The Mentor
NCACES' Newsletter

NCACES
NORTH CENTRAL ASSOCIATION FOR COUNSELOR EDUCATION AND SUPERVISION

Issue 2, Fall 2021

In This Issue

President Welcome

By: Dr. Victoria Kress

In October of 2001, one month after the terrorist attack on the World Trade Center, a severely damaged tree was discovered at Ground Zero. The tree had snapped roots, burned and broken branches, and was barely standing. The tree was removed from the rubble and the New York City Department of Parks and Recreation aided in its recovery and rehabilitation. The tree was returned to the National 9/11 Memorial in 2010. Newly grown, smooth limbs extended from the deformed stumps, creating a visible distinction between the tree's past and present. The "Survivor Tree" stands as a living memorial of resilience, survival, and rebirth. The human capacity for resilience is an idea that has always captivated me. How is it that people can endure so much and not only survive, but thrive? A belief in human resilience and the capacity to change is foundational to our work as counselors, counselor educators, and supervisors.

The events over the past year and a half have presented unique hardships for each of you; we all have a very personal story of the challenges we have faced and how we have navigated difficult times in the face of adversity. There is so much to contend with - a global pandemic and all of the ensuing fallout; the revolution around systemic racial injustices; a politically polarized country; the realities of climate change – yet these struggles can hold opportunities for positive individual and societal change, and counselors play such an important role in this change process.

A quote I appreciate, follows: "Never be ashamed of a scar. It simply means you were stronger than whatever tried to hurt you." In other words, the struggles and threats we experience serve to grow us in ways we may not yet be able to imagine. Our challenge and responsibility is to determine how we will take these challenges, find and create meaning around them, and move forward so that we can be part of the solution. How we each choose to respond to these challenges is deeply personal, but please know that you are part of a community that wishes to support you.

As the dust begins to settle and you reorient, we hope that you will consider getting involved with NCACES. Over the next year there will be many opportunities to get involved in new initiatives we will soon be rolling out. Please reach out to me if you would like to get involved in service to NCACES. Over the year, NCACES will be growing our webinar program and offering free, monthly webinars that speak to our members interests and needs. If there are webinar topics that are of interest to you or if you are interested in presenting a webinar, please reach out and let me know.

We are thrilled to share that we have created a new logo that reflects our region and connection to ACES. Thank you to those of you who provided feedback on the design. Over the year we will be engaged in an extensive Bylaws revision. Soon we will be soliciting member feedback on our bylaws. In advance, thank you for sharing your feedback. We have also created social media accounts so please take a moment to follow us on Facebook, Insta, LinkedIN , and Twitter, to stay connected with important NCACES updates. Finally, we are seeking conference volunteers. Please go to this link to indicate your interest in volunteering to support our 2022 conference in Omaha, Nebraska. https://forms.gle/qdPr8hpbfotaXhZv8

Thank you for continuing to be a member of ACES/NCACES! We appreciate you staying engaged despite all the challenges life has presented. Please note that our NCACES conference will be held September 29th through October 1, 2022 in Omaha, Nebraska. Stay on the lookout for the call for session proposals. Elected NCACES leaders are here to serve YOU so if there is anything we can do to support you, please reach out and let us know!

Warmly,

Victoria Kress, NCACES President 2021-2022
victoriaEkress@gmail.com

Call for Content and Submissions

1. We encourage graduate student and professional members to submit content and/or an article for submission future issues of NCACES newsletter.

2. Topics should apply to practitioners, supervisors, and counselor educators. We especially welcome written pieces **with a focus on social justice and advocacy**. Students are strongly encouraged to contribute.

3. Submissions must be between 500 and 800 words and sent electronically as a Word document to NCACESNewsletter@gmail.com. Please include the author name(s), credentials, affiliation(s), and photo(s) in .jpg, .tif or .gif format. **For consideration in the Spring newsletter, please send submissions by December 15th, 2021.**

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Ethical Considerations of Telehealth After COVID-19

By: Lindsay Woodbridge
MS, LMHC (IA), LPC (WI), NCC
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The end of pandemic-related changes to health care may be in sight. However, significant questions remain about the future of counseling via telehealth (Haque, 2020). To practice ethically, counselors must be aware of and adapt to changes instituted by agencies, payers, and state governments as they serve new and existing clients.

