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Contents

4 NOTE FROM THE BOARD PRESIDENT
A letter to the CALPCC community sharing context, support, and ways forward in the pursuit of racial justice and equality.

8 NOTE FROM THE CALPCC EXECUTIVE DIRECTOR
A personal reflection on the ways racial dynamics play out in his lived experiences. A must read.

19 COVID 19 CRISIS LICENSURE WAIVERS
BBS CHANGES SINCE COVID 19

24 ETHICS ‘R’ US
CALPCC has a team of ethics experts at hand ready to answer your questions. Read some of the questions we have received and the responses. You may have had the same questions!

12 SHOULD I RE-OPEN MY PRACTICE?
It’s time to start thinking about opening your practice post-COVID 19. What should you consider? How can you remain safe?

17 HOT JOB ALERT
Check out this Hot Job Alert from Loyola Marymount University.

CALPCC thrives because of the helping hands of our team. Meet some of our team on these pages.

CALPCC LIFETIME MEMBERSHIP
Did you know that you can save time and money by purchasing our Lifetime Membership option? It offers great value for Clinical Members.

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- Rachel McCrickard, CEO Motivo

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A MESSAGE FROM

NOLA BUTLER-BYRD

Board President
CALPCC

Co-Authored by Denique Boxhill, MS, MA, APCC

Dear CALPCC Community
A week ago, we gathered together for our first virtual symposium designed to help us—across all levels of our careers—navigate the new normal that is the current COVID-19 pandemic. But there’s something else deeply plaguing our communities and has been for generations that we cannot allow to become “normal.” It’s racism. Racism, discrimination, the systemic hold of White supremacy, and anti-Blackness in all their manifestations, have been claiming Black lives for centuries, through glaring and covert mechanisms.

Continue reading at next page >
Health care and its inequities have long been among those mechanisms. Throughout the pandemic, the COVID-19 mortality rates and morbidity rates of African American and Latinx people (1) are dramatically out of proportion to their numbers in the U.S. Population (2). Scholars implicate the longterm, ongoing consequences of discrimination and racism that impact their access to health care and insurance. The stress from racism and discrimination also significantly impacts the health and well-being of these communities. These inequities result in higher rates of hypertension, heart disease and diabetes over time, and as we have learned, having such underlying medical conditions can sharply increase the likelihood of death from the coronavirus. Other scholars cite environmental issues including low SES, living in overcrowded cities, working in vulnerable “essential” jobs that put them in closer contact with the virus (3). Ten percent of non-Hispanic blacks in the U.S. indicated that they have experienced at least one form of discrimination and unfair treatment due to other people thinking they might have the coronavirus (4).

Another significant issue is the militarization of the police (5). Between 2013 and 2019, police in the United States killed 7,666 people, according to data compiled by Mapping Police Violence, a research and advocacy group. The number of black people killed in California during that time period was 186, although black people only make up 6.17% of the California population, they were 16% of the victims (6). In just the last few months of 2020, we witnessed this fatal issue play out when the lives of Breonna Taylor (7), Ahmaud Arbery, and most recently, George Floyd were senselessly taken, leaving the Black community frustrated and in pain yet again. There has been an uprising since, from the far corners of the world to our neighborhoods. The movement many of us are witnessing and/or participating in is not new, but has surfaced, as Martin Luther King Jr. helped us understand, as the language of the unheard.

Witnessing the traumatizing, recurring media footage of a police officer taking George Floyd’s life was chilling in its cold blooded dehumanization of yet another Black human being. As an Association, CALPCC stands on the side of justice, the side of social and civil responsibility, the side of thoughtful approaches to supporting local and national causes to protect Black lives. CALPCC stands with our Black counselors, students, associates, partners, and communities, many of whom are currently in a state of shock and mourning.

At CALPCC, #BlackLivesMatter. We are committed to doing more than talk about these issues, we want action and change. At our Educator’s Consortium on Friday, June 12th, we discussed important anti-racist curricula that can be used to help counselors work more competently with Black clients and communities.

CALPCC will also advocate for changes to the LPCC curriculum and continuing education to address anti-blackness, white fragility, power and privilege, and the demilitarization of the police. Many of us gravitated toward careers in counseling to help those around us.

CALPCC is committed to doing just that in ways that support and uplift the marginalized, with compassion for our members, our communities, and each other.

