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Christine Suniti Bhat's
counseling career
has expanded over
three continents.

Counselors can
help heal wounds
of transracial and
transnational
adoptees

Nurturing the
qualities to
become a
strong leader



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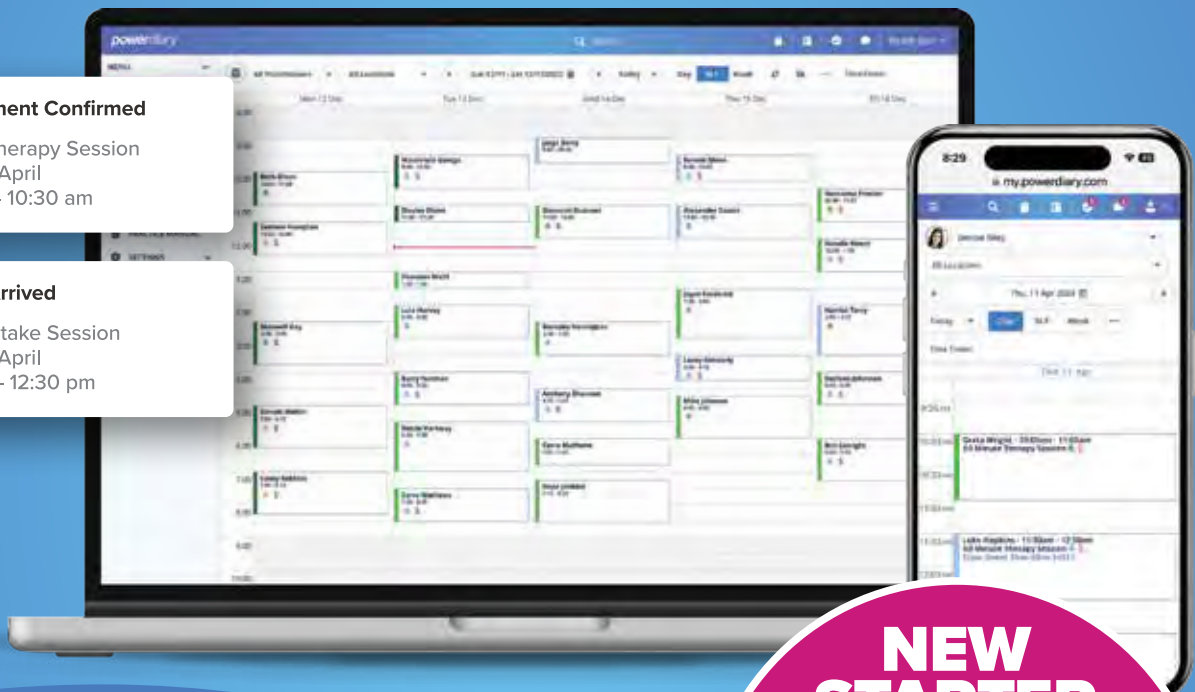
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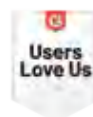
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Celebrating the Leader in All of Us

By Lindsey Phillips, PhD

WHEN WE HEAR THE TERM “LEADER,” we often think of elected leaders and governing boards, but being a leader encompasses so much more than just serving in an elected or appointed position. ACA members are leaders in their communities, organizations, classrooms and jobs. We also incorrectly assume that successful leaders are only people who are extroverted and outspoken; the truth is there are many ways to lead.

Our feature article on page 36 challenges our assumptions of leadership by exploring the different qualities that make counselors good leaders both personally and professionally.

One leader we are excited to feature in this issue is ACA's 73rd president, Christine Suniti Bhat, PhD, LPC, LSC. She has been and continues to be an exemplar of leadership. Learn more about her career and life and presidential initiatives in *From the President* department on page 6 and her profile feature on page 26.

ACA and our members are also leading the way when it comes to emerging issues in the profession. In May, ACA had a seat at the congressional table to discuss suicide and Black men's and boys' mental health (see page 47). ACA members also gathered for a roundtable discussion on the ethical implications and next steps in psychedelic-assisted therapy during our annual meeting in April; the Group Consultation department (on page 24) continues this conversation by focusing on the counselors' role in this type of therapy.

Counselors are also doing interesting work with technology. In the *Counseling in Context* department (page 22), we highlight two members who are improving counselor training opportunities through virtual technology. And ACA's Artificial Intelligence Work Group recently produced three new recommendations on assessment, diagnosis and counseling education (see page 47).

Our final feature on page 30 acknowledges the important role counselors play in improving the mental health and wellness of children and adolescents. It explores how counselors can help transracial and transnational adoptees recognize their own tenacity and develop strengths to help them as they navigate life's challenges.

As we look forward, we must also take some time to reflect on all the hard work ACA and our members have been doing to move the profession forward. Please enjoy photos from Hill Day (pages 12–13) and the 2024 Conference & Expo (starting on page 44). In the *CEO Update* (page 4), Shawn Boynes, FASAE, CAE, highlights the many accomplishments we have achieved over the past few months and provides an overview of some initiatives we have planned for this fiscal year.

I hope you enjoy this issue that celebrates you and all the ways you lead and serve your communities and clients. ■

Lindsey Phillips, PhD, is the editor-in-chief of *Counseling Today*. Contact her at lphillips@counseling.org.



Lindsey Phillips

We want to hear from you. As members of ACA, you are the voice and driving force behind *Counseling Today*. Please share your story ideas, feedback and suggestions in our reader survey at <https://bit.ly/CTReaderSurvey> or by emailing us at ct@counseling.org.

TRAINING SERIES: “OVERLOOKED NO MORE”



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July
26

- Define overlooked grief and ambiguous loss in Black American life
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- Consider how to give attention to the overlooked grief of every day racism in therapy

REVERSING THE DEFICIT NARRATIVES: OVERLOOKED STRENGTHS IN BLACK AMERICAN LIFE AND CULTURE

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9

- Consider the deficit narratives that have existed interracially and intraracially about Black life
- Discuss the impact of those narratives on Black life and well-being
- Learn what counselors can do to reverse deficit-based narratives

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Aug
24

- Define key ethical terms relevant to counseling racial and ethnocultural populations
- Examine ethical issues that may arise in counseling minoritized, racialized, and otherized clients
- Encourage ongoing self-monitoring of how your values help or hinder your effectiveness



Moving Forward Together

Join ACA in celebrating our many achievements last year and bold initiatives planned for the coming year.

By Shawn Boynes, FASAE, CAE

AS ACA EMBARKS ON ITS 2025 FISCAL YEAR

(FY25) this month, we also embrace and celebrate a new ACA president, Christine Suniti Bhat, PhD, LPC, LSC. Chris shares her goals and areas of focus in her inaugural presidential column, “Finding Pride and Purpose,” featured on page 6 in this issue of *Counseling Today*. On

behalf of the staff team, we are eager and fully prepared to support her initiatives during this pivotal time for the organization.

