just made up the statement? Further, a client might be concerned that something he or she said during a session would end up being printed without permission. It might also make that individual question the therapist's ability to keep a secret. Additionally, a client could interpret the testimonial as a potential "guarantee" of the type of therapy experience he or she will receive. As we know, there are no guarantees in this business; this is definitely a slippery slope.

Both sides have strong arguments, the question is, are testimonials ethical?

The American Counseling Association Code of Ethics (ACA Code), Section C.3.b. *Testimonials* states: "Counselors who use testimonials do not solicit them from current clients nor former clients nor any other persons who may be vulnerable to undue influence." It is therefore, permissible to use testimonials, but a counselor cannot ask for them. The Code effectively says that testimonials are not unethical, but the stipulations put forth show that they are also not encouraged.

So, if you choose to use testimonials, how do you get them? One suggestion I saw in the aforementioned email exchange was using "spontaneous utterances" made by clients during session. I would strongly suggest against this approach as it has a strong likelihood to appear as a breach of confidentiality.

Another suggestion was to use pseudonyms with no real identifiable information and a paraphrase of typical client comments. While this is certainly the more ethical way to approach testimonials, it raises the question about the value of the statement? Effectively, this is a made up statement by a made up client. How, again, does the client know what is true and what isn't?

Another option would be to use unsolicited testimonials. Perhaps a client or former client meets you on the street and spontaneously says something positive about his or her experience with you. According to the ACA Code, you could use the statement, but you would still need permission from that person. However, under the ACA Code, this may be considered placing undue influence on this individual.

What then, should you do? In order to stay well within the boundaries of the ACA Code, avoid putting forth testimonials in your marketing materials. However, it is well within the Code to encourage clients who like your services to tell a friend. The best kind of testimonial is word of mouth—with a client freely and without prompting telling others how great your services are. This not only protects the client's right to confidentiality, but is a more believable and effective form of marketing.

Do you have a legal or ethical question? Do you have an idea for an ethics column that would benefit CCA members? We want to hear from you! Contact Michelle Stevens at michellejstevens@yahoo.com with your questions and ideas.

LAWYER'S CORNER: Testifying In Divorce Litigation: Prevention Of Foreseeable Risks

Submitted by Denis K. Lane, Jr.

In Colorado and across the nation, the most frequent type of board complaint involving counselors arises from testimony in divorce and custody cases. Clients or the parents of children receiving treatment from a counselor who are involved in bitterly contested custody battles, often consider the treating professional as an ally in the custody battle. These clients and their attorneys have unreasonable expectations concerning the role of a counselor who is providing treatment. They expect the counselor to make favorable recommendations to the court concerning parental responsibilities and parenting plans. However, that is not the proper role of a treatment professional. Such recommendations should only be made by custody evaluators, child and family investigators, guardian ad litem (G.A.L.), or child representatives appointed by the court to conduct investigations and evaluations of parenting issues. Their recommendations can then be made to the court regarding the allocation of parental responsibilities and the implementation of parenting plans.

Counselors who practice as marriage and family therapists must comply with AAMFT Code of Ethics Principle 3.14, which states: "To avoid a conflict of interest, marriage and family therapists who treat minors or adults involved in custody or visitation actions may not also perform forensic evaluations for custody, residence, or visitation of the minor. The marriage and family therapist who treats the minor may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective . . ." For example, if a counselor is subpoenaed to court and is then asked by a client's attorney for recommendations concerning who should have custody of the parties' children or concerning whether or not it is appropriate for a parent to have parenting time with a child, the only appropriate response should be, "I have not conducted the evaluation necessary to provide an opinion on this issue, so I cannot answer the question."

However, problems arise when clients have unreasonable expectations concerning a counselor's role, and feel betrayed when the counselor does not support the client's position in the litigation. For example, if a child's mother does not want her estranged spouse to have any contact with their children, she may be outraged if the counselor expresses an opinion that fathers should have relationships with their children, and then pull the children out of treatment with the counselor. This is an all too frequent experience for counselors nationwide who have testified in court: their clinical relationship with clients is either damaged or destroyed as a result of testimony in court in a domestic case.

