CONNECTING COLORADO'S COUNSELORS

ISSUE 2012 V. 13 #1

THIS ISSUE

LETTER FROM THE PRESIDENT

I'm not going to lie, this whole 2012 thing has me a bit befuddled. Do I think the world is going to end on December 21st? Not really. I would, however, be kidding myself if I said that I thought things weren't changing. Many of you might respond with, don't they always? Yes, they do. So, why am I even discussing this? Because, somehow this year seems different. Perhaps this is due to the "pendulum shift" a wise professor of

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MENTAL HEALTH COMPLAINTS:

Navigating the Minefields of Psychotherapy Practice

By: Amos D. Martinez, Ph.D. & Robert A. Lees, J.D.

In Colorado any person may file a complaint against a licensed, certified, or registered psychotherapist (previously known as unlicensed psychotherapists) for any perceived misconduct even if they were never treated by the therapist. Third party complainants are common and generally are filed by relatives or friends of the client and other mental health care or related professionals. The term "complaint" is now used by the Department of Regulatory Agencies, Mental Health Section (DORA) in the initial review of a case even though the merits of the claim have not been assessed. Prior to 2006, the term "inquiry" had been used to mitigate the problems mental health providers experienced by responding to frivolous claims. For example, therapists who reported they had a complaint were at risk of increased premiums for malpractice insurance coverage, denial of renewal for malpractice coverage, barred from sitting on provider or professional ethics panels, challenged in legal proceedings as experts, or their practice was in some other way adversely affected, even though the complaint had no merit and was subsequently dismissed. The complaint process took an average of 45-60 days to complete prior to 2005.

Complaint's had previously been treated as "inquiries," which allowed Board staff or the Board to conduct a "probable cause" review to determine if the Board had reason to believe a prohibited activity under the Mental Health Practice Act occurred. The Boards, pursuant to 12-43-203 (1) (a) (II), C.R.S., had and continue to have discretion to close initial

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Membership is on the March!

By: Pattie Dunlap

CCA is very happy to welcome the students from Regis University! University counseling departments across Colorado are choosing the CCA as the professional organization for their student populations. CACREP accreditation requires students to belong to professional organizations, both for the advancement potential and the networking/learning opportunities afforded. Adams State registered their entire counseling department in 2011! CCA salutes these programs for offering their students real assistance, support, and training for success beyond the classroom.

Be on the lookout for the 2012 Membership Survey. This will be available in participant packets at the 2012 Annual Conference, March 9 -10, 2012. If you haven't signed up for the conference, there's still time. The survey will also be available on-line through the CCA website. We take your input very seriously, and welcome your ideas. Please take the time to complete and return the survey ASAP so we can put your comments into action.

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mine was so fond of highlighting. The idea being that when the pendulum does a huge swing due to the craziness of events or people or whatever, there comes a time when the pendulum has to swing back the other way to offset this craziness. And, at some point, the hope is that the pendulum swing will even out and bring a calmness with it. I'm guessing there are a few of you out there who know what I'm talking about, the world feels a bit more chaotic than normal.

The good news is, with chaos comes opportunity. Our comfort zones are shaken up. Our balance is thrown off kilter. Our respective worlds are tossed upside down and we have a chance to do things differently than before. The key is imagination.

The theme for this year's Annual Conference is *"Imagine: Colorado Counselors Moving Forward, Looking Back."* It is an opportunity to remember where we've come from not only as a profession but as individuals. It is a chance to continue moving forward based on the lessons of the past. Most of all, it is a chance to use our imaginations to envision and bring to fruition the next chapter of counseling.

Things are changing in our world on every level. Whether those changes are because of a date indicated by the Mayan calendar or because the world just needs to take a step back from drama, we have the opportunity to help guide that change. As counselors we can help create new legislation that benefits our clients. We can develop new, innovative practice strategies that help client healing. We can find new ways to build an even stronger mental health community. We can find ways to help society understand and value the vast benefits of mental health. The sky is the limit!

With this in mind, I would like to personally invite each of you to attend our 2012 Annual Conference on March 9th and 10th at the DoubleTree DTC. You'll have the opportunity to connect with counselors from throughout the state; to learn new things; and, to begin to imagine what could come next.

Find your dreams. Find your passion. Use your imagination. The possibilities are endless.

"Limitations live only in our minds. But if we use our imaginations, our possibilities become limitless." Jamie Paolinetti

Sincerely,

Michelle Stevens, MA, LPC, NCC, JD

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review proceedings if the Board determines it is in the best interests of the complainant or recipient of services to do so. If a complaint is dismissed at the initial review level, which occurs in most cases, the complaint is confidential and cannot be released to the public or third parties.