Chris’ predecessor, Edil Torres Rivera, PhD, LPC, LCPC, boldly led ACA during his presidency. As his partner in leadership, I congratulate him on accomplishing major goals, including creating a new organizational strategic plan, engaging in proactive outreach and collaboration

with other mental health organizations, and advancing the organization closer to a new governance structure. All of Edil’s efforts help pave the way for Chris’ presidential initiatives and ACA’s future success.

Reflecting on the past fiscal year, I am proud of the progress Governing Council and staff have made in navigating challenges that come along with an organization still in transition. We aren’t as agile and adaptive as we should be given how rapidly the external environment is changing, but I’m confident that we’ll get there. I must also acknowledge and thank the many members, divisions, branches and regions who proactively engaged with me, and in a few instances, provided me with opportunities to present updates on

what’s happening with ACA. It is one of the best ways for me to hear directly from you to better position the organization to meet your needs.

Operationally, we’re still working on improvements to strengthen ACA and to better serve you, but a few organizational highlights from the 2024 fiscal year worth noting are:

- Launching a much-awaited new website: www.counseling.org
- Hosting a successful annual conference in New Orleans with 2,794 attendees — a 48% increase over 2023 — and a sold-out exhibit hall
- Launching a completely reimaged and redesigned *Counseling Today*
- Hosting the return of in-person Hill Day to advocate for counselors and counseling
- Elevating research findings from the Counseling Workforce Study to develop more resources and create a stronger narrative to proactively advocate for counselors and the future sustainability of the counseling profession
- Being invited to participate in a congressional hearing focused on suicide and the mental health of Black men and boys, hosted by Rep. Frederica Wilson of Florida and the Commission on the Social Status of Black Men and Boys — ACA had a “seat at the table,” along with other prominent mental health organizations, including the American Psychological Association (APA), National Association of Social Workers (NASW), National Alliance on Mental Illness (NAMI) and American Public Health Association (APHA)



Shawn Boynes



ACA CEO Shawn Boynes, seated second from right, speaks at a congressional hearing about suicide and mental health of Black men and boys.

- Hosting the first Professional Practice Virtual Summit created specifically for clinicians
- Celebrating 36 states that have enacted the Counseling Compact

We plan to build on these accomplishments and continue to move ACA forward in FY25. Here are a few strategic initiatives to look forward to this fiscal year:

- Improving advocacy efforts and training for members, branches, regions and divisions
- Increasing the quantity (more continuing education credits) and improving the quality of educational offerings, including a new Graduate Student and New Professional Virtual Summit and a Business of Counseling Summit
- Amplifying advocacy tactics in partnership with the Florida Counseling Association and Southern Region for our 2025 Conference & Expo in Orlando
- Serving on the organizing committee, in partnership with APA, NASW, NAMI and APHA, for the Black Men and Boys Mental Health Summit to be hosted this fall
- Developing targeted awareness campaigns and resources and communicating more directly with non-counselors to elevate the role counseling provides in the broader mental health community
- Improving support and collaboration with our divisions, which includes introducing a newly created staff role to work with all organizational components
- Improving our engagement with counseling associations around the world
- Supporting counselors conducting research focused on youth mental health

Change isn't linear, and it can be disruptive and messy, but we have much more work to do, so let's keep pushing onward. Progress that moves ACA forward — even if small — should be celebrated. Your voices and engagement are essential ingredients to help ACA be successful. We're better and stronger together so let's make sure we're doing what's best for ACA as we continue to move forward. ■

Shawn Boynes, FASAE, CAE, is the CEO of ACA. Contact him at ceo@counseling.org.

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Finding Pride and Purpose

Meet Christine Suniti Bhat, the 73rd president of ACA, and learn about her presidential initiatives for the upcoming year.

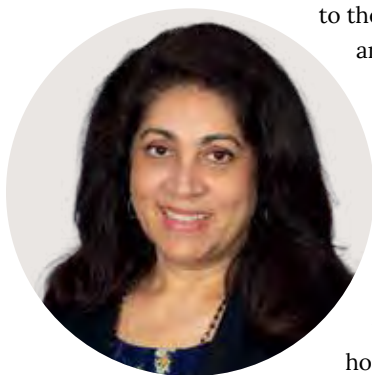
By Christine Suniti Bhat, PhD, LPC, LSC

GREETINGS ACA MEMBERS! What a privilege it is to write this column and communicate directly with you. Our members are the reason ACA exists, and I am grateful to each one of you for being counselors and for belonging to ACA and its regions, branches and divisions.

I joined ACA as a student in 2003 because my professors at Ohio University emphasized active engagement in professional organizations. At that time, I was an immigrant, new to the country, and I found acceptance and belonging in ACA. I was thrilled when I attended my first ACA conference in 2003 in New Orleans and realized I was part of something bigger than I had imagined.

It was so meaningful to be back in New Orleans this year to take the presidential oath. I hope you too feel a sense of pride in being part of an organization that is invested in OUR profession, in making us stronger and better able to serve the clients or consumers who need our services.

In this issue, you will learn more about me in the profile feature on page 26, but I also want to share a little more about myself here: I am a counselor educator at Ohio University in beautiful Athens, Ohio, and I love the work I do training and mentoring master's and doctoral students in counseling. I was born in Bengaluru, India, immigrated to Australia, and then moved to the U.S. in 2000 to start a doctoral program in counselor education and supervision at Ohio University.



Christine Suniti Bhat



ACA President Christine Suniti Bhat at the opening reception of the 2024 Conference & Expo.

After graduating, I spent three years as a faculty member at California State University before I returned to teach at Ohio University in 2006. I loved my job in California, but I couldn't afford to live there! I am sure some of you can relate to this as the cost of housing continues to rise. I call India, Australia and the U.S. my homes. I love and appreciate the natural beauty of Southeastern Ohio and the privilege of living in a college town, and I practice gratitude every day.

I know my year as ACA president will fly by, so I had to be realistic when planning the goals I hope to accomplish this year. My goals are consistent with ACA's strategic plan and based on feedback I have received from members. Here are three areas I hope to focus on with your support and input:

- **Children and youth mental health:** Consider ways to improve the mental health and wellness of children and adolescents, with a special focus on youth who are marginalized due to race, ethnicity, disability, gender, sexual orientation, immigration status, class and other obstacles to thriving. My hope is to highlight the work our members are doing to serve youth during this year so we can learn from them.

- **Evidence-based research:** Generate and share meaningful research conducted by counselors for counselors and the public to ensure that we stand on a firm footing of evidence-based practice. This includes both theory development and practice elements that honor the wellness perspective and are rooted in intersectionality.
- **Professional advocacy:** Strengthen our professional identity as counselors and continue to advocate for our profession with the help of ACA's Government Affairs and Public Policy team. Our most recent "win" with Medicare reimbursement would not have been possible without the resources that ACA and committed members poured into advocacy. This is one of the tangible benefits of belonging to ACA.