The shift to telehealth at the start of the pandemic required quick decisions and not allowing the perfect be the enemy of the good (Reeves et al., 2021). The federal government relaxed guidelines such as the requirement to communicate with clients via HIPAA-compliant platforms (Shachar et al., 2020). Agencies developed processes that met most needs at the time but may not be optimal in the long-term. For example, counselors may have been asked to use their personal computer equipment and train themselves quickly on how to facilitate telehealth sessions from home (Haque, 2020).

While temporary telehealth solutions were a necessity during the pandemic, we are now approaching a time for critical evaluation of these decisions and processes (Reeves et al., 2021). Many counselors can get through their workdays using telehealth. Now, we must develop and roll out training that supports counselors in providing ethical, high-quality care to a wide range of community members (Talley et al., 2021). Another priority for providing ethical, high-quality telehealth services after the pandemic is monitoring quality (Talley et al., 2021). For example, organizations must develop processes for monitoring to whom telehealth is offered, whether counselors carry out telehealth services in the way they have been trained, and what outcomes are for telehealth-based services.

During the pandemic, many state executives chose to waive practice jurisdiction rules to help the health care system expand to meet citizens' needs (Haque, 2020). If or when these suspensions are removed and previous regulatory provisions return, many client-counselor relationships that were allowable during pandemic will no longer be legal. The ACA Code of Ethics (2014) requires that counselors not abandon their clients. A sudden change in state-level regulatory provisions is not listed in the Code as an acceptable reason for termination (ACA, 2014). Thus, a sudden reversion to pre-pandemic practice jurisdiction rules may leave counselors in the precarious position of violating either state law or the ethical code of their profession.

One solution, advocated for by Shachar and colleagues (2020), is for states to continue to suspend the regulatory provisions that require clinicians to be licensed in a particular state as long as they are licensed to practice in *some* state. This approach would allow cross-state professional relationships to continue. It would also likely require a system for easily verifying a provider's credentials in another state (Shachar et al., 2020). Another, more durable, solution would be to move toward inter-state compacts in which a clinician who is licensed to practice in one state that has signed on to the compact is eligible to serve clients within all states that are part of the compact. A nationwide effort is underway to bring a counseling compact to fruition with two states signed on as of September 2021 (National Center for Interstate Compacts, 2021). In addition to temporarily waiving

restrictions on who can provide care within a state, many state executives also mandated that health insurance companies reimburse for a service provided via telehealth at the same rate of a service provided in person (Haque, 2020). This practice is known as payment parity. If payment parity ends in a given state and agencies curtail or end telehealth services as a result, clients who have developed a preference for telehealth services during the pandemic will face a difficult decision. They could return to in-person services, elect to take on some or all of the costs of telehealth services, or transfer to a different health care organization that better reimburses for telehealth.

Forcing telehealth-preferring clients to select one of these options could be seen as a violation of the principle of autonomy. Allowing clients to make choices in their own best interest appears throughout the ACA Code of Ethics (2014). It is important for professional counselors to watch closely what happens with state disaster proclamations, state legislative processes, and organizational lobbying efforts, and to consider when advocacy efforts may be needed.

Transitioning out of the pandemic is a time of reflection and growth. As counselors well know, growth can be painful at times. Wide-scale adoption of telehealth occurred rapidly during the pandemic and involved some ethical compromises (Reeves et al., 2021). We now have a chance to examine the hasty telehealth rollout of 2020 to determine which elements and processes are working and which need revision (Haque, 2021). As we re-examine telehealth after the pandemic, it is important to not lose sight of the ethical implications of removing versus maintaining telehealth as an option for clients.

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“What do you think I should do?” A Call for Bracketing in Challenging Times

By: West Loveland, Ph.D., LPC (AR, MI, MO), LCPC (KS), LMFT (AR, MO)
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The past year has presented challenges for clients and counselors alike as there has been much uncharted territory to navigate. Whether it be the heavily debated national presidential election, racial violence and tension, mass shootings, to the global pandemic; these times have been marked by uncertainty, distress, and fear. Of course, these stressors can exacerbate mental health symptomology as adults reported increased symptoms of anxiety and depression as well as negative impact on overall mental health during the pandemic (Panchal et al., 2021). In times of uncertainty, many people seek out counseling services to assist in making sense of their worlds. As a result, we may encounter clients asking us; “what do you think I should do?” And more than ever, the importance of ethical bracketing must be considered.