Source Material - Click to Learn More
2. Coronavirus [COVID-19] Cases in the U.S. Centers for Disease and Prevention
3. Hospital Data Point To Racial Disparity In COVID-19 Cases
4. Discrimination against Asian and black Americans rises during coronavirus outbreak
5. War Comes Home: The Excessive Militarization of American Police
6. Mapping Police Violence
7. Tedip response to Breonna Taylor’s killing has many wondering which black lives matter?
"WHEN AN INDIVIDUAL IS PROTESTING SOCIETY'S REFUSAL TO ACKNOWLEDGE HIS DIGNITY AS A HUMAN BEING, HIS VERY ACT OF PROTEST CONFERs DIGNITY ON HIM."

-BAYARD RUSTIN
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I grew up as an only child and for a long time the only grandchild. Needless to say, I was spoiled rotten (a very common southern saying). Born and raised in Houston, Texas, I learned very early my spot in the world as a black male growing up in primarily white spaces. My identity would be shaped by several critical experiences. One of my first lessons in diversity happened in Kindergarten, with my teacher that I swore was white (as a 5 year old), she was black, she just had a lighter skin tone than I. Then in first grade, I had another black female teacher, she looked like me, and she helped craft my educational pursuits. By the time I got to second grade, I started connecting the dots and I realized that I was a Black male child, and one of the few in a mostly white elementary school. This is important to note because it was then that I would go on to have only white teachers throughout elementary school. From second grade on, I wondered why I would always get my conduct card moved to red from the ever elusive green (good behavior card). Now mind you, I was a good kid. To this day, I have never gotten a detention or in trouble for any reason besides one speeding ticket (which hurt my feelings, but I digress). In third grade, my teacher constantly harped on what she dubbed as my bad behavior. Thankfully, I had (and still have) a mother that saw me through this tough time and a village around me encouraging me to keep moving.

I wasn’t able to then, but I now look back and see how the strings of discrimination and racism played out in my education. Those seemingly small aggressions towards children can really damage how they move through the world. My grandmother taught me to get my education first...and something about having champagne taste with beer money.”
A Word with Kenneth (Continued)

Education was supposed to make me untouchable. Where my blackness may get in the way, education would make up for it, right? My mom would always teach me that I had several "strikes" against me growing up. One was that I was black, and the other that I was male. She would occasionally throw in that the combination of the two would threaten white people beyond belief. I couldn't believe it. It just didn't make sense. Well, I had to come to terms with it, this is true for many people that look like me.

Fast forward to post-graduate school—I now run my own private practice, serve on the Board of Directors of the San Francisco AIDS Foundation, and serve as Executive Director of CALPCC, and I get stopped on the street by a White San Francisco police officer to ask (as I am leaving my fancy gym) "Oh hey, do you belong to this neighborhood?" Stunned and shocked, I respond, "I go to the gym here" and he allows me to proceed. A few minutes later, I got in my car, took a deep breath, and drove away to find him talking to his buddies on the corner. I stopped, got out of the car with a fast-beating heart and approached him calmly. I called out to him then to let him know that we he did was harmful to me and potentially every other Black person walking in that neighborhood. When I flashed the "please don't treat me harshly" smile (as many Black people have to do) and code switched to avoid any confrontation, I felt a swell of anger that I knew I had to keep under wraps or I would be face down on the ground. This, my friends is a harsh pain and reality to deal with in the moment and the days, weeks, and months after.

As we fast forward to the multitude of killings by police officers of Black and Brown people who look like me, the memories of those events begin to surface. There are also the times when my peers and I have been followed around stores, questioned more than our White counterparts, and assumed to be trouble. For the Black man in this country, one wrong look can mean a call to the police, an arrest, or even death. The senseless murder of Black people happens way too often in this country.

As a clinical counselor, I completely understand the clinical implications of racism, prejudice, privilege, White supremacy, and all of the other related terms as they apply to the oppressors and those being oppressed. As a Black man in this day and age, I have yet to understand why I am feared. Why am I questioned? Why does someone assume the worst without ever thinking about the best? Why is it that I have to smile extra hard, work extra hard, code switch extra, prove myself extra and otherwise take ten steps forward only to get pushed back eight? Why is my black skin perceived to be a threat?

The problem is systemic. The problem is institutional. The problem is rampant and pervasive. The problem is racism. The problem is White supremacy. I am fortunate to have had very limited police interactions throughout my life, but I cannot say the same for other people who look like me. We, as black men have the lowest health outcomes, the highest rates of depression and anxiety, the highest rates of incarceration, the lowest rates of educational attainment, and very low chances of matching salary and positions in government and corporate structures with our White male counterparts. In my practice, I am fortunate to be able to work with a good number of Black male clients, they remind me everyday that my experience in the world is not just my own. It is not anecdotal. It is real.