We come to this profession because of our desire to do good, our altruism. Walking alongside those who are suffering is fulfilling, and it can be exhilarating when our clients have a breakthrough. But it can also take a personal toll. Please take care of yourself as you care for others.

Thank you for the work you do! You are important and valued. And thank you to all the ACA staff and volunteer leaders who serve ACA. Let's have a great and productive year for counseling together! ■

Christine Suniti Bhat, PhD, LPC, LSC, is the ACA president and a professor of counselor education in the Patton College of Education at Ohio University. Contact her at cbhat@counseling.org.

"I hope you too feel a sense of pride in being part of an organization that is invested in OUR profession."

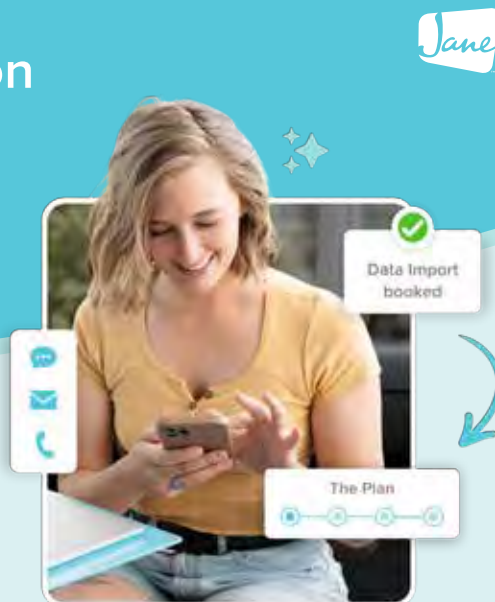
—CHRISTINE SUNITI BHAT, PHD, LPC, LSC

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3 Common Compact Questions Explained

By Lynn Linde, EdD

I HAVE MADE A NUMBER of presentations recently, and everywhere I go, most of the counselors in the audience are familiar with the Counseling Compact. It is truly rewarding that so many counselors are interested in the compact. However, there are still some misunderstandings regarding how it works. Here are answers to three common questions I receive about the compact:

Why is it taking so long for the Counseling Compact Commission to start granting privileges?

The database must be finished before the commission can approve applications for privileges. The vendor has already begun working on the database, but it takes time to create a structure that addresses the needs of the compact and can incorporate the data from all licensing boards, each of which collects information

differently. Some of the existing compacts were able to develop their database faster than the Counseling Compact because their licensing board group already had a database in place that all states used. Those compacts only had to enhance what they already had. That is not the case with the Counseling Compact.

Until the database is operational, state licensing boards cannot issue privileges. Once the database is in place and the commission and states are ready to start issuing privileges, there will be a huge outreach to counselors to let everyone know how to proceed.

Is participating in the compact voluntary for counselors?

The purpose of the compact is to make practicing across state lines easier and allows practice via telehealth. Counselors will be able to provide continuity of care when their client

moves to another compact state by obtaining a privilege to practice in that state. However, if the client moves to a non-compact state or if the counselor decides not to obtain a privilege, it is ethically permissible to terminate and refer the client. Counselors are not required to follow their clients around the country.

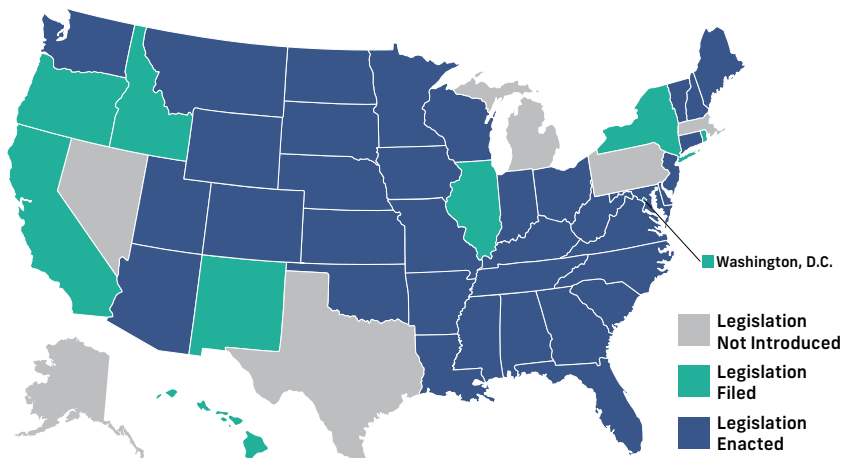
Counselors who practice in multiple states are not required to participate in the compact under the Counseling Compact privilege model; they can continue to hold licenses from each state where they wish to practice. Most counselors will find that applying for a privilege to practice in compact states will be easier and more efficient than holding individual licenses.

What if the counselor's home state and state(s) where they hold privileges have different scopes of practice?

Counselors must abide by scope of practice, rules and regulations of the state where the client is located when providing services. It is incumbent upon the counselor to know what the parameters for practice are and to abide by them.

If the counselor is sanctioned for a violation, the sanction is reported to all states where the counselor holds a license or privilege to practice. Only the home state can act against the license, such as suspending or revoking the license, but states where the counselor holds a privilege can suspend the counselor's privilege to practice. Counselors always have the responsibility to practice ethically. ■

Lynn Linde, EdD, is the chief of professional practice at ACA.



Learn more about the Counseling Compact at <https://counselingcompact.org>.

Protecting Yourself from Vicarious Trauma

Signs and strategies for coping with vicarious trauma.

By Lisa Corbin, PhD, LPC



AS COUNSELORS, we often empathetically attune and listen to intense and traumatic narratives provided by clients. This can make us more vulnerable to experiencing vicarious trauma because our brains naturally create a visual image of the event — one that can turn into a flashback. Essentially, we experience vicarious trauma because we care about our clients and are good at our jobs.

How do we know if we are experiencing vicarious trauma?

Symptoms associated with post-traumatic stress disorder are also common signs of vicarious trauma. These may include hyperarousal, flashbacks of images created from when the client told the story, cynicism, inability to focus, feeling numb, loss of appetite, disruption of sleep and agitation. You might

also feel hopeless, disconnected, or emotionally and physically drained. Some of these symptoms are especially concerning because they may cause counselors to change the subject when a client starts to tell a story that requires them to have emotional energy, not remember what a client said or not take care of themselves.

It is important to note that vicarious trauma is different than burnout. Burnout is a state of exhaustion caused by stress. Counselors experiencing vicarious trauma often have a change in their values, core beliefs or worldview.

What can we do if we are experiencing vicarious trauma?

If you believe you or someone you know is experiencing vicarious

trauma, get help. This may mean seeking your own counselor or obtaining a supervisor with whom you can process the countertransference. Remember, there is no shame in asking for help as a counselor; therapists make up 35% of my caseload, and I have my own therapist because it makes me a better clinician.