The American Counseling Association (ACA) Code of Ethics (2014), makes a distinction between personal and professional values. Specifically standard A.4.b. highlights the importance of counselors “not imposing their values onto clients, especially when the counselors’ values are inconsistent with the client’s goals or are discriminatory in nature” and the ACA recommends counselors obtain additional training in areas where values impositions could occur (ACA, 2014, A.11.b.). This is where bracketing is essential. Kocet & Herlihy (2014) state that bracketing is defined as the intentional separating of a counselor’s personal values from his or her professional values or the intentional setting aside of the counselor’s personal values in order to provide ethical and appropriate counseling to all clients, especially those whose worldviews, values, belief systems, and decisions differ significantly from those of the counselor (p. 182). Counselors ethically bracket to not only honor the professional ethical codes and avoid values imposition, but to empower their clients to achieve counseling goals (Kocet & Herlihy, 2014).

To highlight the tension with values differences in the therapeutic relationship, imagine that a couple enters your office. This couple has been married for eight years, two kids, and both work full-time. The husband had just been caught having an affair with a coworker by his wife. Before we continue with this scenario, what is happening for you as the counselor in terms of your own values, emotional reactions, etc., based on this minimal context? The counselor meets with the couple to establish the overall goals and conduct a thorough assessment before scheduling the individual sessions for the following week. In the individual sessions, the husband explains that he wants out of the marriage, while the wife in her session explains her strong desire to make the marriage work. After processing their current commitment about the relationship, both individuals reach a point of uncertainty of how their future will pan out. In a moment of vulnerability, both individuals ask you as the counselor, “*what do you think I should do?*” Some questions you might ask yourself in this situation include; How would you respond to both individuals in therapy? Would you be tempted to give advice in this situation? How might cultural factors impact the case? How can you attend to the couples’ values while bracketing your own values? What cultural differences might you need to broach with the couple?

It is difficult to map out an exact step-by-step sequence of events in acknowledging each individual’s question. However, one thing that counselors must be aware of is what is happening for them (self-awareness) when asked this tempting question. “Self-awareness . . . is facilitated when counselors identify and appraise cognitive, emotive, and behavioral

reactions present in or after a session" (Dowden et al., 2014, p. 2). This can become a strategy of focus in the early stages of a counselor's development both during graduate school and during the clinical supervision process. Counselor educators can begin to integrate the practice of self-awareness into courses such as Ethics, Techniques, Multicultural Counseling, and throughout Practicum and Internship site placements. Supervisors of those pursuing full licensure may integrate the concept and practice of self-awareness into their meetings with supervisees, thus encouraging a parallel process when counseling clients. Creating more opportunities for counselors to practice being self-aware of their own thoughts, feelings, and actions in response, can assist in avoiding values imposition.

Counselors must not only attend to what is occurring in the session, but must also be aware of their own thoughts, feelings, and actions in response, being mindful to avoid values imposition. The counselor's position of hierarchy is clearly overt given the vulnerability of client(s) when they ask, "*what do you think I should do*?" The counselor must discern, are clients questioning their decisions or are they seeking confidence and/or permission to follow through with those decisions? The counselor's response, if imposing, rather than evoking and encouraging an exploration of options, can have dire consequences. If counselors do not practice self-awareness, they will respond instinctively based on their own values, and may not be able to bracket appropriately.

As counselors, educators, and supervisors, we may have firmly held beliefs just as our clients do. However, now, more than ever, is the time for honoring client autonomy and empowerment. Autonomy is a foundational principal in ethical practice and is essential to foster self-determination, independence, and freedom of choice (Forester-Miller & Davis, 2016). Furthermore, "counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education and career goals" (Kaplan et al., 2014, p. 368). Let us not forget the very foundation of our profession in these perilous times!