The term "complaint," which DORA currently uses, triggers reporting requirements for the therapist under review to malpractice insurers, hospital provider panels, professional ethics review panels, employers, and other public or private agencies. The "initial review" now functions as a review of a "complaint" against the respondent psychotherapist. In the real world of psychotherapy practice this is tantamount to an administrative finding that all complaints should be assessed in the same manner regardless of the merits and in spite of the adverse consequences a "complaint" can have on the therapist's practice or standing in the profession.

When a complaint is filed with DORA, the Mental Health Program Section sends by postal carrier or e-mail a 30-day notice letter describing in general terms the basis for the complaint. This letter or e-mail provides notice to the licensee, certified provider, or registered psychotherapist (respondent) of the claims made against them and an opportunity to respond to those claims. In the past, at the discretion of the Board or Program Director, a subsequent letter was sent to the person who filed the complaint (complainant) with a copy of the respondent's letter for comment. The complainant had 10 days to reply or add clarification to the respondent's reply. Oftentimes, critical information communicated to the Board from the complainant helped resolve key issues in a complaint at the initial review process. This part of the process has been changed by DORA, thus creating a situation with less information than Boards had in the past and, put simply, an uninformed review of the merits when the Board first considers a complaint.

The initial review process is a "paper review" of the record. There are no witnesses that can be called, no cross-examination of those witnesses, no hearing at this point in the process. Only the written statements of complainant and respondent or third party potential or actual witnesses are reviewed. It is the Board's first examination of a case and designed to determine if the complaint has sufficient evidence to proceed. The Board, with or without deliberation, may dismiss the complaint outright (this usually occurs when the conduct complained of is non jurisdictional) or dismiss the claim after review as no violation. The Board may also dismiss the complaint with a "Confidential Letter of Concern" (COC) when there is reason to believe that the therapist's conduct was problematic but did not rise to the level of a violation or the Board believes the therapist could benefit from specific direction in future cases. Since this is a non-disciplinary action by the Board, it is confidential and not released to the complainant or public. The COC includes a clear statement from the Board that the conduct complained of is not condoned and will, at times, direct a therapist to seek consultation or supervision in future similar cases. The Board may also recommend continuing education in one or more specific areas of practice to the therapist. If the Board has reason to believe that the conduct complained of may be a prohibited activity, the Board may table the case to obtain additional information or refer the case to the Investigations Section in DORA. Most investigations are now taking three to six months to complete, at which point, the case is sent back to the Board for a decision.

If the initial review finds sufficient evidence of a violation, the Board may impose the lowest level of discipline, a Letter of Admonition (LOA), mailed to the therapist. The LOA is a Board directed letter formally admonishing the therapist for a prohibited activity. The therapist has 20 days from receipt of this letter to notify the Board in writing of any objections to the LOA action. If the therapist submits a timely objection to the LOA, the Board may reconsider the case or vacate the LOA and refer the case to the Attorney General's Office for initiation of formal proceedings against the therapist's license, certificate, or registration.

The Board may also refer a case with evidence of a prohibited activity to the Expedited Settlement Process (ESP) to settle the complaint without formal action. If the case is referred to ESP, the Board sets specific settlement parameters under which they will settle the complaint. Discussions of settlement parameters are held in closed session with a staff member from the Office of Expedited Settlement. The settlement terms may include any one or more of the following:

- Practice evaluation by a Board approved evaluator.
- Therapy evaluation by a Board approved Therapist.
- Practice monitoring (a form of probation) for a specific period of time.
- Therapy monitoring (also a form of probation) for a specific period of time.

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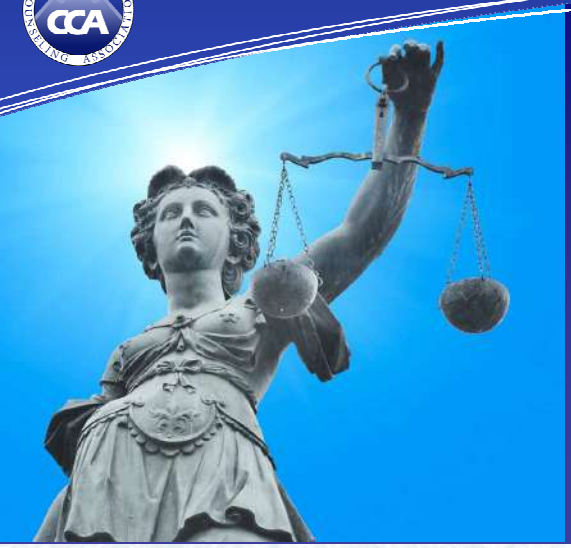

Ethics

By: Mark Swart and

Dr. Laura Bruneau

THE ACA ETHICAL CODE:

Necessary, but not

Sufficient.