Here are some other ways to protect against vicarious trauma (after processing with a professional):

- Have a transitional ritual at the end of your day. Maybe you water plants or intentionally say goodbye to the office as you leave.
- Write your client's initials on a note card before leaving the office. This helps you leave work at work. If you catch yourself thinking about your client outside the office, you can tell yourself you have this reminder waiting for you when you return to work.
- Use grounding techniques during session as the client shares their story.
- Switch up your tasks throughout the workday. I'll do a supervision session between clients or a nonclinical task.
- Use visualization techniques. I often wash my hands after a tough session and imagine the feelings going down the drain. You can also do a visual mindfulness meditation in which you surround the client with a bubble of empathy and watch them float away.
- Incorporate self-care into daily activities and your sessions. I sometimes engage in mindfulness meditations with clients. ■

Lisa Corbin, PhD, LPC, is the chair and director of the master's counseling program at the Philadelphia College of Osteopathic Medicine. She also has a small private practice. Learn more about her at www.pcom.edu/academics/faculty/lisa-corbin.html.

Increasing the Impact

Shana D. Lewis, PhD, LPC, uses her clinical and business skills to teach other practitioners how to boost their impact and grow their income.

By Lisa R. Rhodes



Shana D. Lewis

WHEN SHANA D. LEWIS, PHD, LPC, was growing up in Dallas, she had no desire to become a counselor. She aspired to be rich. “I grew up in a single-parent home, so we had a lot of financial challenges,” says Lewis, who is known as “Dr. Shana.” “I believed that would be the answer to the problems that I felt we had as a child.”

Although Lewis’ mother sought family therapy to help a sibling who was struggling with behavioral problems, Lewis says she never imagined she would one day treat her own clients.

It wasn’t until she took a psychology course during her freshman year in college that the “light bulb” went off and Lewis began to consider counseling as a viable career. Once she understood the clinical components of psychology and its

capacity to help people heal, she wanted to learn how to be a greater source of help to others.

Finding and Redefining Her Niche

Lewis started her counseling career in a group practice and developed a specialty for helping women and adolescent girls. She went on to become the owner and clinical director of Living Well Professional Counseling Services, a private practice in Houston that she ran until 2022. Lewis is also the founder of Her Voice, a nonprofit that supports domestic violence survivors.

During the height of the COVID-19 pandemic, she decided to fine-tune her expertise and became an executive wellness coach. In this role, Lewis helps high-achieving professional women improve their self-care habits and create their own wellness plan so they can be more productive and reduce stress.

Lewis invested time and money in learning how to build a profitable coaching business and increase her brand presence through public speaking, writing books and leveraging all forms of media. This opened up new opportunities, including speaking about mental health on the ABC morning show *Live with Kelly and Ryan* during Mental Health Awareness Month in 2022 and performing a TEDx talk in 2021.

Her work also caught the attention of other counselors who wanted to know how she was able to branch out into other markets. That’s when she decided to combine her counseling skills and acumen for business to become a scaling-up business coach and brand therapist to train other practitioners on how they could expand their business and reach.

Scaling Up

In 2023, Lewis created the Brand Therapy Academy (BTA), a coaching company that teaches therapists how to help build a recognizable and bankable brand and create new opportunities beyond their private practice in order to reach the vast number of people who may never come see them in therapy. Through BTA, she helps counselors accomplish three goals: increase their impact, influence and income.

Therapists learn how to expand their clinical practice so they can reach more people and share

their expertise through a wider variety of outlets and services, such as books, workshops, speaking engagements, media opportunities and more. For example, rather than seeing one client during a traditional therapy session, counselors can share their mental health expertise in a larger forum, such as presenting a keynote speech to an audience of 500 people. Lewis says this is the bedrock of the idea of counselors shifting from serving one-to-one to serving one-to-many.

“Our impact is increased when we’re able to serve more people in the same amount of time,” says Lewis, author of *Get Your Life: The Blueprint: Create the Life You Want Today*.

Scaling up and brand mastery allow counselors to reach people who don’t have access to insurance and can’t afford to pay out of pocket for therapy or who don’t seek help because of the stigma associated with it, she adds. Someone may be hesitant to work with a mental health professional because of stigma, for example, but they may buy a book by a mental health expert or attend a conference or workshop.

A counselor who increases their influence has the potential to become a thought leader by encouraging people to think differently, change their beliefs or move their lives in a different direction, Lewis says. Many counselors are already thought leaders, she notes, but it is only inside their private practice. When counselors become influencers on TV, print and social media, they can share their expertise with the larger community for the greater good.

Scaling up also enables counselors to boost their income by diversifying their revenue streams. “The goal initially is not just about money; the goal is really to increase your impact and influence,” Lewis says. “The income becomes a byproduct of that for sure.”

Spreading a Message of Self-Care

Lewis struggled during the pandemic when she had to switch to virtual therapy. She discovered she was battling burnout. Treating clients virtually required a level of concentration that was “very draining,” Lewis says, noting that not being able to read a client’s body language meant she had to make a greater effort to connect during sessions.

In addition, Lewis was also taking care of her family and serving people through her church. “It was very stressful, and the burnout was real,” she says. It became clear she needed to make self-care a priority.

Lewis decided to scale up by sharing her self-care practices on social media so others could benefit as well. “I went live on Facebook for 10 to 29 minutes every single day during those 90 days of the lockdown,” she says. She shared words of encouragement and tips on how to deal with stress and create better work-life integration. After the lockdown was lifted, she created a wellness group coaching program in a private Facebook group, and more than 300 women joined.

Lewis continues to promote self-care through BTA. For example, she is hosting a co-ed BTA retreat in Mexico in

December. She says it will be a relaxing getaway to prioritize self-care while giving counselors the opportunity to learn seven strategic business moves to scale up and develop their own platform for expanding their clinical reach beyond the therapy room.

Counselors can do great work when they are doing what they love, and they can be financially successful while doing it, Lewis says. She fulfilled her childhood wish by earning a multiple six-figure salary during the first 18 months of running BTA.

“As an adult, I understand now that becoming wealthy and being financially secure is really more about having the capacity to serve in a way that I could not do if the financial resources were not available,” she says. “It allows me not only to support and take care of my own family but also to give back to the community and do the work that I love to do more than anything else in this world.” ■

“The goal initially is not just about money; the goal is really to increase your impact and influence. The income becomes a byproduct of that for sure.”

—SHANA D. LEWIS, PHD, LPC

Learn more about Shana D. Lewis, PhD, LPC, and the Brand Therapy Academy at www.thebrandtherapyacademy.com.

ADVOCACY IN ACTION

ACA Members Advocate for Change

FOR THE FIRST TIME since 2019, ACA members took to Capitol Hill in May to advocate on issues affecting the counseling profession, including the mental health workforce shortage, fair pay for licensed professional counselors and mental health parity.