Disclosure Regarding A Counselor's Policy Not to Testify

How can counselors avoid these risks? First, by not agreeing to testify in court; and secondly by disclosing to clients who are involved in custody battles at the outset of treatment that it is not the counselor's role to make recommendations to the court for purposes of domestic litigation, and that any courtroom testimony may damage the clinical relationship. The mandatory Disclosure Statement is a vehicle whereby an appropriate disclosure can be made. In it you can disclose: "If you are involved in a divorce or custody litigation, you need to understand that my role as a counselor is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call me as a witness in any such litigation. Experience has shown that testimony by counselors in domestic cases causes damage to the clinical relationship between a counselor and client. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans." Such an agreement by a client is not enforceable, in the event that the client's attorney issues a subpoena to a counselor; however, these disclosures may correct any unrealistic expectations that clients might have.

To avoid the foreseeable risks that result from testimony in domestic litigation, therefore, therapists should not agree to testify in court and, if subpoenaed, should acknowledge their limitations as treating professionals, who have not and ethically cannot evaluate issues to be decided by the court or make recommendations concerning them. And, of course, compliance with the AAMFT Code of Ethics is the best way to prevent such risks.

(Continued on p. 15)



(Sliding Scale Fees, cont. from p. 12)

income? Although the ACA has not specifically called this practice unethical; it is, without question, an ethically gray area.

So, what should therapists do? According to a recent article, “Sliding Scales are Subject of Debate” in the November 2010 issue of *Counseling Today*, it is suggested that counselors “provide a segment of our services for little or no financial gain so that we can serve those without the financial means to afford counseling.” This is consistent with the Introduction to Section A of the ACA Code of Ethics as previously discussed. The article further states that “A pro bono approach accomplishes the same humanitarian goal as a sliding scale without appearing to gouge those with larger incomes.” While this practice would certainly keep a counselor in line with the ACA Code of Ethics, the question is still raised, how do we determine which clients fall within the pro bono purview? Will this decision not still be based on the client’s income?

Whether you believe in the use of sliding scale rates or not—this topic will undoubtedly continue to be debated for some time. To keep in line with the ACA Code of Ethics, I have personally stopped accepting sliding scale fees and have begun offering pro bono therapy as a part of my practice. I do not expect that everyone will choose this path, however.

What do you think? Will you continue to use sliding scale rates? Do you have other suggestions for how to stay consistent with the ACA Code of Ethics and to continue to meet the needs of the clients who may need the sliding scale to afford therapy? Email me at michellejstevens@yahoo.com. We’ll post your responses in the next CCA newsletter. Further discussion on this issue will not only be informative, but it is certainly necessary.

(Testifying, cont. from p. 14)

Disclosure Regarding Request for Treatment Records.

An additional disclosure that you can provide to clients, so that they understand your policies regarding clients’ request for treatment records, is to inform clients in your Disclosure Statement: “If you request treatment records from me, I may provide a treatment summary in compliance with Colorado law C.R.S. 25-1-802 and the HIPAA Privacy Rule. By signing this Disclosure Statement, you agree with this practice.”

Send any questions or suggestions for this column to: Denis K. Lane, Jr., Attorney at Law, 1912 W. Colorado Ave., Colorado Springs., CO, 80904; 719.636-1017, fax 719. 635-4571

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THOUGHTS ALONG LIFE'S JOURNEY: "EMOTIONAL WELLNESS"

Advocacy

There are many ways to advocate for the profession. During the past year we have written a counseling and mental health related column for the North Weld Herald newspaper. Topics have included the six dimensions of wellness, anger management, family organization, loss, bullying, and work place aggression. We also wrote a couple columns about holiday stress in response to a request by the editor. With the permission of the North Weld Herald, we have submitted one of our columns for the CCA newsletter. Ken Norem and Sandy Magnuson

How do you advocate for the profession? The main purpose of the CCA Governing Council is to advocate for the profession. Council members advocate by volunteering their time to encourage membership in the profession, edit a newsletter, keep records of meetings,

manage the CCA web site, represent counselors on issues of public policy, assure that the Governing Council is fiscally responsible, assure that counseling students are represented, and generally to represent the interests of all Colorado counselors.

The CCA Conference scheduled for March 11th and 12th offers additional opportunities for counselor advocacy. Presenters and participants will be advocating for the profession and their clients through presenting and attending professional development sessions and networking.