. No set of rules can ever be adequate to describe the complexity of life. This is especially true when the living presence of the counselor is such a profoundly important part of the therapeutic change process. To promote this change process, counselors can use interventions that "succeed mainly on the therapist's ability to develop and maintain an emotionally positive therapeutic alliance with all members of the system in treatment" (Green, 2004). In addition, to practice as an exceptional counselor, we believe counselors need to do more than follow the "letter of the law." Counselors need to actively live and embody the ethical principles outlined in the ethical code. It is more than technique. It's about our relationship to the technique and to the client.

To practice as an exceptional counselor, we believe counselors need to do more than follow the "letter of the law."

When considering the American Counseling Association (ACA) ethical code, which states "the primary responsibility of counselors is to respect the dignity and to promote welfare of clients" (ACA, 2005), the following story comes to mind:

A fellow colleague has had a difficult time locating a counselor for her own counseling process. She has felted "judged" by all the counselors she has seen so far. She has experienced subtle and unexpressed "shoulds" on the part of the counselor as well as forms of invisible blaming. Understandably, our colleague doesn't feel safe to explore her own issues in such a relationship. How sad is that?

We understand this not to be a "judgment" of discernment, but rather a subtle or not-so-subtle invalidation of the client's feelings and very being. It is quite easy to do harm in this context. We are well aware that clients and counselors may disagree about the client's life and situation. But without a foundational acceptance, will clients ever truly feel safe? This gets us thinking. What does it mean to create a safe space for clients and how does our own personal way of life and thinking impact our clients? Is it fair to expect our clients to live by our own standards and opinions? Since we are expected to be ourselves as counselors, are we aware of our impact of who we are on our clients? In each moment, do we really even know and notice who we are? We think these sorts of questions are a prerequisite for counseling excellence.

The ethical code mentioned above does not specifically prohibit holding negative and judgmental feelings about clients. But consider the Rosenthal or Pygmalion effect (Rosenthal & Rubin, 1978), in which the expectations of teachers had profound consequences on the learning outcomes for children. How are we affecting our clients' potential outcomes if we subtly and invisibly invalidate them through our own judgments? We would prefer to truthfully assess in our hearts how we feel about and "see" a client, and if those inner feelings are advantageous to the client or not.

This level of self-awareness, and the integration of that self-awareness into the context of assessing our own ethical relationship with a client, is perhaps the lived embodiment of the ethics we are called upon to uphold: "The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients." We hope that this short piece has got you thinking about these questions too.

Opinion

By: Sabrina S. Santa Clara, MA, R-DMT, IFSCP, CAC II, RYT, RMT

WHAT'S WRONG WITH "NO TOUCH" POLICIES?

Many (and possibly the majority of) mental health organizations have instigated no-touch policies based on two main beliefs: 1) no-touch policies will prevent expensive litigation; 2) touch within therapeutic settings is inherently unethical. Neither of these belief systems is actually true.

Refuting the Litigation Safety Belief. Regardless of no-touch policies, many clinicians *do* touch clients (or vice versa) but may not be doing so consciously or with clear intent, which violates one of the primary ethics of psychotherapeutic touch. Clinicians who work for organizations with no-touch policies do not document touch as doing so would incriminate themselves. Furthermore, most clinicians do not know the necessary components of a good clinical touch note. Absent or inadequate clinical documentation is one of the primary deciding factors in litigation outcome in cases where touch between a clinician and client has occurred. No-touch policies do not eradicate touch in therapeutic settings. Rather, they eradicate training, acknowledgement and documentation of touch, all of which increase the likelihood of non-psychotherapeutic touch and litigation

Refuting the Touch is Unethical Belief. Touch is the first sense developed in utero and often the last sense to leave before death. Vulnerable infants die without touch. It is our primary and most fundamental means of communication. It is critical to emotional development and the development of a sense of self. To hold touch as unethical is contrary to basic human biology.

One of the main arguments is the "slippery slope" argument, which essentially states that any sexual encounter between clinician and client began with touch; therefore, any touch in therapy is a slippery slope towards sexual violation. This argument is like saying that every alcoholic has drunk water; therefore water is the gateway drug to alcoholism. Touch is as essential to human biosocial development as water is to human physical development.

Psychotherapeutic Touch has many clinically proven benefits and has well-defined ethical guidelines. For example, psychotherapeutic touch has to be for the benefit of the client and the purpose of the touch has to be clear. It also has to be intentional and discussed with the client both before and after the intervention. It is not Psychotherapeutic Touch that is unethical, it is non-psychotherapeutic touch and the clinicians that use it.