Top photos: Counselors and ACA staff outside the offices of Reps. Jennifer Wexton (Virginia) and David Trone (Maryland). Bottom photo: ACA CEO Shawn Boynes, Amanda Evans, Illiana Navarra, Dominique M. Marsalek (ACA state government affairs manager), Emily Perrow, Edil Torres Rivera (ACA immediate past president), Brian D. Banks (ACA chief officer of government affairs and public policy), Claudette A. Brown-Smythe and Guila Todd (ACA director of government affairs and public policy).



All photos: Doug Van Sant, Alive Coverage



Top left: ACA state delegations combine forces to discuss counselor parity with Rep. David Trone's legislative staff. Top and bottom right: Counselors prepare to meet with the staff of Rep. Ilhan Omar (Minnesota) and Sen. Alex Padilla (California).

5 Steps to Successfully Advocate for Change

When meeting with legislative leaders, you want to tell your story in a way that leads to action. Here are five steps you can take to persuade others to act:

- 1 Get Their Attention.** Introduce the issue in a way that relates to the legislator and emphasizes the importance of the topic. You could use a startling statement, pose a question, tell a dramatic story, arouse curiosity or suspense, or use visual aids to emphasize your point.
- 2 Inform Them of the Need.** Let legislators know this is a serious issue that needs to be addressed. Use facts and statistics to support the urgency of this need.
- 3 Satisfy the Need with a Solution.** Be prepared to share a plan to address this issue. Provide clear details about the plan and explain how it fits the current climate.
- 4 Visualize the Benefits.** Leave the lawmakers wanting to know more by using vivid imagery that explains how they will profit from the policy. For example, stress how it improves conditions, provides opportunities or saves money.
- 5 Make a Call for Action.** Now that they know the policy is beneficial, tell them what the next steps are and how they can help with that goal. This is the time to reinforce the need for commitment and action.



Taiwo Fafunmi



Chi Li, PhD

CAREER CONSULTATION

An International Student's Journey to Becoming a Counselor Educator

EVERY ISSUE we ask a counseling student or new professional to pose a career-related question to another counseling professional who has experience in that topic. This month Taiwo Fafunmi, who graduated with a master's in behavioral science from Cameron University in Lawton, Oklahoma, and is applying to doctoral programs, asks Chi Li, PhD, about how being an international student informed her experiences. Li is an assistant professor in the counseling department at Palo Alto University in California.

Question:

How did your experience as an international student shape your path to getting a doctorate in counseling?

Answer:

As far back as 2008, I dreamed of becoming a university faculty member.

Over the past 16 years, there were many times I asked myself, "Am I going to be a good teacher? Do I have a genuine passion for teaching? What subject do I want to teach and how do I want to teach it?"

The journey to find answers to these questions led me to the U.S., where I earned a master's degree in educational administration. However, I soon discovered my true passion for counseling. As an international student, the cultural differences I experienced sparked my interest in understanding human behaviors. I deeply admire the authenticity, empathy and curiosity in the work of counselors. I also view counseling as a reciprocal process: While clients are learning from me, they are also helping me to gain insights about ways I can improve. Thus, I decided to return to school for a second master's degree in clinical

mental health counseling. I chose the master's program at Arizona State University (ASU) because they offered two tracks: practitioner track and researcher track.

Like many other counseling students, I grappled with doubts about my ability to help clients, which prompted me to conduct my first research study on the factors influencing international counseling students' counseling self-efficacy. With the support and mentoring from ASU faculty, I successfully finished my thesis and got my first publication, which provided me with a solid foundation when I began my doctoral program at Old Dominion University. From that point on, research has been an essential facet of my counselor identity, and I aspire to be a researcher who produces high-quality and ethical work.

continued, next page

Becoming a Registered Play Therapist

By **Rebeca Chow, PhD, LPC, LCPC**

THE ASSOCIATION for Play Therapy (APT) defines play therapy as “the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development.”

This form of therapy can be a powerful tool for healing for both children and adults. Garry Landreth, in *Play Therapy: The Art of the Relationship*, explains how play therapy can help children learn to express themselves, regulate their emotions and develop problem-solving skills. It also provides adults with an opportunity to reconnect with their inner child, explore unresolved issues and cultivate a sense of playfulness and spontaneity in their lives (see Deb Dana’s *Polyvagal Exercises for Safety and Connection: 50 Client-Centered Practices*).

What Play Therapists Do

A day in the life of a play therapist is a dynamic blend of creativity, empathy

and clinical expertise. Before each session, the play therapist sets up the playroom, selecting toys, games and art supplies tailored to the needs of upcoming clients. Then sessions unfold with a fluidity that honors the unique journey of each client. From imaginative play and storytelling to sand tray exploration and expressive arts, the play therapist guides children in expressing their thoughts, feelings and experiences in a safe and supportive environment. They act as facilitators, observers and interpreters, guiding clients through their therapeutic journey while respecting their autonomy and self-expression.

Research suggests that the positive interactions between the client and play therapist helps regulate the brain’s stress response systems and engage the ventral vagal brake, which then creates positive neurophysiological states that promote resilience (see Rick Gaskill’s 2019 article “Neuroscience Helps Play Therapists Go Low So Children Can Aim High,” published in *Play Therapy* magazine, and Erin Hambrick and colleagues’ article

“Timing of Early-Life Stress and the Development of Brain-Related Capacities,” published in *Frontiers in Behavioral Neuroscience* in 2019).

How to Become a Play Therapist

Registered play therapists (RPTs) undergo specialized training to understand the complexities of human development, psychological theories and therapeutic techniques tailored to the unique needs of each client. As of January 2023, becoming an RPT requires:

- An active and unconditional mental health state license in counseling, marriage and family therapy, psychiatry, psychology or social work
- Specialized graduate coursework
- 150 hours of play therapy instruction
- At least 24 hours of continuing education every three years
- Supervised clinical experience in play therapy

Learn more about credential requirements at www.a4pt.org.

Within the APT community, play therapists benefit from a supportive network and gain access to a vast array of evidence-based research and resources, including a private forum to discuss clinical information and free monthly training sessions that can be applied to the RPT application and renewal requirements. ■

Rebeca Chow, PhD, LPC, LCPC, is an RPT supervisor in Missouri and Kansas and the chair-elect on the APT board of directors.

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I think the most significant distinction between master’s and doctoral programs lies in the emphasis on research. Most counseling doctoral courses and dissertations are research related because doctoral degrees are fundamentally

research-oriented degrees. I have noticed that many students harbor a fear of research due to a misconception that it primarily involves statistics. However, it is important to recognize that quantitative methodology represents just one approach among various research

methodologies; there are numerous other methodologies that may better align with a student’s research inquiries and interests. Therefore, I think it’s crucial for interested master’s students to acquire some voluntary research experience prior to attending a doctoral program. ■

ETHICS

Maintaining Professionalism in the Face of Adversity

Strategies to help you maintain effective clinical practices when you are hurting.