I am happy that change continues to march forward in the hands of the younger generations through the path blazed by those who came before us through the great Civil Rights leaders. With a dearth of leadership in the current White House, the progress will be hampered just for a bit, but I have faith that life will improve for Black and Brown communities. While it is difficult to trust the government as it is now (and rightfully so), it is important that we work to change laws at our local and state level to ensure that representatives of our communities are the ones writing the laws on the books and not those with ulterior, self-serving motives. We have to get out and vote. We have to. We have to get our friends, neighbors, and families out to vote. To our allies, you need to do the work too, good intentions are not enough. You will HAVE to talk to members of your family or your friends who tell racist jokes or are outright racist. You will HAVE to do your work to reflect inwardly. As a person of privilege, have you thought about what you've done to contribute to or dismantle institutional racism? Take a look at the organization you work for. How many people on your staff are non-white? Do you have friends of color? Do you understand how your privilege affects those around you. Challenge yourself. It hurts, but I can almost guarantee you it will hurt less than what happened to George Floyd, Ahmaud Arbery, Breonna Taylor, Sandra Bland, Eric Carner, and many, many others. Good intentions DO NOT determine the outcome. As an ally, you must actively fight oppression, aggression, and discrimination at all costs.

As a counselor, I work to help others with their mental health needs, but sometimes I forget that I have my own needs to deal with as well, particularly when it comes to processing the events of the past few weeks. It is difficult y'all. It hurts. It helps to numb sometimes, but as we know, numbing is not a healthy coping mechanism over the long term. Please help me and others that look like me. We do not want to be nervous, scared, and angry as we move through our lives, just because of the color of our skin.
Suzzette Garcia is a Licensed Professional Clinical Counselor, Certified Trauma Focused Cognitive Behavioral Therapist, American Psychological Association Fellow, Board Member for California’s Association Licensed Professional Clinical Counselors and Chair of their Education and Training Committee, the Director of Circles and Programming for Lean in Latinas, and is a Social Justice Advocate. Suzzette grew up in a small agricultural community in California’s Central Valley which influenced her becoming a social justice advocate and mental health provider. According to Suzzette “Growing up in the Central Valley taught me the impact that poverty, multigenerational trauma and systemic injustice has on a person’s mental health”.

Suzzette obtained her bachelor’s in psychology from Fresno’s National University and then went on to obtain her master’s in clinical counseling from San Francisco’s Alliant International University. Suzzette is currently the Clinical Program Manager ll for Rebekah Children’s Services Outpatient and Intensive Outpatient Program, provides psychotherapy in treating co-occurring disorders with addiction at The Meadows Behavioral Healthcare; in addition to running her own private practice. Prior to her work in the mental health, Suzzette was the Founder and CEO of Inferno Elite All Starz Association, a non-profit organization that provided at risk youth access to mentoring, athletic programs, tutoring services and college application assistance.

Suzzette uses her platform to mentor beginning clinicians, spread mental health awareness in the LatinX community and implement the development of therapeutic programs that are based in neuroscience, cultural competency, accessibility and diverse therapeutic interventions. Suzzette’s goal is to empower individuals to meet their full potential through the integration of wellness and mentorship programs in schools, communities and corporate settings.

Suzzette’s interest in serving as a Board Director of CALPCC was rooted in her passion to create a culture of wellness and diversity within organizations and communities. She believe in CALPCC’s mission and is devoted to supporting CALPCC in achieving this through training and advocacy that is rooted in diversity and inclusivity. “Being a part of the CALPCC Board of Directors has been such an honor, to work side by side with individuals who are passionate about the field as a whole and are dedicated to supporting its members”. Suzzette’s vision for CALPCC is that it will find a way to bridge psychotherapy, social justice advocacy and legislative policy.

Suzzette believes that mental health providers can empower individuals, families and communities to use their strengths to overcome barriers, and improve their mental health and overall quality of life. However, to do this providers must be willing to broach the topics of race, discrimination, economic inequality and systemic injustice as it relates to people’s overall well-being. Suzzette believes that CALPCC as an organization has the power to alter the way mental health services are provided in California; by giving its members the tools they need, our guild can further our individual careers as well as empower the communities we serve.
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SHOULD I RE-OPEN MY PRACTICE?