Refusing touch can be just as unethical as inappropriate touch. Withholding touch can cause clients to view the therapist as cold and can limit the use of the therapeutic relationship in parental modeling. Clients who come from high touch cultures may find the lack of social touch disruptive to the therapeutic relationship. Children, or adults in child-like states, who reach out for touch but are refused, are likely to experience rupture in the refusal, especially for those who already have touch refusal wounds. In fact, Psychotherapeutic Touch is effective in repairing touch-mediated wounds.

Touch, as a primary and basic human need, has a valid place in psychotherapy. Every clinician should have some basic psychotherapeutic touch training that covers ethics, indications, contraindications, touch refusal, and clinical documentation of touch.

ABOUT THE AUTHOR

Sabrina S. Santa Clara, MA, R-DMT, IFSCP, CAC II, RYT, RMT

Sabrina holds an MA in Somatic Counseling Psychology. She is a Body-Centered Dance/Movement Therapist with over 20 years massage therapy experience. Sabrina offers a full-day training on the Fundamentals of Psychotherapeutic Touch and will be speaking at CCA's Annual Conference this year. For more information you may contact her at:

CCREAT ~ Center for Creative, Restorative & Expressive Arts Therapy

303.304.7880

sabrina@ccreat.org

http://www.ccreat.org

For more extensive information on psychotherapeutic touch and an exhaustive reference list, please go to the website and look under the publications tab.

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- Continuing education, usually 20 hrs for each year under monitoring.

In unusual cases, the Board may settle the case with a voluntary surrender, suspension, or revocation of a license. Such action may follow-up with a fitness to practice evaluation, practice or therapy monitoring and continuing education for a specific period of time prior to license, certificate, or registration reinstatement, depending on the nature of the case. ESP was created to save both the Board and therapist the costs and time of litigation. It is best utilized when the Board and therapist do not dispute the facts in a case that constitutes one or more prohibited activities. Once the Board and therapist sign the settlement agreement (referred to as a Stipulation and Order), the matter becomes a public form of discipline.

When the Board refers a case to the Attorney General's Office it is usually a case that is deemed serious and likely to result in an injunction (an action that immediately prohibits the therapist from a specific practice or use of a specific therapy that may be harmful to clients until it is reviewed by a Court) or other legal action to enforce provisions of the Mental Health Practice Act or protect the client or public from further harm. Cases involving injunctive action are generally of sufficient severity that the Board finds the conduct to be of immediate harm to the public such as use of treatment methods involving "rebirthing techniques" or "holding methods" where a client may suffer physical injury or death, use of controlled substances with a client, or predatory sex with clients. Referral to the Attorney General's Office is also used when the therapist objects to an LOA or if the ESP fails. The attorney assigned to the case may also recommend settlement of the case to the Board. This generally occurs when new (usually mitigating) information is obtained by the attorney, there are problems with provability of the claims, or if settlement is in the best interests of justice.

If the Attorney General's Office files formal charges on behalf of the Board, the therapist is entitled to a hearing. The Administrative Hearing is similar to but not the same as a hearing in the District Court. Generally, rules of procedure are more relaxed and the decision of the administrative law judge is not final as the judge is only authorized by law to issue an initial opinion which may be rejected, amended, or accepted by the Board. The filing of formal charges by the Board results in another opportunity for the therapist to answer those charges by admitting or denying the claims made in the complaint. The therapist, usually through their attorney and the Assistant Attorney General (AAO) assigned to the case set a trial date. Pre-trial negotiations may be held between the therapist and AAO if there is any likelihood of settling the case before trial. If the case is not settled, the matter goes before an administrative law judge. There are no juries in administrative law hearings. The judge hears evidence from the therapist and Board and makes an initial decision. The initial decision may be to dismiss the case against the therapist or find the therapist guilty of violating one or more prohibited activities. The administrative law judge may also recommend sanctions against the therapist based on aggravating or mitigating evidence presented during the hearing. The initial decision is mailed to the Board. Either the Board or therapist may subsequently file exceptions to the decision within 60 days of the administrative law judge recommendation. If no exceptions are filed, the decision stands. If exceptions are filed the Board may adopt, modify, or reject the recommendation of the administrative law judge. If the finding is one with sanctions against the therapist, the decision becomes a public form of discipline. The therapist may appeal this decision if appropriate for review to the Colorado Court of Appeals.

Last, the Board may refer a case to the local District Attorney's Office, if the conduct complained of could be a violation of criminal law or if there

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are criminal sanctions attached to a regulatory violation. Board staff refer the case to the appropriate District Attorney's Office (the jurisdiction in which the conduct took place) for consideration of the filing of criminal charges. This referral and any charges that may be filed are independent of any action taken by the Board. Double jeopardy is not an issue because the case is a regulatory and criminal justice matter with different standards of proof. The burden of proof in the regulatory process is by a "preponderance of the evidence", a lower standard, than "proof beyond a reasonable doubt" in the criminal justice system.