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Blood Donation Discrimination During COVID-19

By: Treye Rosenberger, Ph.D., LMHC, CRC, NCC
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An individual within the United States requires blood every 2 seconds (American Red Cross, 2021). Given that the American Cancer Society (2021) predicts that 1.9 million people will be diagnosed with cancer in 2021, blood donations during treatment become essential in life-saving efforts. This evidence shows the need for individuals to donate blood exists and, with its importance growing more and more critical each year. Even though the need is demonstrated, discrimination within blood donation prevents otherwise healthy individuals (e.g., men who have sex with men, (MSM)) from donating. This circumstance provides a rationale for professional counselors to advocate as these actions create a barrier to the growth and development of this marginalized group. With blood donations down and blood supplies at low levels due to the COVID-19 pandemic, the need for all eligible donors is critical, and the role of professional counselors to advocate for systematic change is revealed.

Evidence of discrimination experienced by members of the LGBTQ+ community, particularly MSM, related to blood donation came to light with the Pulse Nightclub Shooting in Orlando, Florida, on June 12th, 2016. Omar Mateen, the gunman, killed forty-nine people while injuring fifty others. Feeling the call to action, many LGBTQ+ individuals went to blood donation centers prepared to donate blood to the shooting victims – but many MSM were turned away, unable to assist their community who had just been a part of a mass casualty trauma. At the time, the Food and Drug Administration (FDA) stated that MSM could not donate blood if they had same-sex intercourse within the last 12 months. The implications of this meant that, for example, MSM who lined up to donate had an option to either help the victims by lying about their sexual activity or walking away, refusing to hide their lifestyle as a form of support for themselves and their community.

The discrimination against MSM began during the 1980s at the height of the AIDS epidemic. After discovering that HIV/AIDS was transferred through blood, coupled with a lack of valid and reliable instruments to identify HIV/AIDS and widespread misconceptions about the LGBTQ+, a lifelong ban on blood donation for MSM was initiated. It was not until 2015 that the FDA rolled back the rules from indefinite deferral to a 12-month deferral for MSM from the most recent sexual contact. In 2020, the 12-month deferral was reduced to 3 months. While these rollbacks allow more LGBTQ+ people to donate, it often requires them to choose between disclosing their sexual activity or not. With blood donations and supplies low, policies that continue to discriminate against the LGBTQ+ do not follow the empirical evidence. Because of this incongruence, provided is the ethical rationale for counselors to advocate on a systematic level (e.g., legislation) to eliminate the obstacles that create barriers and inhibit access.

LGBTQ+ blood ban policies are incongruent with the data around HIV/AIDS and the LGBTQ+ community. GALLUP (2021) estimates 5.6% (18,592,000) of individuals in the U.S. identify as LGBT, but this number is likely off given marginalization and fears of disclosure. Of that, 54.6% (10,151,232) identify as bisexual, 24.5% (4,648,000) identify as gay and 11.3% (2,100,896) identify as transgender (GALLUP, 2021). In 2018, only around 36,000 (.011% of the U.S. population) received an HIV diagnosis in the United States, with numbers annually remaining stable

(U.S. Department of Health & Human Services, 2021). Under current FDA regulation, this potentially eliminates a significant portion of the 18,592,000 potential LGBT blood donors based on their sexual preferences. While it is true that of the 36,000 new HIV diagnoses, 69% of them come from MSM, banning any significant amount of the estimated 18,592,000, including MSM based on few new cases of HIV/AIDs, goes against the current health research.

One donation of blood from a healthy LGBTQ+ person has the potential to save up to three lives. With only 38% of the population eligible to be given blood (American Red Cross, 2021), combined with low blood supply levels caused by the COVD-19 pandemic, the need for all potential healthy donors exists, including those who belong to the LGBTQ+ community. The evidence demonstrates that the need for individuals to donate blood exists and grows more and more critical each year, creating a rationale for professional counselors to advocate against this discrimination. Since the shooting in Orlando in 2016, gun violence in the United States continues to increase and threaten already low blood supplies. Even in the face of marginalization, many LGBTQ+ people look to lend helping hands by lending their arms.