The counseling profession can be terribly isolating at times. With the onset of COVID-19, we were all sent home and very quickly had to re-assess our own skill for Tele-health and practice from our living rooms, kitchens, and bedrooms. With this isolation at home, many of us are itching to get back into the office to at least get to have another person in the room like we are used to as we do our work.

So there are a few considerations when it comes to thinking about what re-opening your practice will look like post-COVID (or during). First, your safety is the most important then that of your clients/patients. Next, there are a whole other set of considerations that we must think about.

While tele-health has become the norm in most clinical interventions, we have to remain nimble in the business of therapy so that we can support our businesses. This may mean an ultimate need to go back into the office. Some of our clients cannot do their counseling at home. Some are itching to get out of the house just like we all are.

When deciding whether to return to the office or not, some considerations that you may have include:
- Are you in an elevator building or not? What are the rules of the building amidst the crisis?
- Can you safely social distance from your client in your office?
- Can you just keep doing tele-health for the time being but from the office?

With all of the logistical concerns, there is a need to attend to the psychological needs of ourselves and our clients.

For ourselves:
- What is it like to have your own routines upended, your office space changed, or your old office space feeling foreign?
- How are we attending to our own anxieties around our health and safety?
- Learning to be comfortable with quickly making the decision to go back to tele-health if we are not comfortable.
- Process what it means to have very visible separation between you and the clients

For our clients:
- Asking what it is like to wear a mask in the session and sit far apart.
- Learning how to normalize our clients fears around COVID 19 and the end of shelter in place.

Check out the list on the next page of some common ways that you can keep you and your clients safe as you start to re-open your office.
checklist for re-opening

- Continue to offer tele-therapy for those clients that are uncomfortable coming in or if you are not comfortable.
- Consider purchasing a no-touch hand sanitizer dispenser.
- Wear face covering/mask throughout visit.
- Direct clients to handwashing space if available.
- Consider buying inexpensive face masks for clients who may not have one. Request that clients wear their mask during their visit.
- Position yours and your client’s seat at least 6 feet apart.
- Consider opening a window if possible. Masks can feel suffocating.
- Open the door for your client to avoid unnecessary surface touches.
- Sanitize high touch surfaces before an after each client visit ((desk, therapist chair, therapy chair/couch, doorknobs, lamps, lightswitches).
- Refrain from touch such as hugging or handshaking.
- Advise clients to come to their session on time. Not early. Work to not have people in the waiting area.
- Build in cleaning time between sessions if possible.
- Consider removing coffee, tea, or other "amenities." Encourage clients to bring their own drinks/snacks.
- Ask clients to bring their own paper and writing utensils.
- Encourage clients to answer questions at the beginning of session:
  - Do you have a fever or How are you feeling physically today?
  - Do you know anyone that has been affected by COVID 19?
  - What are some ways that you work reduce your own chances of transmission?
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"When we speak we are afraid our words will not be heard, not welcomed, but when we are silent we are still afraid, so it is better to speak."

- Audre Lorde, *The Black Unicorn: Poems*
Zack Reed-Fier first connected with CALPCC before graduating from the University of Denver’s Graduate School of Professional Psychology after having studied International Disaster Psychology. Prior to his winter quarter, Zack had been researching and exploring options for pursuing the LPC equivalent in California after graduating. Zack had received several warnings from colleagues with whom he had both heard of the difficulties and lived the struggles of becoming licensed in CA. Zack knew he was planning on returning to Los Angeles where he grew up to continue to work towards his license, and knew he was up for the challenge. Enter CALPCC. Zack joined CALPCC as soon as he could in order to utilize the connections, knowledge, and on-going updates to receive licensure in CA. CALPCC gave Zack the first exposure to the licensing process... provided lots of help from the members-only forums... and direction on how to complete the out-of-state requirements. CALPCC was helpful in providing guidance when Zack felt stumped with submitting his associate application to the California Board of Behavioral Sciences. Luckily, Zack was frequently given support and encouragement from fellow associates and licensees, many of whom he met through the regional networking events and whom had also been through the out-of-state process.

Eventually through resiliency, a lot of advocacy, his alma mater’s help, and guidance from CALPCC, Zack was able to have his associate registration approved in March 2017. Soon afterwards, Zack began acquiring his hours at The Bella Vita: A Beautiful Life Psychology Group, an eating disorder treatment center, as a program therapist. Following the closure of The Bella Vita in February 2019, Zack completed the rest of his hours with Enki Health & Research Systems Inc as a school & clinic based therapist. Soon after he started studying for the NCMHCE while working at Evolve Treatment Centers in West Los Angeles. Zack passed the NCMHCE in March 2020, and became an official LPCC in April 2020.