We encourage all counselors to do what they can to advocate for the profession. We believe that the advocacy work being done by the Colorado Counseling Association is important. We also believe that individual counselors can be advocate effectively communicating with others about the work that counselors do.

Submitted by Ken Norem and Sandy Magnuson

In a previous column we introduced and encouraged wellness. We suggested that people can achieve wellness in six interconnected areas that include Physical, Intellectual, Emotional, Social, Occupational, and Spiritual. We emphasized that wellness is far more than the absence of disease. It is "an active process through which people become aware of, and make choices toward, a more successful existence" (according to the National Wellness Institute). Thus, wherever we are on life's journey, we can pursue wellness.

We also commended Publisher Bruce Borman's commitment to a rigorous fitness program. His physician has already noted improvements in areas other than cardiovascular endurance and muscle tone. Though Bruce hasn't mentioned it, people who invest in exercise programs usually enjoy benefits in other areas. For example, they may have more energy for family, community activities, and work. They sometimes think more clearly, and may even laugh more. Generally, when people regularly exercise and balance their diet, they feel better.

Connections between physical wellness and emotional wellness are well documented. Though medication for depression is sometimes an appropriate treatment, physical exercise has been shown repeatedly to help alleviate depression. When researchers have compared depressed people who exercise and those who simply receive antidepressant medications, the findings are remarkably similar. People who exercise at least three times a week for at least 30 minutes show a level of improvement that matches that of depressed people who take antidepressants. Additionally, the improvement is more enduring for the exercisers.

Emotionally well adults and children are able to appropriately express a range of emotions. They honor sadness after loss. They delight in pleasurable activities that don't come at the expense of others. They manage their anger. They accept themselves and appreciate others. They are satisfied with their accomplishments. Although they may consider emotional reactions when making decisions, they are not unduly swayed by emotions.

To be emotional well does not mean that we must be happy 100% of the time. Feeling sad may be an authentic response to a life experience; to deny sadness would not be consistent with wellness.

(Wellness, cont. from p. 16)

We greatly admire Victor Frankl, someone who not only survived the incredulous oppression of Nazi concentration camps, but ultimately thrived. Frankl suggested that “happiness cannot be pursued; it must ensue, and it only does so as the unintended side effect of one’s personal dedication to a cause greater than oneself.” Thus emotionally well people care for others. We’ll write more about ways that emotional wellness is connected to the other dimensions, particularly social and spiritual, in the next columns.

Be well!

Ken and Sandy are Licensed Professional Counselors who enjoy helping couples and families achieve wellness. They can be contacted at (970) 397-4858, sandy.magnuson@gmail.com, or www.magnuson-norem.com.



Women's Concerns: Growing in Self-Care & Wellness

This forum provides a group setting designed for women over 40 to explore and express themselves on topics that are unique to this part of life. Come share the laughs, tears, and concerns that each of us face everyday, such as health, sensuality, loss of loved ones, finding work, hopes that have or haven't happened, and looking onto our uncertain futures. Come join this 8 week journey into who you are and what you want from life. We meet Thursdays at 7pm, at 1430 Nelson Road, suite 203, Longmont CO.

Session One: January 13 to March 3

Session Two: March 10 to April 28

Price: \$240 per session (\$30 each)

\$200 if paid in full up front

(cash or check only please)

Sessions are guided by Halene Phelps, MSMHC, and Pattie Dunlap, MA. Both women are in the over 40 category and face the very same topics the forum will focus upon. Confidentiality is most important and will be stressed at the beginning of each meeting. Call today and reserve a spot for yourself. There's a limit of 12 in each session, so it will fill up quickly.

This is about finding your strength, and making life make sense. Call today **303.775.5903**

WHAT'S ALL THE BUZZ ABOUT HOLISTIC PSYCHOTHERAPY?

Submitted by Raizel Weiss Heitzer, MA, NCC, LPC

You can't go anywhere these days without seeing the word: holistic medicine, holistic nutrition, holistic lawn care, holistic hair salon, holistic dog food! Holistic is often erroneously used as a synonym for natural or new age. Merriam-Webster Online Dictionary (2010) has a 1926 definition of holistic as: "*relating to or concerned with wholes or with complete systems rather than with the analysis of, treatment of, or dissection into parts*" (n.p.). Sounds good, right? So how does this apply to psychotherapy?