So, how can you navigate this process in the most reasonable and cost-efficient manner? First, do not panic or ruminate about the motives behind a complaint. Understand that this process is adversarial. Even though you pay for your license, certification, or registration, and subsequent renewals, and DORA staff are helpful during the credential application process, DORA is not your ally. DORA cannot provide you with clinical or legal advice and generally must remain independent in the review of complaints. DORA represents the "people of the State of Colorado," and even though DORA publicly states they make no assumptions about the facts or circumstances in a complaint, the process since 2006 has been skewed in favor of proving complaints NOT disproving a complaint. Prior administrations at DORA adopted the policy of disproving complaints in this investigative process. A complaint that cannot be disproved is much stronger, easier to negotiate or settle, and more likely to prevail should it proceed to hearing.

> If the initial review finds sufficient evidence of a violation, the Board may impose the lowest level of discipline, a Letter of Admonition (LOA)...

Second, read the complaint thoroughly. Because the Boards have limited data in the initial review process, they may not state that you violated a specific provision in the Mental Health Practice Act or a specific prohibited activity. For example, a statement that you violated 12-43-222 (1), which is used in most complaint letters or notices, could mean that you may have violated one or all of the 29 prohibited activities in this section. Highlight issues that are factual and issues that have no basis in fact. Your feelings about the complaint are irrelevant and oftentimes comprise your ability to objectively assess the merits of a complaint. Get a "reality check." Have a close colleague, professional therapist, or trusted confidant review the complaint. If the complaint involves a judgment call and you have consensus from independent sources (interviews with colleagues, professional mental health providers, review of the literature, etc.) that the judgment used complied with generally accepted standards for your profession, document this data.

Third, you must respond to the complaint within 30 days of receiving the letter or e-mail from DORA. What you say and how you say it matter. If you took a vacation with your client to Disney World and there is proof that confirms this, don't waste your time or the Board's time by responding with excuses, justifications, or apologies for this conduct. Vacationing with your client is a prohibited dual relationship and a clear violation of 12-43-222 (1) (g), and (i) in the Mental Health Practice Act. Your professional life is not necessarily over, but you have exposed yourself to serious regulatory and malpractice liability. Your statement should reflect an awareness of the mismanagement of transference or counter-transference issues that led to this lapse in professional judgment and that you take full responsibility for this professional misconduct. If on the other hand, the conduct complained of is not a violation of the mental

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Practice

By: Carl R. Nassar, M.A., NCC, LPC, CIP

Reclaiming the Erotic Marriage: Sexual Script in Couples Counseling

I recently attended Ester Perel's day-long presentation in Denver on supporting the reclamation of the erotic in long-term relationships, helping couples whose sexual expression has transformed into sexual repression. I've been pondering and writing about couples counseling and sexuality since then, and in this short essay I'll reflect on some of my central thoughts, borrowed from the Ester-inspired paper I'm currently crafting for journal publication.

Couples counseling, in most of its current incarnations, lends itself most readily to attending to emotional intimacy issues in the marriage. Here, psychotherapists create and encourage an experience of emotional safety in the relationship, fostering an environment where emotional vulnerability can flourish. Psychotherapists augment feelings of belonging, of anchoring, of permanence, of grounding. We encourage the expression of love in a language that leads to affective sharing and corresponding feelings of closeness.

Couples counseling, in most of its current incarnations, lends itself most readily to attending to emotional intimacy issues in the marriage.

In forming the emotionally mature couple, one whose members can attend to each other with the authenticity of a differentiated self, we take an important first step toward supporting a couple's sexual intimacy as well. As Ester Perel points out, differentiation is an essential ingredient in a couple's development toward mature eroticism.

However, if we are to fully help our couples on matters of sex, we must move beyond the long-standing myth that remains widespread in couples work: the notion that attending to the couple's issues around emotional intimacy implicitly attends to the couple's "complimentary" issues surrounding sexual intimacy. This misassumption leaves the couple alone in struggling with issues of sex, without the help of the very therapist they trust and who empowered the fostering of a real relational closeness. These couples feel further alienated from their sexual lives as they unconsciously align with the therapist who implicitly assumes that sex should now spontaneously return.

To state the obvious, each member of the couple has a sexual history as well as an emotional one. Relational patterns reflect experiences of an emotional and a sexual nature. To ignore the sexual is to ignore a parallel script.