As Zack continues to work in adolescent co-occurring treatment, he is developing a private practice in the West Valley in the Greater Los Angeles area. He has continued to support individuals struggling through grief and loss, healing from complex trauma, managing chronic illnesses and eating disorders, and creatives working in entertainment. Zack continues to advocate for fellow professional counselors by being a member, and one of CALPCC’s representatives, on the CA Disaster Mental Health Coalition, support fellows LPCCs with the one of the pilot Consultation Groups, and as a Regional Networking Coordinator (RNC) for Los Angeles.

Being a part of CALPCC has been crucial to navigating the landscape of becoming an LPCC in California. As one of the smaller and growing mental health associations, Zack feels being a part of CALPCC really helps to bring a sense of community. As the regional Networking Coordinator for the Los Angeles region, Zack uses this volunteer role to continue to foster a sense of community to create a bridge between the CALPCC members, the mental health field, and greater CALPCC organization. The Regional Networking Groups focus on educating companies and organizations on who the LPCCs and APCCs are to help increase employment and license hour opportunities. These groups also coordinate networking events including Happy Hours, weekend socials, and Brown Bag lunches. The Regional Networking Groups help host continuing education events to provide opportunities for LPCCs, APCCs, and students to learn, network, and gain valuable skills. More recently, the LA Region has been utilizing telehealth platforms to encourage members to stay connected while staying safe at home during the Coronavirus Pandemic. This bi-weekly virtual meeting has allowed members to feel a sense of inclusion and support around referrals, potential supervision, field practicum locations, and CE events. More recent virtual meetings have resulted in collaboration in creating multiple CALPCC pilot programs including the LA listserve and Consultation Group Program.

Zack looks forward to continuing and developing the LA Region network of CALPCC members and advocating on behalf of potential and current professional clinical counselors.
The School of Education at Loyola Marymount University is accepting applications in the Department of Specialized Programs in Professional Psychology for a Visiting Professor to teach and serve as Interim Program Director in the Counseling program. The candidate will serve as Visiting Professor for a 2-year term during the 2020-2022 academic years.

**Key Job Elements**
- Assume leadership responsibilities as Interim Program Director of the Counseling program consisting of Guidance & Counseling, Pupil Personnel Credential, LPCC, and including assisting with program development, design, evaluation, accreditation, recruitment and retention activities.
- Demonstrate knowledge and experience of BBS, CCTC, NACES, and CACREP common core standards and Accreditation requirements for all pre-licensure and credential Programs.
- Teach graduate courses in areas of strength in counselor education and preparation to candidates in the Master's and/or credential Programs.
- Demonstrate knowledge in on-line learning platforms.
- Prepare syllabi and teaching of curriculum according to the goals and objectives of the program/department.
- Work closely with the Department Chair and other faculty and staff to support programs and activities in the Department, School, and University, and collaborate with external partners.

**Desired Qualifications**
Applicants are expected to have an earned doctorate in School Counseling, Counseling Psychology, Counselor Education, or School Psychology with a valid P.P.S. credential. Experience working in the public, private or charter school systems is a must and experience with counseling in community settings who are bilingual, are strongly encouraged to apply. Experience teaching graduate-level courses is highly desirable. The Visiting Professor will teach courses in the program, as well as carry out administrative duties. Courses may include: Helping Skills, Foundations of Counseling, Law & Ethics, Field Placement, Crisis Intervention, Theories of Counseling, Group Counseling, Career Counseling, Addictions Counseling, Human Sexuality, Multicultural Counseling, Social-Emotional-Behavioral Functioning, Lifespan Development and Community Psychology.

**LMU School of Education**
Loyola Marymount University, a Carnegie classified R2 institution in the mainstream of American Catholic higher education, seeks qualified applicants who value its mission and share its commitment to inclusive excellence, the education of the whole person, and the building of a just society. LMU is an equal opportunity employer. Women, persons of color, LGBTQ and gender- nonconforming individuals, people living with disabilities, and others with diverse life experiences and beliefs are encouraged to apply. (Visit www.lmu.edu for more information.) The LMU School of Education is ranked 58th (top 5%) nationally among graduate schools of education and is the third highest ranked Jesuit institution nationally according to the most recent U.S. News and World Report rankings. The School of Education's accredited programs prepare aspiring educators to enter the field and provide educators with the skills they need to advance their careers.