By **Tanisha Sapp, EdD, LPC**



GIVEN THE CURRENT sociopolitical climate, many counselors have had their own encounters with discrimination, racism and other systems of oppression while working to advocate for change. Take a moment to think about your own experiences or your friends' or colleagues' experiences of discrimination, racism and adversity. For some, your direct experiences can be triggering. For others, hearing your clients' and colleagues' stories may be overwhelming. Now, imagine holding this weight on your shoulders while walking into a session with a client. It's heavy, right?

Take a breath and pause. Now, let's talk about our ethical responsibilities as counselors and how we can maintain sound ethical decision-making practices while facing adversity and discrimination. We have the utmost responsibility to our clients to do no harm, as evidenced through Standards A.1.a. and A.4.a. outlined

in the 2014 ACA Code of Ethics, and to maintain fidelity. As such, it is expected that we will maintain ethical clinical practice through it all. This leads us to two questions:

1. How can we effectively abide by these standards and our ethical principles when we may also be hurting?
2. How do we effectively navigate the duality of our own subjective internalized experiences and the social view of how we should respond to these experiences?

As you consider these questions, remember there is no single correct answer. What works for one person may not work for another. So, how are we as counselors supposed to maintain a sense of professionalism and decorum when we are also hurting?

According to Standard C.2.g., counselors must monitor themselves for impairment. If you find that you cannot maintain objectivity, then you should step back and consider your options to ensure that you are not intentionally or unintentionally harming others. I know that may sound strange, but as the counselor, we must ensure that we are able to make sound decisions and avoid harming our clients. Thus, it's important to monitor ourselves so we are aware of and able to manage any countertransference that may arise.

But how do we take care of ourselves while still having the capacity to care for others? Practicing radical self-care as a means of prevention and intervention can help mitigate the onset of impairment. As poet and activist Audre Lorde said: "Caring for myself is not self-indulgence; it is self-preservation." Here are some ways you can engage in radical self-care:

- **Phone a friend.** Calling a friend for peer consultation to process your dilemma or experiences can be beneficial. But calling a friend to unwind is also a form of self-love and self-care. Conduct a self-inventory of your friends and find someone you can call when needed.
- **Take a step back.** Take a minute to breathe and evaluate the situation. Do you have the mental capacity to address this situation right now? If not, walk away. Tomorrow is another day.
- **Do something you enjoy.** Maybe that is exercising, going to the beach, traveling, doing yoga or taking nature walks. These restorative practices fill your cup and make you feel good.
- **Reclaim your time.** Having boundaries and saying "no" is key to radical self-care. If your plate is full or you have reached your capacity, it is OK to say no. When was the last time that you told someone no without guilt or shame?

I know this sounds easier said than done. However, self-care is vital to sustain effective practice while experiencing adversity. Without it, you can't do good work. I implore you to invest in yourself. Which of these practices are you willing to try today? ■

Tanisha Sapp, EdD, LPC, is an assistant professor of counseling at Liberty University in Lynchburg, Virginia; private practice owner; and ACA Ethics Committee member.

How the Corporate Transparency Act Affects Small Businesses

A new law went into effect that may require small business owners to report ownership information.

By Jennifer Flynn, CPHRM

THE CORPORATE Transparency Act (CTA) took effect in January and requires certain businesses to report information about their ownership to the Financial Crimes Enforcement Network (FinCEN). The CTA was enacted by Congress in 2021 to combat the use of businesses as money-laundering operations.

Per the CTA, small businesses that were created or registered to do business in the U.S. before January 1 must file a beneficial ownership information (BOI) report to FinCEN by January 1, 2025. Sole proprietors are exempt and do not have to file a BOI. Practices are required to comply with reporting if they meet one or both of the following criteria:

- The practice employs fewer than 20 people full time.
- The practice generates less than \$5 million (gross receipts) in revenue annually, as reported on the practice's prior year's federal tax filing.

Small businesses that are required to file a BOI report will need to provide information on the business and its "beneficial owners," which includes anyone who owns or controls at least 25% of the business or who exercises substantial control over the business. Here is the information that needs to be reported to FinCEN in the BOI report:

- Legal name of the company
- Any trade or "doing business as" names

- Street address (not a P.O. box) of principal place of business
- Tax identification number
- All beneficial owners' legal names, birth dates, residential addresses, acceptable identification documents (social security, passport or driver's license number), and government-issued photo identification

Newly formed business entities in 2024 will have 90 calendar days after receiving notice of the company's creation or registration to file its initial BOI report. According to FinCEN, "This 90-calendar day deadline runs from the time the company receives actual notice that its creation or registration is effective, or after a secretary of state or similar office first provides public notice of its creation or registration, whichever is earlier."

All existing companies that meet CTA reporting requirements have until January 1, 2025, to file a BOI report to FinCEN before facing potential penalties. Failing to file a BOI report, knowingly providing false information or refusing to provide information if you are a beneficial owner can all carry both civil and criminal penalties. Civil penalties include fines of up to \$500 per day until the violation is fixed, and criminal penalties include fines of up to \$10,000 and/or imprisonment for up to two years.

Visit www.fincen.gov/boi to file a report, view informational videos and webinars, find answers to frequently asked questions, connect to the contact center and learn more about how to file a BOI report.

FinCEN's Small Entity Compliance Guide (www.fincen.gov/boi/small-entity-compliance-guide) walks small businesses through the requirements. The forms are expected to be easy for business owners to manage independently, and there is no fee for filing the report. There is also no annual reporting requirement after you file the initial BOI report; you only need to file another report if you make updates or corrections to it.

If you have questions regarding the specifics of the CTA, including whether a particular person qualifies as a beneficial owner and requirements for ongoing compliance, consult with your business' legal counsel. ■

Jennifer Flynn is a certified professional in health care risk management (CPHRM) and the risk manager for the Healthcare Providers Service Organization (HPSO).

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The Strength in Weakness

Counselors can help clients who have experienced childhood abuse remember that there's strength in choosing to survive.

By David Prucha, LPC



“THE STRONG do what they can and the weak suffer what they must.”

—Thucydides, *History of the Peloponnesian War*

“Sometimes I can still feel the twine chafe against my wrist,” my client James (an amalgam of several clients) told me. He was recalling a time in his childhood when his grandfather would tie his hands to a low-hanging air conditioning duct in their unfinished basement. He spent 18 days in the basement. He had toast for breakfast, a spoonful of peanut butter for dinner and an orange Home Depot bucket for a toilet. His grandpa called it “a life lesson.”

Like many who've experienced childhood abuse, James was frustrated with himself. He didn't understand his response to his grandpa, or rather his lack of response. “I just accepted it,” he said. “I didn't even raise my voice.”

At the core of his problem, James told me that he didn't trust himself. This is what he hoped to resolve in therapy. He thought that if he had fought back or attempted to escape the basement, things would be different. He would know at least he was a fighter. But because he was abused without a struggle, he saw himself as weak and worried this meant he couldn't keep himself safe now as an adult.