The sexual script refers to the story we tell ourselves about our own sexuality (both consciously and unconsciously), a story typically laden with relational failures, neglects, and traumas (both acute and cumulative). The sexual script inhibits spontaneity and naturalness, essential ingredients for the erotic self that thrives on passion, discovery, and risk. Consider a common sexual script, which Ester Perel refers to as "the myth of spontaneity". Here the notion is simply that sex should "just happen". In the imagery of a stereotypical Hollywood script: evening falls, a couple sits on the couch, a spark of sexual passion ignites a desire that overtakes the couple, culminating in an erotic, transcendent sexual encounter. Lost in this is the adult recognition that committed sex is a willful and intentional act.

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health practice act or any other standard used to regulate your practice, respond with a clear statement that the conduct complained of is not a violation. Of course, these two examples are on opposite ends of the complaint continuum. For cases that fall between these two extremes, you may wish to consult with an attorney or licensed mental health professional. Oftentimes, Board members and DORA staff do not have all available information or lack subject matter expertise to adequately assess a complaint. Including information about prevailing standards in the profession in your response, is strongly indicated when dealing with a situation that involves differing professional opinions. If the complaint includes information that is or can be verified and would provide the Board with sufficient information to resolve the complaint, include that information in your response. Your response should address the factual claims in the complaint with enough detail for the Board to make an initial determination.

No mental health therapist can practice in today's world with complete protection. Exposure to regulatory, malpractice, and criminal liability comes with the territory if you want to compete in the marketplace of mental health treatment. As one therapist who was grieved remarked "sometimes you don't know what you don't know." Many experienced therapists are often in this situation when a grievance is filed—they do not know the nuances of the adversarial complaint process and are at a disadvantage when their statements or actions, however well intentioned, are used against them. Just as it is your responsibility to understand and observe the regulatory and legal standards of your practice, it is your responsibility to know and understand the DORA complaint process.

ABOUT THE AUTHORS:

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RECLAIMING THE EROTIC MARRIAGE: Continued from Page 9

The "myth of spontaneity" is similar to the affective script of the partner who believes that she should not have to share her relational needs and her feelings, and that her husband should just know her well enough to attend to her unspoken (and often hidden) feelings and needs. "If I have to tell him, it doesn't count." "He should just know."

In either case, the both sexual and emotional script beliefs are frequently rooted in unconscious patterns centered around the fear of rejection (stemming from an anxious-ambivalent attachment style) or the fear of discounting (originating in an avoidant attachment style). Helping couples overcome these archaic patterns includes working with clients both at an archaic level through, for example, supported regressions, and at an adult level through a strengthening of the neopsyche. This is true of both affective and sexual scripts. Around sexual script, we can help the couple learn to speak what was never verbalized sexually, and learn to communicate in a sexually healthy manner in full contact with the adult partner. In this way, the fantasy that sex just happens is gradually replaced by the adult reality that sex, like every other facet of a marriage, requires attention and regard, otherwise it gets lost under the burdens of domesticity.

In the end, if we are to support a fully engaged self and a truly contactful couple, we must attend to intimacy as both emotional and sexual. Each has its own story to tell, its own unique (albeit interrelated) path to healing, and its own unique ability to contribute to vitality and aliveness.

Practice

By: Teri Karjala, LMFT, EFT, EFTCert1, CACII

Speaking Engagements

Market Your Practice!

Mental health practitioners face specific challenges market and promoting to attract new clients. Unlike a store selling merchandise or a plumber making house calls, our industry deals with delicate issues and difficult situations that require a high level of trust. Our potential clients must overcome fear and social stigmas surrounding therapy to make the first step in contacting a professional who can help them. It is unlikely a potential client will choose a mental health professional solely from picking a name in a phone book or an ad in a newspaper. Those seeking our professional services find us through trusted avenues of referral, and as such we must market ourselves differently. One very effective way to promote your practice is to schedule public speaking engagements. Whether you are a skilled speaker or just starting out, this can be a valuable way to reach a large audience.

Whether you are a skilled speaker or just starting out, this can be a valuable way to reach a large audience.

The benefits to marketing your practice in this way are immense. Here are just a few:

- Increase expert standing—Speaking immediately places you in a position of being an expert in your field. As a trusted resource you can build your referral network and promote your practice at the same time. And now with more and more focus on social media this can be easier than ever to promote, create a following for that day, and follow-up.
- Increase clients—Through various speaking engagements you can promote your expertise, and when people feel connected to your topic it is easy for them to refer people to you and your business.
- Create opportunities for further connection—This offers an outlet to sign-up for any number of contacts (i.e., mailings, newsletters, social media) to create an on-going relationship. Partnerships can be formed as those relationships are fostered into strong referral sources. The opportunities are endless.
- Increase revenue with paid speaking opportunities—As your requests for public speaking increase, you will be able to charge for your time, travel, and expertness. You may explore joining other speaking bureaus for further paid leads in your industry.