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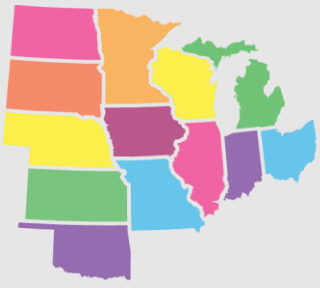
Please take note of our new NCACES logo.

Thank you for your feedback in developing it!



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Cultural Mistrust and Supporting the Mental Health Needs of Black College Students at Predominantly White Institutions

By: Reyna C. Smith, LPCC-S
University of the Cumberlands

As the number of college students identifying as racial and ethnic minorities rises, these students' mental health is an area that requires increased attention (Smith et al., 2007). Although African Americans compose nearly 13% of the U.S. population, they tend to be underrepresented in many mental health settings (Constantine, 2007). Previous research has examined the disparities in mental health service use (MHSU) in the United States, which indicated that White college students utilized mental health treatment at twice the rate as Black college students (Busby et al., 2019). As Black students experience acculturative stress alongside the stress of demanding coursework, these students attending predominantly white institutions (PWIs) face a greater risk of detrimental emotional, psychological, social, and academic outcomes compared to their white counterparts. This article discusses potential strategies to address and eliminate the barriers to mental health treatment faced by students of color at PWIs.

An estimated 40% of undergraduate college students have a mental health condition (Campbell & Wescott, 2019). With the combination of a growing student population, increased distress amongst students, and a significant lack of resources to support the mental health needs of students, researchers have described collegiate mental health as a “crisis” (Xiao et al., 2017). Despite the significant increase in demand for university counseling services, the chronic under-utilization of mental health resources by Black students continues to be a challenge faced by university counseling centers (UCCs) (Hunt et al., 2015). As Black students at PWIs encounter race-related stressors, microaggressions, and even secondary trauma related to triggering events repeatedly broadcast across easily accessible platforms, these students continue to search for solace amongst peers and campus cultural centers instead of engaging with campus mental health services that are typically offered for free or at a low cost (Maffini & Toth, 2017).

Previous literature indicates that institutionalized diversity and inclusion efforts may create esthetic changes to institutions, but prove to be inadequate in leading to transformative changes in policy and practice (Lang & Yandell, 2019). While it is highly likely for a Black student to enter a cross-racial counseling relationship in treatment at a PWI UCC, cultural mistrust presents as a significant barrier to these students seeking mental health services. Cultural mistrust can be viewed as a significant barrier for black college students seeking mental health treatment, which is viewed as a core psychological construct in African Americans' lives and can be conceptualized as an adaptive attitudinal stance in which a person of color is suspicious and guarded toward European Americans (Whaley, 2001). Experiencing cultural mistrust is a detriment to seeking mental health services. Having little to no trust in providers due to cultural implications decreases motivation to engage in treatment. When trust in one’s provider is lacking, the willingness to seek care decreases. Thus, it can be understood that university counseling centers at PWIs need to prioritize increasing the multicultural competence of their clinicians, as well as promoting diversity initiatives to outwardly express the support and understanding of the race-related issues faced by black students. Intentional outreach efforts must be prioritized both at the institutional level as well as within divisions of student affairs, in which campus counseling services is generally situated within (Glass, 2020). Visibility and representation can play a significant role in working to increase the percentage of Black students seeking mental health treatment at PWIs. A recent study found that embedding a minority licensed mental health professional within cultural and resource offices that racial and ethnic minorities

frequently engage with increased Black students' perceptions of counseling services, as well as a greater likelihood to seek and utilize services (Banks, 2018). A different study showed that the purposeful hiring of a full-time multicultural counseling specialist as a staff member within a UCC to serve as an advocate and resource promoting multiculturally-informed services, training, and outreach resulted in an increased service-utilization of minority students, as well as increased satisfaction of services (Gomez et al., 2019).

The root of working with diverse clients is competency, understanding personal biases, and the willingness to continue learning how to best treat individuals whose experiences in the same environment may differ significantly from that of the majority population. Along with intentional hiring of Black staff clinicians or advocacy specialists, and embedding a culturally-competent representative within cultural spaces, UCCs should strive to increase and maintain cultural competency of staff through ongoing training to ensure knowledge of multicultural counseling skills are retained and upheld far beyond a three-credit hour required course in graduate-level training programs.