Offering a New Perspective

Cognitive processing therapy is an evidence-based treatment that posits that five core areas are affected when people experience traumatic events (see Patricia Resick and colleagues' *Cognitive Processing Therapy for PTSD: A Comprehensive Therapist Manual*). One area relates to control: A client who felt powerless during a traumatic experience may conclude they no longer have power or control over other areas of their life. Drawing on this clinical approach, I decided to share a mythological story with James to help him reconceptualize his past trauma and sense of powerlessness.

When James finished sharing his frustration at doing nothing to stop his abuse, I asked him, “Do you like music?” James' emotion was welling over, and he rubbed circles around his temples with his middle fingers. “As much as the next person, I suppose,” he replied.

“This might seem like a redirection, but humor me for a moment, James,” I continued. “There's a story from Greek mythology about a music competition between Apollo and Marsyas. I'll spare you the details, but Apollo was the god of music and Marsyas was the god of absolutely nothing. Yet despite the power difference between them, it was the weaker Marsyas who challenged Apollo to the competition. Marsyas was testing the hierarchy.”

“How’d that go?” James asked.

“Not great for Marsyas,” I replied. “Apollo was simply the better musician, and so he won the competition. The underdog failed.”

“Well, that sounds about right, doesn’t it?” James said.

“That’s not the brutal part, James,” I added. “As punishment for being challenged, Apollo took Marsyas into a cave and flayed him alive to torture him. Then he pinned his skin to a tree.”

I told James that the wisdom within this harsh story pertained to the risks of challenging power: If you challenge a corrupt power structure and fail, you’ll be excessively punished by that power structure. I told him this seemed to be true in workplace dynamics, politics and even childhood abuse. Then I stopped talking.

James flashed an unexpected smile. “That’s a very disturbing story,” he said. “You can add that to the list of things you should never tell me again. I’m here to resolve trauma, not to acquire it,” he joked.

“That’s fair enough,” I said. “But if it’s OK, let me ask what might seem like strange questions about your grandpa: What was his approximate height and weight?”

“Maybe 5 feet, 10 inches tall and 170 pounds,” he said.

“And how about you, James? What was your height and weight as a child?”

He thought for a minute and replied, “I’m not sure about my height, but I was probably under 100 pounds.”

“I see,” I said. “And if you had tried to fight him or escape and you were unsuccessful, what do you think would have happened?”

James thought about it and said, “I probably would have lost, and then he probably would have increased the punishment.”

“Is it possible that you made some kind of intuitive calculation? Something like, ‘This suffering is too much, and I can’t handle any escalation. But if I accept this situation, I might reduce the chances of increased punishment,’” I asked.

“It might have been something like that. I know I was terrified of what might happen if I fought back,” James said.


“He was bigger, stronger and an adult, James. You were barely a teenager,” I said reassuringly. “The odds of overcoming him were vanishingly low. This wasn’t a movie. The power difference between you was dramatic. Could it be that you bravely carried your pain and wisely reduced the chances of making the situation worse like what happened with Marsyas?”

Reconceptualizing Powerlessness

It’s an uncomfortable truth, but sometimes accepting powerlessness is the surest path to survival. It can be a wise choice. At the beginning of the session, James believed that something could have been done to prevent his suffering and that he failed to exercise his options. This belief started to shift as James realized he had kept himself safe on a relative scale. He had assessed his options accurately and chosen the path of surest survival.

There are many clients who, like James, worry that their inaction in the face of abuse means they are weak or powerless. They too misunderstand their survival strategies in hindsight. Perhaps we counselors can remind them that in their moments of great suffering, they understood something Marsyas never did: When presented with overwhelming force, temporarily accepting your pain isn’t weakness but strength. ■

David Prucha, LPC, serves clients in Colorado and California. Over the past 12 years, he has spent time working with clients with a variety of emotional difficulties, teaching in graduate counselor settings and writing about his experiences as a therapist. Contact him at davidprucha@gmail.com.



Sometimes accepting powerlessness is the surest path to survival.

IN BRIEF

Discrimination Can Lead to Professional Burnout for Counselors Who Are Immigrants



The demands of providing mental health services can lead to burnout, secondary traumatic stress and a decline in compassion satisfaction (the pleasure derived from helping others). Amanda C. DeDiego, PhD, and colleagues measured the quality of life among 108 mental health providers who are immigrants to the U.S. The participants rated the amount of stress they felt over discrimination, language

accommodation and other factors related to immigration and various aspects of their professional lives. The results, reported in the *Journal of Employment Counseling*, showed that providers who experienced frequent discrimination and stress over being an immigrant scored high on measures of compassion fatigue and low on measures of compassion satisfaction. The findings indicate that discrimination can impede health care professionals from providing adequate care to marginalized populations and lead to burnout. ■

READ "Impact of immigration and discrimination on vocational wellness for immigrant mental health professionals" at <https://doi.org/10.1002/joec.12222>.

Study Uncovers Suicide Risk in a Specific Segment of Older Adults



Older adults who receive home-delivered meals (HDMs) may be at special risk for suicide due to isolation. Mary Chase Mize, PhD, and colleagues examined the relationship between proximal suicide risk factors and distal risk factors among adults receiving HDMs during the COVID-19 pandemic. They recruited 320 HDM recipients age 62 and older and used various tools to

assess their interpersonal needs, chronic pain, perceived social support, loneliness and frequency of depressed mood. As reported in the *Journal of Counseling & Development*, the results showed that participants reporting low social support were most likely to show all other suicide risk factors. The findings illuminate the role that professional counselors, who became eligible to serve Medicare beneficiaries in 2024, can play in helping this population of older adults combat loneliness and suicide desire. ■

READ "Suicide risk factors among older adults: Implications for counselors as Medicare providers" at <https://doi.org/10.1002/jcad.12512>.

Insight into University Students' Career Adaptability

College students who are more strongly oriented toward future goal attainment and less anxious about the passage of time are better able to persevere in their career pursuits, a study reported in *Career Development Quarterly* suggests. Researchers in Romania had 483 university students fill out scales designed to measure their future time



perspective, grit (long-term consistency in interests and perseverance) and career adaptability

(the ability to cope with career-related tasks and decisions). Participants who scored lower on future time speed also reported higher levels of grit, leading to higher levels of career adaptability. The researchers cautioned against generalizing the findings because of several limitations, including the fact that most of the participants were women studying psychology and education. But the study signals how career counselors can help students develop personal adaptive skills. ■

READ "University students' future time perspective and career adaptability: The mediating role of grit" at <https://doi.org/10.1002/cdq.12348>.

Survey Gauges Counseling Students' Knowledge about Behavioral Addictions

MOST COUNSELORS are likely to work with an individual with a process/behavioral addiction, such as internet gaming disorder or addiction to pornography or shopping, at some point in their career. However, research published in the *Journal of Addictions & Offender Counseling* indicates that practicing counselors and counseling students often lack the training to work with these clients. Counseling educators and researchers Natalie M. Ricciutti, PhD, and Sijia Zhang, PhD, of University of North Carolina, Charlotte, tested a survey designed to measure counseling students' knowledge of process/behavioral addictions. The results, gleaned from 77 participants, suggest that students are accurately aware about their level of understanding of behavioral addictions.