All of these benefits ultimately increase your bottom-line, professionalism, and expand future opportunities to attract clients. Of course, public speaking can make even the most knowledgeable person uncomfortable.

Jerry Seinfeld famously said, "according to most studies, people's number one fear is public speaking. Death is number two. Does that sound right? This means to the average person, if you go to a funeral, you are better off being in the casket than doing the eulogy." Unless you are a seasoned speaking veteran you probably relate to Jerry Seinfeld; the idea of standing up in front of a crowd can be a daunting task. However, improving your public speaking abilities and participating in public speaking engagements will help you promote and build your practice. It can establish you as a trusted resource in your field and create new networks for potential referrals.

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Reader Contributions

SMART GIRL

by Maria Barajas, MSM, & Selene Neuburg, Smart-Girl, Inc., Denver, Colorado

Smart-Girl is a Colorado based non-profit that empowers middle school girls to make smart choices and become confident, capable, and self-reliant young women.

Smart-Girl uses high school and college aged women as near-peer mentors who effectively work with middle school girls. Smart-Girl also conducts workshops for parents who are trying to cope with raising a pre-teen or teenage daughter.

Most recently Smart-Girl offered a Father-Daughter Communication workshop. The evening's presenter was Craig Knippenberg, a licensed social worker, who stressed that patience, communication, and time together were all necessary for a successful father-daughter relationship. After the evening had concluded several fathers noted how much they had learned. Jordan Norris stated, "I understand her a lot more. We can definitely work on our communication."

Smart-Girl does a lot more than just teach parents and daughters how to communicate with one another. Smart-Girl has just opened registration for their 2012 summer leadership camp. In a small-group format, girls learn and practice new skills while developing a greater sense of self. Smart-Girl develops leadership, group, and social skills.

Like many nonprofits, Smart-Girl holds annual fundraisers. What sets smart-Girl apart from the rest is their creative and informative fundraising format. This year Smart-Girl is hosting Dr. Eliza Buyers who will present "It's Time to have THE TALK: Sex, Love, and Relationships." To purchase your tickets online, please go to http://www.blacktie-colorado.com/rsvp and enter event code: SmartGirl2012 (All one word, not case sensitive).

To learn more about Smart-Girl, upcoming workshops or summer camps please visit http://www.smart-girl.org/ or call 303-815-1921.

Gratitude, Giggles and Grace by Tracy Fagan

A book review

by Olivia Phillips, M.S.W., CAMFT, AAMFT member

In my experience as a therapist, internet dating (particularly after a divorce or failed relationship) has come up time and time again. Both therapists who encounter this growing phenomenon and the daters themselves are well-served by Tracy Fagan's boldly written, positive, and savvy account of her experience. Tracy courageously tells her story with humor, honesty, and a poignancy that is not only rare but admirable. I would (and do) refer to this book when my clients speak about their "learning process" that combines social skills and technology in a way that is becoming the preferred form of meeting a new possible companion. The most valuable facet of this book is that it is in the journey that Tracy finds her reward – the process, not the outcome, is what she (with the help of her therapist, family and friends) delights in. This is not a book written as a fairy tale with a happy ending. Instead, it is a book written for those who need to know Gratitude, Giggles and Grace are possible and hope is eternal – even if our romantic endeavors are not.

Parker Counseling and Education Services

Online CEU Class Announcement

Online CEU courses now active!

Parker Counseling and Education Services has finally gone live with our web-based online CEU education site for professionals. The courses have been professionally done in Adobe Captivate and include presentation training slides, video clips, and immediate feedback quiz questions. Many of the courses have a Marriage and Family Therapy focus so far, however there is a lot of good cross-over information that other professionals will also find useful. We are constantly adding more courses, and have at least another 20 planned. You can view the courses at http://www.parkercounseling.org/courses.html.

As a special promotion for friends at the Colorado Counseling Association, we will be offering a 2 for 1 special available for 60 days from the date of this newsletter. Sign up for any class and receive a 2nd course of equal or less value for free! (Just email us with your second free choice or contact us for details or call 303-317-3088).