Through a lens of social justice, counselors must not only be aware of barriers faced by diverse, minority, or underserved populations, but they must also possess the passion and desire to move this field forward in a healthy manner toward equality in access to care for all individuals. At PWIs, the race-related stressors Black students experience that affect mental health may not be supported due to the lack of culturally competent care or resources offered on campus. To decrease stigma and cultural mistrust to guarantee the mental health needs of Black students are met, university clinicians must continue to engage in ongoing learning and dialogue to better understand how to support these students. Counseling center directors and staff must advocate for the needs of all students, and partner with institutional leaders to develop plans of change and action to ensure students of color are provided a space to thrive mentally and physically as they balance the rigor of college coursework with the adjustment to an environment in which they are the minority. In doing so, they will gain insight on best treatments, providing a welcoming space for all students to utilize the services offered on campus.

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NCACES Webinar Series

Please take advantage of our free NCACES webinars for members!
To read more information and register in advanced: https://www.ncaces.org/Webinars/index.html

Using Cultural and Spiritual Care as an Educational and Supervision Tool During a Pandemic
Wednesday, November 3rd at 11:00 A.M. EST

Facilitating Strength-Based Remediation Conversations with Supervisees/Students
Friday, November 19th at 1:00 P.M. EST

Social Justice Supervision: Social Justice for the Supervisee and the Client
Wednesday, February 16 at 11:30 A.M. EST

"Take Your Kung-Flu Back to Wuhan": Culturally Sensitive Strategies for Counseling Asian American Clients
Monday, February 28th at 11:00 A.M. EST

Creating Significant Learning Experiences in Counselor Education with Culturally Humble Courses
Wednesday, March 9th at 11:00 A.M. EST

Community-Based Participatory Research (CPBR): Assessing Partnership Approaches to Improve Mental Health
Friday, March 25th at 1:00 P.M. EST

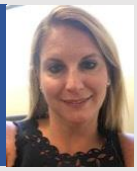
Suicide Training in the Clinical Mental Health Counselor Education Curriculum
Friday, April 15th at 12:00 P.M. EST

Considering Trauma in Supervision Post COVID-19
Friday, April 22nd at 11:00 A.M. EST

NCACES Leadership Team

Past President (2020-2021) - Ashley Cosentino

Associate Professor
North Park University



President (2020-2021) – Victoria Kress

Professor
Youngstown State University

President Elect (2020-2021) – Victoria Sepulveda

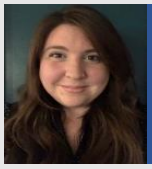
Clinical Faculty
President-Elect

Secretary – Matt Glowiak

Core Faculty Southern
New Hampshire (SNHU), Yorkville University, and Walden University

Treasurer – Charmayne Adams

Assistant Professor
University of Nebraska Omaha



Graduate Student Representative – Laura Dunson

Doctoral Student
Kent State University

Parliamentarian – Allison Arnekrans

Associate Professor
Central Michigan University

Membership Chair - Kristin Bruns

Youngstown State University

Past President Farwell

By: Dr. Ashley Cosentino

Hello NCACES Members!

The year of my presidency was unlike a year that any other president has ever experienced. COVID-19 kept most of us at home (and on computers…a lot). I was heartbroken to cancel our conference in Omaha. It was something I had looked forward to and worked on for a couple years. I hope to see you all there in 2022. While this was a year of stretching and learning, it was a year of growth. Many of us learned new things about ourselves. I was fortunate to work with many NCACES members over the year to keep our region strong. I am extremely proud of the work of those who work on the newsletter and social media. I am beyond thrilled with the incoming NCACES governing council. They have been working at full speed to learn all there is to know and we have been in constant communication about ways to make NCACES even better. I look forward to all there is to come in our region. I hope you are too!

Ashley Mitich (Cosentino) EdD, LCPC, NCC
Associate Professor and Clinical Director
Past-President North Central Association of Counselor Education and Supervision

North Central ACES (NCACES) is a Regional association of the Association for Counselor Education and Supervision (ACES). NCACES Members represent the 13 states of Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, and Wisconsin.