Cutting Edge Research

Neuroscience is finally catching up to what psychotherapists and their clients have known for a long time—simply that good counseling can change the way the brain functions. The American Counseling Association's December 2009 publication of *Counseling Today* states that "Counseling can support the building of new neurons! ... The bridge between biological and psychological processes is erasing the old distinction between mind and body, between mind and brain—the mind is the brain" (pp. 44-45).

Holistic psychotherapy goes one step further and takes into account not only the mind/body connection, but how one relates to their internal as well as external worlds. It is not enough to look at one's mental and physical health, but at how all aspects of a person's life contribute to their well being or lack thereof. A holistic approach recognizes that true health occurs when all our systems work in harmony. *We cannot keep the different parts of ourselves separate from one another and remain whole.*

When people do this, they fragment. I'm sure you know people who lead double lives at the workplace and at home who can't make the transition without a drink or two. Or somebody who seemingly has everything going for them, but has never been able to maintain a healthy weight. Or that incredibly beautiful, successful woman who keeps attracting jerks. Or what about all those fundamentalist preachers we've been hearing so much about who are secret homosexuals?

In addition to a person's emotional, mental, and physical circumstances, a holistic practitioner would look at what is going on in a person's spiritual life. What is their work environment like? How much exercise do they get, and what kind? What type of relationships do they have with colleagues, friends, family? How do they spend their free time? What are their passions, dreams, ambitions? Are they involved in community? Do they have a connection to nature? How do they take care of themselves? How do their different selves manifest in various roles?

Why does it work?

Common knowledge suggests that the therapeutic relationship is the key. While this is true; if a person is not ready to do the work, then it won't matter if they have the most perfect therapist in the world! When they are ready, then the therapeutic relationship is unlike any other. A sacred space is created where an individual or family feels safe to share and explore the deepest parts of themselves. It is an intimate journey between therapist and client where you have an authentic I/Thou relationship. It starts by exploring the predominant issues you bring to the table and works through what is underlying these as they play out in all the various aspects of your life. Something magical happens in the safety of the therapeutic relationship. You get a chance to experience an environment where you are totally supported and allowed to just be. *As you let go of the person you think you should be, you create space to become wholly who you are.*

The therapist takes their cues from you and goes at your pace to help you discover and ultimately integrate hidden or disowned aspects of yourself. You gain insight and awareness into how your life has become what it is. Unconscious patterns come to light leading to positive change and transformation.



(Continued on p. 20)

MAJOR CHANGES IN THE TREATMENT OF DV OFFENDERS

Submitted by Linda M. Fuller, MA, LPC, LAC, DV Approved

As a Fully Operating Approved Provider for Domestic Violence, I have seen some major changes in the area of treatment for Offenders in the last year. No longer does Domestic Violence treatment consist of a straight 36 weeks of offender treatment, regardless of the severity of the incident the client was involved in. Beginning September 1, 2010, treatment now consists of three levels of treatment: A, B, or C for the offender. Levels are determined by risk factors, criminogenic needs, and assessments done at the beginning of treatment as well as a lengthy personal interview with each offender during the intake process. Assessments done include the Domestic Violence Risk Needs Assessment, the Spousal Abuse Risk Assessment, Mental Health testing, Drug and Alcohol testing, and other testing as needs indicate. In addition Criminal History is checked as well as a statement from the victim in order to determine accurate level placement.

As a part of the intake process into treatment there is also a Domestic Violence Evaluation done for each offender at the beginning and throughout treatment to assure that the offender is in the appropriate level for successful treatment. The level of treatment assessed at the beginning determines how many treatment reviews the client will need for successful completion; for example, Level A requires two treatment review evaluations, and Level B and C require a minimum of three treatment reviews. Treatment reviews are done every two to three months. If the Evaluation shows a need for more treatment the offender can be moved up to the next level/s in order to enhance treatment as needed upon the agreement of the Multidisciplinary Treatment Team (MTT). For example, an offender at Level B can be moved up to Level C if the risk factors have increased or reduced from Level C to Level B if the re-evaluation indicates there have been significant changes, such as obtaining a job, that are currently affecting the client. Neither Level B nor C can be reduced to Level A and Level A clients must be in a separate group from Levels B & C as studies have indicated they benefit more from treatment if not exposed to those who have had multiple arrests. B and C clients can be in the same group.