**Contract Terms:** This Visiting Professor (Interim Program Director) faculty position is expected to begin in Fall 2020. The review of applications will begin immediately until position is filled. Preliminary interviews will be conducted via Zoom. Any questions related to this opportunity should be directed to: Dr. Aceves (taceves@lmu.edu).

**Please submit the following materials online at jobs.lmu.edu:** Current Curriculum Vitae Cover Letter Statement of Teaching Philosophy References – 3 references required (contact information only)
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Due to the COVID 19 Pandemic, many rules and regulations have temporarily changed for those that are licensed and those that in the licensing process.

Click to check out some of the changes below:

Order Waiving Law and Ethics Examination Requirement for APCC
Order Waiving Face to Face Supervision Requirements
Updated Statement Telehealth to Reflect Governor’s Executive Order
Various Other Waiver Info for Continuing Ed, Reinstatement of Licenses

**RECENT WAIVERS/CHANGES DURING COVID 19**

**HOW MANY CE’S DO I NEED?**

FOR LPCC’s Fully Licensed:
- For 1st Renewal you will need 7 Hours HIV/AIDS + 6 Hours of Law and Ethics +5 CE’s of your choosing for a total of 18 Hours
- For subsequent renewals you will need 6 Hours of Law and Ethics + 6 Hours Marriage and Family (if you have the credential)+ Whatever else you need to equal 36 Hours.
- If you have a LMFT or LCSW license in addition to your LEP or LPCC license, you may apply CE hours to both licenses if the course meets all CE requirements and the subject matter relates to both scopes of practice.
- You may claim credit for teaching a course. You will receive the same amount of hours as a course attendee would receive. However, you can only claim credit for teaching a course one time during a single renewal period.1 Semester Unit = 15 CE hours 1 Quarter Unit = 10 CE hours
- Supervisors of Associate Professional Clinical Counselors may apply supervisor course training hours to CE requirements as long as the training has been taken from an acceptable CE provider.

**CAN I JUST NOT DO THOSE LAST 150 HOURS?**

Unfortunately you can’t. This is part of your licensing requirements and must be completed. Furthermore, they must be completed in a community health setting or in a hospital.

As the best trained clinicians in the state, LPCCs have a range of knowledge that exist due to our in-depth training.
Is CALPCC Having a Fall 2020 Conference?

Written by the Conference Team

Each year, the Board of Directors, members, and the public look forward to the annual CALPCC Conference. It is generally a fun time for all with lots of sessions with hard hitting subjects and the chance to connect with counselors from across the state.

This year, the conference was slated to be held in late Fall at California State University, Sacramento. Due to concerns related to COVID-19, CALPCC has decided to act out of an abundance of caution of an on-ground conference event. While it was a tough decision, the team felt it best to regard the safety of all potential attendees during this unpredictable time.

Not to worry though! CALPCC is hard at work at coming up with an alternative event to be featured fully online. With details yet to come, CALPCC looks forward to our first online Conference. Just last month, we had a test run with CALPCC’s first virtual symposium. It was a rousing success and we look to expand that model as we develop more extensive virtual programming. "While we are extremely sad about not being able to hold an in person event, we are super excited to offer this option to our members and the counseling profession,” stated Dr Shyrea Minton, CALPCC Past President and Conference Committee Chair. Look out for an announcement to register for the online conference in your email inbox soon!

"While we are extremely sad about not being able to hold an in person event, we are super excited to offer this option to our members and the counseling profession,”
- Dr Shyrea Minton
Counselors face uncertain times ahead as COVID-19 continues to alter the landscape and present challenges.

In order to help meet some of the professional challenges counselors face, the American Counseling Association is offering a 35% discount* on all books and DVDs in the ACA store.

Our books and DVDs cover a wide range of topics that can help you keep your skills honed. Use the promo code SPRING35 to take advantage of this discount.

Click here to take advantage of this offer.

This offer expires 11:59 EST on June 30, 2020.
Originally from Potomac, Maryland, Jessica Morris has lived in San Diego for 26 years. As she settled in San Diego, she was unclear what she wanted to do for a career. “I didn’t always know what I wanted to be when I ‘grew up.’”, she states. She moved from job to job until she decided that she wanted to go into counseling. Fearfully, she recounted the start of her journey as she enrolled in her first class at City Community College. She then knew that she wanted to be a counselor. Fast forward 11 years, she has recently graduated from the Community-Based Block (CBB) Multicultural Community Counseling & Social Justice Education Program at San Diego State University.