Current Course Listing:

- Assessment, Diagnosis and Treatment (4 CEUs) - This course will introduces essential family therapy skills in assessment, diagnoses and treatment planning.
- Behavioral Family Therapy (4 CEUs) - Behavioral Therapy is a form of psychotherapy that emphasizes the important role of thinking in how we feel and what we do. This course is developed to allow the therapist to understand behavioral therapies.
- Case Management (4 CEUs) - This course introduces the clinician to case management using common factors in marriage and family therapy. Specific topics include:
- Discussion of therapeutic processes based on outcomes, Nancy Boyd-Franklin's multi-systems model to organize treatment in any setting.
- Constructivist Family Therapy (4 CEUs) - This course helps the clinician to understand the concepts of constructivist family therapy, learn active meaning underlying relationships and become aware of historical context and meaning contributing to constructivist theory and principles.
- Cultural Diversity (6 CEUs) - To serve culturally diverse families effectively, marriage and family therapists need to develop a level of cultural competence. This course discusses specific guidelines will be discussed, including orient the family to therapy, do not assume familiarity, address issue of racism, intervene multi-systemically, do home visits, use problem-solving focus, involve religious leader, incorporate the father, and acknowledge strengths. Conceptual and empirical support for each guideline is discussed, and conclusions are made regarding culturally competent therapy with culturally diverse families.
- Effective Communications (8 CEUs) - A three part series on Effective Communications for couples, family, and/or other relationships (work, etc). This is one of our favorite courses, used by many therapists as well as individuals in couples therapy who want to learn better communication skills and fair fighting techniques.
- Experiential Family Therapy (4 CEUs) - This course will introduce the therapist to the basics of Experiential Family Therapy.
- History of Marriage and Family Therapy (4 CEUs) - This online CEU class provides a comprehensive introduction into the history of marriage and family history.
- Managing Behavioral Emergencies (4 CEUs) - The American Psychiatric Association defines a psychiatric emergency as a situation that includes an acute disturbance in thought, behavior, mood, or social relationship described by the patient, family, or social unit that requires immediate intervention. The 2008 National Health Statistics Report from the Centers for Disease Control and Prevention indicates that the rate of psychiatric-related visits has increased 19% since 2003. This course discusses resources and methods for evaluating and managing behavioral emergencies in Marriage and Family Therapy.
- MFT Practice Exam1 - MFT Practice Exam #1 - 100 Questions
- Sexual Problems in marriage and Family Therapy (4 CEUs) - Sexual dysfunction and sexual performance issues are fairly common problems in the general population. Treatments are available. This course is an introductory course and provides a foundation for clinicians for sexual issues as they relate to marriage and family therapy.
- Strategic, Systemic, and Structural Family Therapy (4 CEUs) - This CEU course is designed for practitioners to learn the core knowledge and skills of structural, systemic and strategic family therapy.
- Introduction to Substance Abuse in Marriage & Family Therapy (6 CEUs) - Substance use disorders result in significant difficulties for individuals, families and society as a whole. The statistics are staggering. This course introduces the clinician to substance abuse and various process addictions that may be encountered in marriage and family therapy. Treatments and various models for support will also be discussed.
- Trans-generational Family Therapy (4 CEUs) - This lesson covers trans-generational family therapy models.

Editor's Notes

Perhaps you noticed something new with this issue of the newsletter. Yes, it's official, we have a new format! A big thanks to J. P. Butler of Quantum Leadership, Inc. (www.quantumleadershipinc.org) for helping Michelle and I put together a new template. The old template was tired, and frazzled, and very "digitally unstable." As Michelle noted in her letter, things change, the pendulum swings. Right now, we're at the other end of the newsletter pendulum. We've swung from the old, but familiar (especially to me as I try to put the newsletter together), to the new and unfamiliar. Over the next few issues you will continue to see tweaks as we work to move the newsletter pendulum to a place of equilibrium. But in the meantime, it's something shiny and new, and that's exciting.

As always, thanks to all who have submitted material. CCA is committed to publishing a newsletter four times a year. 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 the spring.

Members of CCA may publish announcements of meetings and other information regarding professional development opportunities. 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. Announcements and advertisements need to be submitted no later than 15 days before publication date. Advertisements can be submitted in Word, .jpg, .or Publisher format. Submit advertisements and article proposals to the CCA newsletter editor Lynda Kemp, e-mail: lyndabikes@comcast.net

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So, if you are one of the people that Jerry Seinfeld is referring to, know that there is help for you. Public speaking is a skill that can be developed and Toastmaster's International is a wonderful resource that has been helping thousands reach their speaking goals. Toastmaster's International has multiple districts throughout Colorado with a group sure to meet your needs.

The benefits are clear; using public speaking to promote your practice can be extremely effective. Still, even you're your ready to make the leap, finding speaking engagements may seem like an overwhelming undertaking. Do not fret, opportunities are right at your fingertips. Tim Templeton, author of *The Referral of a Lifetime*, states that each person has approximately 250 people in their direct network; you can utilize this network to promote yourself as a potential speaker and offer yourself as a resource. Develop a list of topics you feel comfortable speaking on and inform you direct network of family, friends, and colleagues. You can expand your potential speaking opportunities by contacting local community groups related to your field of expertise.