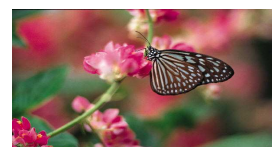
Another major change is that the offender becomes a part of the Multidisciplinary Treatment Team as they are allowed their own input to help determine goals for successful completion of treatment. The team consists of the treatment provider, the referral agency (i.e. probation or social services, etc.), and a Victim Advocate who maintains as much contact with the victim involved in the case as needed; victim safety remains a priority for all involved in the treatment of DV offenders. The offender is allowed his/her input into continued goals for successful completion as a part of the team.

In addition to ongoing treatment reviews, the client is held responsible for 17 core competencies, which they must show reasonable mastery of in order to complete treatment; there are additional competencies required for level C clients beyond the 17 core competencies required for everyone. These range from a personal change plan to financial responsibility to recognizing the types of abuse they may have used against the victim now or in the past in addition to the more traditional competencies of using time outs successfully to control anger outbursts.

Discharge is no longer determined by the treatment provider alone, but by the agreement of the MTT and if there is disagreement among the members of the team, there is a procedure in place to speak to supervisors as needed to come to agreement.

Overall, the changes are positive and much more client-oriented. They also give providers the opportunity to set up treatment that more effectively meets the needs of each individual client instead of the old cookie cutter approach that had a lot of draw backs and did not allow individualization of treatment. I am excited about the changes and look forward to the New Year as we implement these changes in the field of Domestic Violence. I hope that if there are questions everyone will feel free to contact me or other treatment providers for clarification.

Linda M. Fuller, M.A, LPC, LAC, DV Approved, God's Grace LMF Counseling
303-919-5273/ godsgrace2lmf@comcast.net (It is a small L, not a one)



HOLISTIC, continued...

Healing takes place on many levels:

Ways in which you have given away your life force → are reclaimed enabling you to take ownership of what is yours while letting go of what is not yours to control.

Behaviors that may have helped you survive in childhood, but are crippling you now → are identified, understood, and acknowledged for the good they did you. You are then able to learn new, healthy coping strategies.

Old wounds and past trauma that have created actual physical illness and developmental blocks → can be released through body centered modalities freeing you to finally move beyond former limitations.

Lifelong themes that keep repeating themselves in your life, relationships, and work → are explored and resolved leaving you empowered to create your own destiny and reach your full potential.

Family blueprints that are unwittingly passed down from generation to generation → are uncovered so that you can break free of automatic patterns and establish authentic and intentional ways of relating.

How is this sacred space created?

You and your therapist come together in an atmosphere of complete trust and acceptance. You are honored for who you are right now—as a whole being in all your beauty, pain, and imperfection. You are not seen as someone who is broken, but as someone who has yet to manifest their full potential.

You are a complete partner. Together you and your therapist discover what works best for you. You are empowered to take the lead and ask for what you want.

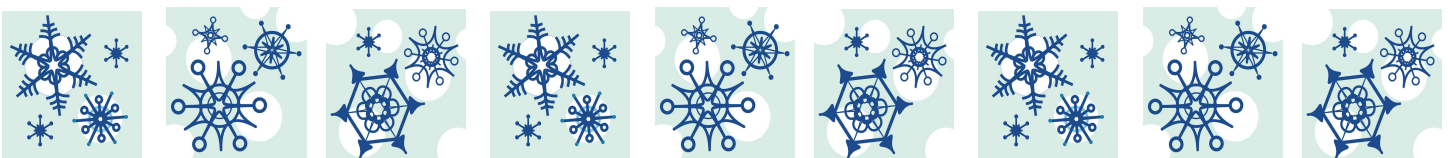
Clear boundaries—your therapist is not your friend. This relationship is unique. For the time you are together you are the therapist's only priority. Your health and well being are their top concern. You do not have to worry about taking care of them or interacting socially as you do in other reciprocal relationships. They do their own personal work and are trained to take care of their own needs.

Complete confidentiality exists. Therapeutic sessions are legally privileged.