In the Fall of 2018, Dr. Nola Butler-Byrd, the director of the CBB program and CALPCC Board President called on incoming students to serve as student committee members. Jessica described her hesitation to take on the task as it would be just one more thing added to her plate as a graduate student, but found herself to be curious to learn more about the organization. With a quick email to Dr Butler-Byrd, Jessica found herself a part of CALPCC on the Student Committee.

She stated that while she often feels new to CALPCC, she has enjoyed being part of the behind- the-scenes work that is being done within the organization. As a member of the Student Committee she has expanded her network and met colleagues for life. As a student, she reported be appreciative of experience at CALPCC in terms of learning more about the organization, gaining a better understanding of the licensure while also using it as a resource for questions about the future of her career. Jessica stated that it was helpful to learn about internship opportunities while earning valuable hours as well as better understanding the application process through the California Board of Behavioral Sciences. Jessica is excited to have recently submitted her associate application to the BBS!

She strongly encourages anyone who is interested in learning more about CALPCC to get involved. There are many perks including local networking events, webinars and training modules, and the best part - CALPCC’s annual conference! She looks forward to continuing to be an active member of CALPCC, as she begins her journey towards full licensure.
WE NEED YOUR HELP!

CALPCC functions mostly with the help and kindness of our Board of Directors, Regional Networking Coordinators, and many volunteers through our committees. In order to bring you programming to earn CEUs, put on conferences, hold online events and continue to have networking events, we need some hands and great minds. Drop us a line at info@calpcc.org to find out more.

Consider joining:
- Ethics and Applied Professional Practice
- Counselor Educators
- Fund Development
- Membership Development
- Continuing Education
- Conference
- Advocacy and Legislative
Did you know that CALPCC offers a personalized approach to answering your law and ethics concerns? Email us at info@calpcc.org to learn more.

ETHICS 'R' US

Here are a few questions from our members

Dear CALPCC,
My colleagues and I have been trying to settle an argument. Is this an accurate statement, “Therapist owns the actual (paper, e-records) file. Patient owns the information in the file?” I say that the therapist owns the records, but the client can have access to them. What is the right answer?

- File-less in Fairfield

Dear File-less,
A more accurate statement might be to say something more along the lines that the therapist is the administrator or manager of the clinical records. The therapist, for at least 7 years post termination is responsible for documenting and managing and storing the files, whether they are hard copies or electronic copies. But yes, the client does own the information in the file and according to updated laws, which I can give you if necessary, are able to add addendum to records that they believe are incorrect. Regardless, while clients have a right to access their own clinical records, the manager of those records, the clinical therapist, has the right to restrict those as well.

Dear CALPCC Ethics Team,
Is it appropriate for a school counselor (in a school environment) who is also an APCC to provide clinical therapeutic services at the same time while earning hours to be an LPCC? I am concerned that there are unclear boundaries between the two roles and it can be confusing to the client. What happens when the clinical relationship terminates? Is it appropriate for the counselor to refer students to themselves for clinical services while trying to achieve their clinical hours?

- Ethically Challenged in East Bay

Dear Ethically Challenged,
Ethically, this is inappropriate as this behavior would for sure blur the lines of who the client thinks they are working with at the time. It would be inappropriate to see the client in those two very closely related roles. If the school counselor is acting in that capacity, that is all they are allowed to do. If they are acting as an APCC and gaining hours, they should only be seeing the student with appropriate clinical supervision.
Based in Wisconsin since 1907, Rogers Behavioral Health is a private, not-for-profit provider of behavioral health services and nationally recognized for its specialized psychiatry and addiction services.

Rogers provides multiple levels of care, with inpatient and residential care in Wisconsin and outpatient programs across the nation treating trauma recovery, primary mental health, addiction, eating disorder, focus depression, OCD, and anxiety for all ages.

In California, Rogers offers specialized partial hospitalization (PHP), and intensive outpatient (IOP) care in San Diego, Los Angeles, and San Francisco East Bay clinic for children, teens, and adults in need of a higher level of outpatient care for OCD, anxiety, and depression.