Growth

Self-acceptance and learning to love yourself in the fullness of who you are right now is the key to growth and transformation. This work is of the deepest nature. You will discover how to honor yourself and live with authenticity, integrity, and intention. Awareness begets mindfulness. Life becomes more spacious and you will see choice where you felt trapped before. Coming from this place of empowerment allows all aspects of your life to align and come into balance. It affects you in a truly holistic way. As you become more whole and integrated so does the life surrounding you. Things become clear that have once crippled you. As you release self-judgment you are able to forgive yourself and others and move forward towards deep healing and sustained change. Health means that there is integrity in all aspects of your life and that these parts interact harmoniously. The affects are profound and healing takes place on many levels influencing your physical, emotional, and spiritual well being.

Raizel Weiss Heitzer, MA, NCC, LPC, Center for Expansive Living, Inc. ,centerforliving@msn.com, www.ctrforliving.com



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MY KITE

By Valerie Montgomery, MA, NCC, LPC



My kite is bold and free
Soaring above the landscape.

Views observed
No longer confused
Able to see a new start.

Knowing the choice to
Take flight and rise
With tenor attached to the world.

Connection with care
Love overhead
Keeping an eye of the ground.

But looking ahead
Growing with tension
Mindfully seeking new planes.

Connected with former
Connected with others
Sharing the wind and the choice.

A community of kites
Those aloft and preparing
Feeling the tug of the flight.

Oh, maybe a lift, a breeze, or a prop
Knowing when timing is right.

Up in the sky, but never alone
Seeing the rise and the guts.

We're different in shape, color,
and ride
No two are exactly the same.

A menagerie of consorts
Some lurching, some soaring
Each their magnificent journey.

Always with hope
Resurrecting the will
Surfacing, gaining, ...nosedive.

Just a glitch on the screen
Not permanent, no
Finding grace and abundance of
wind.

All at once, there's the breeze
Stirring under the wings
To remind and encourage to fly.

Made for the soaring
Created to fly
Catching enough air to bring one aloft.

Just the right circumstances
With color and hue
Fabric, structure, string
Shape, size, and design.

In each special way
Holding masterpiece, beauty and care.

Dancing windows of life
Each unique, set-apart
Enjoying the lure of the sky.

To places beyond
Not quite known;
But further along on the path.

Yes, it takes guts to soar up above.
The ground is safe and well-known.

What's above is a risk;
Once a risk AND a gift.

Letting go, flying high
An unusual view
Once unknown, yet familiar and right.

The pieces all fit
Seamless trajectories-what?!
How could that make the scene so su-
perb?!

Knowing is not always known
Only felt in the step
To release and make use of the past.

In releasing, there's pain
Exquisite at best
To be born into new heights of love.

Growing more beautiful, yet remembered
Accepting the grace
That it takes to allow the new art.

Created by God
Continuing the dance
Being choreographed in each moment of time.

Never before, never again
Here-and-Now
Yielding-leaning-soaring
In the dance in the sky.



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CCA NEWSLETTER: *Policies for Publishing*

Once again, CCA members have responded with great enthusiasm to our quarterly "Call for Submissions." As was our Fall Newsletter, the Winter Newsletter is full of interesting "stuff" submitted by you, our members (and a lot fewer pictures!). Apparently with the arrival of the new year, "wellness" and "self-care" are a lot of people's minds. Although not an official "theme," these articles are timely as we head off into 2011. Thanks to all who have taken the time to share their knowledge, insight, and creativity! It's member contributions that truly make this "the CCA newsletter."

CCA is committed to publishing a newsletter four times a year. And members of CCA are encouraged to submit articles for publication. Articles can be on any topic as it relates to counseling, supervision, or news from divisions, etc. Our next newsletter will be published in March.

And now for the usual notes...

Members of CCA may publish announcements of meetings and other information regarding professional development opportunities free of charge for a limit of two publications per year. Members will be charged a \$10.00 fee for announcements that are designed for personal financial gain (e.g., an announcement of a workshop that the member is conducting at a cost to participants). Nonmembers of CCA will be charged a fee for publishing announcements. The fee will be \$15.00 for a fourth of a page, \$25.00 for a half of a page and \$35.00 for a full page advertisement.

Advertisements can include announcements of position openings, meetings (including workshops and conferences), items for sale, and similar content. Colorado Counseling Association (CCA) reserves the right to refuse to publish announcements that are not consistent with the American Counseling Association Code of Ethics or CCA's Mission. Publication of an announcement does not indicate endorsement of its content or of the individual or organization submitting the announcement. Advertisements need to be submitted no later than 15 days before publication date. Advertisements can be submitted in Word, .jpg, .pdf, or Publisher format. Payment (in the form of a money order or cashier's check) must be received before the date of publication or the advertisement will be pulled. Payment is to be made to CCA and mailed to: CCA, 1508 Lakeside Drive, Greeley, CO 80631. **Submit advertisements and article proposals to the CCA newsletter editor Lynda Kemp, e-mail: lyndabikes@comcast.net**

DORA SUNSET REVIEW REPORT (cont. pp.23-25)

Background:

DORA contends that it is not necessary for a board, when processing a grievance, to be required to determine whether such acts were “willful.”

This recommendation may need to be deferred to a legal ruling since a determination of “willfulness” must be made in order to achieve due process for an aggrieved practitioner. Also, if a board must first make a determination of whether or not tests or studies are unnecessary then a determination of “willfulness” should be the next step in processing a grievance.

Recommendation 9

DORA is recommending that the Statute be amended to restate the grounds for discipline regarding alcohol and drug abuse.

Background:

Currently the Statute uses the term “intemperate” in the “prohibited acts” pertaining to alcohol and drug abuse. “The Colorado Court of Appeals has ruled that the term ‘intemperate’ is not unconstitutionally vague.” However, DORA contends that it is not a term that the “average lay person” uses. Therefore, they are proposing striking this term from the provision in favor of using “habitual or excessive use of alcohol or controlled substances.”

Recommendation 10

DORA is recommending the repeal of the definition for “psychotherapy” in Part 7, the Part that pertains to the “unlicensed” psychotherapists.

Background:

Currently the definition of “psychotherapy” is found in two places in the Statute. It is found in Part 2, which are the general provisions, the provisions that apply to all covered professions, uniformly. It is also found in Part 7 and used there to define the practices of the “unlicensed” psychotherapists. (Note: The wording in Part 2 is the same as in Part 7 with the exception of the words “...or in cases of testing, assessment, and brief psychotherapy, it can be a single intervention.”)

DORA reasons that having two different definitions for “psychotherapy” is confusing. They therefore recommend that the definition in Part 7 be deleted in favor of the definition in Part 2.

The Sunset Coalition opposes this recommendation. It is the contention of the Coalition that the manner in which the definition of “psychotherapy” is presented in the Statute currently implies that all covered mental health professionals are “psychotherapists.” The Coalition contends that “psychotherapy” is only one therapeutic process in an arsenal of processes that mental health professionals perform. The Coalition has recommended doing just the opposite of the DORA recommendation, that is, to delete the definition in Part 2 and keep it in Part 7, since it pertains to the scope of practice for “unlicensed” psychotherapists. Consistent with that theme of the Coalition’s recommendation, is to defer from a definition for “psychotherapy” in the general provisions Part 2 to a “scope of practice” definition in each of the respective Parts. In this manner the “scope of practice” for LPCs would be found in Part 6. (Note: CCA proposed new language for the “scope of practice” for Part 6 incorporating ACA language. DORA ignored our recommendation in its report.)

The Sunset Coalition is going forward with its opposition to this recommendation.

[EDITOR’S NOTE: NO RECOMMENDATION 11 WAS INCLUDED IN THIS SUBMISSION]

Recommendation 12

DORA is recommending an amendment to add language to the statute authorizing the boards to impose fines on a mental health professionals found to be in violation of the Statute.

DORA SUNSET REVIEW REPORT (continued)

Background:

Currently there are no provisions in the Mental Health Statute that authorizes fines for violations of the Statute. There are, however, provisions in other regulatory statutes that authorize fines.

DORA is recommending that the boards be granted authority to impose fines only for violations of the statute that are administrative in nature and that do not rise to the level of standards of practice violations. They suggest that the boards create a schedule of fines not to exceed \$5,000.

The Sunset Coalition is concerned about the vagueness of the language of this recommendation. During the Coalition's meeting with DORA there were no indications that they were giving any consideration to implementing such fines. The Sunset Coalition is reviewing this recommendation. The Coalition's concerns are with the express language of "administrative violation only." Because there is no precedence to be used as a guide in understanding how such fines would be imposed, there is concern that this provision would be excessively punitive. The Coalition similarly is concerned about the schedule of fines, feeling they too could be excessively punitive.