For instance, Rogers San Diego uses individualized, evidence-based treatment, such as CBT, ERP (exposure and response prevention), DBT-informed skills, behavioral activation with full-time access board-certified psychiatrists (Brett Johnson, MD for Child and adolescent psychiatry and Sanjaya Saxena, MD for adult psychiatry) and a multidisciplinary team of mental health experts providing measured clinical outcomes. In California,

Rogers has established in-network partnerships with Anthem Blue Cross, Cigna, Magellan (children and teens only), MHN, Sharp, and United Behavioral Health and Kaiser (San Francisco East Bay clinic only).

For all other health plans, Rogers submits single-case agreements (90% success rate) through the help of their clinical outcomes.

During this pandemic, Rogers is offering telehealth services for outpatient care through Rogers Connect Care. This telehealth treatment option ensures privacy and allows evidence-based individual and therapeutic group-based treatment. To learn more, please visit Rogersbh.org.
Mental health workers are in high demand as the COVID-19 pandemic continues. The growing need for medical care coupled with fears of an overburdened healthcare system have workers facing an increased risk of suffering from stress and anxiety. “They’re struggling to get their basic needs like personal protective equipment to do their jobs,” says Dr. Brett Johnson, child and adolescent psychiatrist at Rogers Behavioral Health in San Diego. “Colleagues in the mental health field are also dealing with new ways to treat patients virtually through a telehealth model for an undetermined amount of time.”

**Dr. Brett Johnson offers three important self-care tips for those who work in mental health:**

1. **Maintain structure.** If you exercised before, keep doing it. It’s important to stick to your daily routine as much as possible.
2. **Stay connected.** Even as some mental health workers transition to work from home, stay in contact with your colleagues, family, and friends. Use technology for things like game nights or watching your favorite show with friends.
3. **Ask for help.** Know these signs of when to ask for help:
   - Feeling extremely fatigued
   - Have fuzzy thinking
   - Experience exaggerated emotional responses
   - Have increased irritability and anger
   - Dread going into work
   - Begin to isolate and withdraw
   - Fall increasingly behind at work and can’t seem to catch up

You can also check out some free resources for healthcare professionals:
- HeadSpace meditation app
- The American Foundation for Suicide Prevention
- Anxiety and Depression Association of America

**Finding help at Rogers**

If you, someone you love, or a client is struggling with anxiety, depression, or other mood disorder, Rogers has evidence-based treatment that can help. Call 833-783-7411 or request a free, confidential screening [online](#).
Loyola Marymount University’s Graduate Degree in Mental Health Counseling

LMU offers a degree in Mental Health Counseling (60 units, M.A.) that prepares candidates to serve as counselors in community and clinical settings. The degree also prepares candidates to pursue licensure as a professional clinical counselor (LPCC) through the California Board of Behavioral Sciences.

The training for the degree in Mental Health Counseling is shaped by over 500 years of Jesuit tradition of cura personalis, or care for the whole person. For candidates, that means:

• Coursework involves learning critical theories and evidence-based practices to be able to serve a diverse range of clients on a variety of issues including addiction and other psychopathologies, identity formation, education and career development, and improvements in social and familial relationships.
• The use of Ignatian pedagogy by our professors results in every candidate being seen by their professor as a whole student with valuable life experiences that only enrich the process of teaching and learning.
• Social justice, anti-racism, and the promotion of liberation for marginalized communities are core values that manifest not only in transformative courses, like the annual Study Abroad in Mexico City, but also in innovative programs like the Bilingual Counselor Badge.

Candidates pursuing the M.A. in Mental Health Counseling are part of a non-cohort program with a course sequence and scheduling designed to allow flexibility. Candidates also have the unique opportunity to simultaneously pursue an M.A. in School Counseling (48 units) and licensure for the Pupil Personnel Services (PPS) credential. Admissions to be an M.A. candidate in Mental Health Counseling are offered fall, spring, and summer semesters.

"LMU is dedicated to eradicating systemic racism and addressing the histories and systems of injustice perpetrated against POC, while also taking responsibility for our institutional complicity in the perpetuation of white supremacy." – LMU President Timothy Snyder, PhD

Click to Learn More!
JOIN CALPCC TODAY

WHAT? YOU’RE NOT A MEMBER YET? JOIN US TODAY.

CALPCC is the ONLY organization in the State of California that advocates for ALL LPCCs across the state at the state legislature. We work hard to advocate for the laws that affect your license, keeping the highest ethical and educational standards, and we’re a fun group of folks. We’d love to have you check us out. Visit calpcc.org/membership to find out more.
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Facebook: CALPCC
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