The Coalition is opposed to this recommendation as it is expressed thus far.

Recommendation 13

DORA is recommending an amendment to the Statute to state that a failure of a mental health professional to properly address his or her own "physical" or "mental" conditions is grounds for discipline. In addition DORA recommends that the boards be able to enter into "confidential agreements" with mental health professionals to address their respective conditions.

Background:

Currently, in the "prohibited acts" provisions there is a prohibition against providing services when a practitioner "Has a physical or mental disability that renders... [him/her] unable to treat clients with reasonable skill and safety or that may endanger the health or safety of persons under [his/her] care." There is no provision concerning failure of a practitioner to address his/her own needs and there is no provision permitting a "confidential agreement."

DORA indicates that the General Assembly passed Senate Bill 10-1260, which allowed the Medical Board to enter into "confidential agreements" with physicians with "physical" or "mental" conditions that might affect their practice. DORA is therefore recommending implementing similar provisions for mental health practitioners.

Because the Statute has a prohibition against acting while "physically" or "mentally" impaired, any grievance arising out of such acts would already be a violation of the act. If, as DORA recommends, a practitioner fails to properly address his or her own "physical" or "mental" conditions it can only be assumed that a practitioner has previously been sanctioned by the board for acting while "physically" or "mentally" impaired. Otherwise, it would be necessary for the person lodging a complaint to present evidence of the practitioners' failure to address his/her condition, a difficult undertaking. If a practitioner has previously been sanctioned for acting while "physically" or "mentally" impaired and has ignored the need to address his/her issue, it would seem that the practitioner's actions are exceedingly grievous. A "confidential agreement" should not be an option for actions of such severity.

The Sunset Coalition is currently reviewing this proposed recommendation.

DORA SUNSET REVIEW REPORT (continued)

Recommendation 14

DORA is making a recommendation to make various changes in the wording in the Statute as might be necessary.

Background:

Currently the Statute reads as a hodgepodge of provisions. This is the result of a history of amendments, as well as various sunset process changes made over time. Added language has often been inconsistent with previous language.

DORA is proposing to address such issues, however they offer only a few specific examples of what they believe needs to be changed. They infer that other changes are necessary but no further examples of these are offered.

Some of the recommendations DORA made in this sunset report meet the definition of a “technical change,” so it is unclear as to why all specific examples of changes needed were not expressed in the report.

Also, DORA put the Coalition on notice that in order to justify a change to the Statute they would have to address situations that might pose potential harm to the public. This recommendation violates DORA restrictions.

The Sunset Coalition took great pains to prepare recommendations for changes. The Coalition formed in September of 2009 and met monthly in an organized and coordinated effort to address concerns with the existing language of the Statute. The Coalition members came to agreement on its recommendations and presented these to DORA. Only a few of the Coalition’s recommendations were included in the sunset report’s recommendations.

Several Coalition recommendations that DORA ignored are:

a) change the current configuration of the grievance board

Currently the boards are made up of 4 public members and 3 professional members. There is little precedent for this ratio. In addition, in practice, public members, who are to be mental health outsiders, tend to differ with the professional members on technical matters.

b) allow the board to make informal resolutions of disciplinary complaints

In practice boards tend to encounter grievances where an informal resolution would be justified. A potential application might be to use an informal resolution when it has been determined that tests or studies were unnecessary but the actions were not willful.

c) clarify the language concerning conflicts of interest and dual relationships.

The current language concerning conflicts of interest and dual relationships is vague and can be interpreted too restrictively. The current language adversely impacts those who practice in small towns and rural communities outside of metro Denver.

In addition DORA ignored the Coalition’s more overarching attempt to transform the Statute from a psychotherapy act into a practices act.

CCA proposed a thorough rewrite of Part 6 to achieve uniformity with the other Parts as well as to further the objective of transforming the Statute into a practices act. As indicated DORA ignored our proposed changes.

Where are we now? At this point the process moves into the legislative phase. A draft bill will be prepared from the DORA report. From this point on changes will be the result of direct lobbying with the State legislature. The Coalition and CCA will continue to work towards revising the Mental Health Statute and we are committed to achieve as many improvements as is possible.



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