We discussed the significance of this research with Ricciutti.

What prompted you to pursue this study?

Addiction education is one of my lines of research as a counselor educator and a topic that I advocate for in the profession. I have conducted previous research studies about behavioral addictions and have found that counselors receive minimal

education about them from counseling training programs.

I also noticed that there was not a quantitative way to measure knowledge about behavioral addictions. For this reason, I chose to develop and validate the Behavioral Addictions Knowledge Survey (BAKS) to help counselor educators and supervisors determine students and supervisees' knowledge of behavioral addictions.

What are the main takeaways from your article?

First, counselor educators can use the BAKS to determine counseling students' knowledge about behavioral addictions. Doing so can highlight gaps in counselor education and areas of programmatic growth. Behavioral addictions are likely to increase in prevalence over the next decade, and practicing counselors continue to report that they do not feel competent to work with clients with behavioral addictions. The counselor education profession must consider how to keep programs up to date with changing trends in mental health disorders based on practicing counselors' experiences in the field. Educators can use the BAKS to ensure that students are knowledgeable about

behavioral addictions prior to graduation and licensure.

Second, the inclusion of general addiction or substance use education can benefit counseling students' knowledge about behavioral addictions. My study found that counseling students who had taken a course focused on addiction/substance use scored significantly higher on the BAKS (indicating more knowledge) than students who had not taken such a course. Counselor educators can consider the importance of addiction education in their programs and work to encourage counseling students to enroll in an addiction-focused course.

How can the findings benefit practitioners or educators in their day-to-day work?

The BAKS provides counselor educators and supervisors with an easy-to-use quantitative tool that measures counseling students' existing knowledge of behavioral addictions. For example, counselor educators teaching a course focused on addictions/substance use can use the BAKS at the beginning of the course and again at the end to determine if students' knowledge about behavioral addictions improved. Supervisors can use the BAKS to determine if a new supervisee is knowledgeable about behavioral addictions before working with that population of clients. ■

READ "A pilot study of the behavioral addictions knowledge survey: Ensuring students' knowledge about process/behavioral addictions" at <https://doi.org/10.1002/jaoc.12132>.



Natalie M. Ricciutti

Training Counselors Using Virtual Simulation

Technology such as virtual simulation can help provide realistic on-the-job training for counseling students.

By Samantha Cooper

DURING A CONFERENCE for rehabilitation counselor educators in Washington, D.C., Margaret Glenn, EdD, attended a session about using virtual reality headsets in education. She put on a headset and was immediately



transported to a bridge, where she was looking down at an abyss. The realism of the experience caused her to panic at first, but it also evoked a desire to explore the technology further.

Glenn, professor of clinical rehabilitation and mental health counseling at West

Virginia University, and her colleague Elisabeth Simpson, PhD, applied for an innovative training grant from the U.S. Rehabilitation Services Administration, which allowed them to design and deliver accessible, innovative and relevant preemployment training for vocational rehabilitation

professionals. Their team designed online courses and skill enhancement exercises using virtual simulation labs for training participants. Later, they began to use 360-degree videos and social virtual reality also. The team includes David Smith, a teaching associate professor in the Reed College of Media at West Virginia University who serves as a multimedia expert; Olivia Uwamahoro, PhD, LPC,

clinical assistant professor of counselor education at William & Mary in Williamsburg, Virginia, who brought SLM Lab (a software framework for reproducible reinforcement learning research) to the project and helped with the grant application; and Barb Schiedermayer, who serves as the curriculum designer and instructor.

“More recently, our focus has been on getting the technology out to academic programs and letting them know that we have this for them to enhance the experiences of their students,” says Simpson, an assistant professor and clinical placement coordinator in the clinical mental health counseling program at Methodist University in Fayetteville, North Carolina.

So far, the results are promising. “We’re seeing a benefit in terms of the development of the students’ confidence and competence,” Simpson says. The participants all have positive things to share about the innovative experience. One vocational rehabilitation supervisor told the team that this technology is “a game changer for training counselors.”

Creating Realistic Training Experiences

The training team has focused on preparing counseling professionals to support adolescents with disabilities in pursuing education and employment. Glenn and Simpson believe the technology can eventually be used to train teens for situations they may encounter in education and the workplace.

Before, it was difficult for counselors-in-training to find experiential practice opportunities that allowed them to interact with adolescents, Simpson says. They don’t typically work with teens until their practicum or internships. Now, with the use of this technology, counselors-in-training can gain the experience of what it’s like to work with “someone who looks, talks and acts like an adolescent” a lot earlier in the process, she explains.

College theater students, trained actors or simulation specialists play the role of the teen clients in the virtual simulations. Counselors outline a clinical scenario, and the actors assume the role of the client. This is an innovative approach that can provide a more realistic experience, Simpson says. And if theater students or trained actors aren’t available, then other students in the training program can act as the client, she adds.



Margaret Glenn, top, and Elisabeth Simpson

The first time Glenn, a certified rehabilitation counselor, participated in the simulation, she got so involved in her conversation with one of the teenage “students” that she says she completely forgot she was talking to an avatar piloted by a simulation specialist. “In my head, that avatar had a 14-year-old girl behind it, and it just became a very natural and immersive experience,” she recalls. “The authenticity the simulation specialists bring to that environment blows me away.”

How It Works

The instructors can choose to use virtual simulations, virtual reality, 360-degree videos or any combination, depending on their needs:

- Virtual simulation is a partial immersive experience that simulates real clinical scenarios using avatars operated by human simulation specialists. These specialists can respond effectively to an emotionally charged conversation, which can be problematic for artificial intelligence-based systems, Glenn says.
- Virtual reality platforms work by immersing users in a computer-generated environment that simulates real or imagined worlds. Virtual reality headsets play a crucial role in creating the illusion of immersion.
- 360-degree videos allow viewers to explore a scene from different angles, but they do not provide full interactivity or the ability to interact with virtual objects or environments like virtual reality does. Headsets also play a role in immersion, and the videos can be accessed on demand.

The virtual simulations and augmented reality environments provide a similar experience, Glenn says. Both are used in the training program to provide experiential learning opportunities in the skill enhancement exercises.

“Students engage with the avatars in a scenario developed by the trainers; in real time, they use their skills and then get immediate feedback” she explains. “They can also pause and get supervision input in the moment, then return to the scenario.”

While the 360-degree videos don’t involve participation, Glenn and Simpson are going to experiment this summer to see if the videos help

students form a closer emotional connection with their clients. Glenn says the videos have been found to help with memory retention.

The Benefits

As a learning tool, the program has numerous benefits, Simpson and Glenn say. For example, the students are often familiar with and know how to use technology such as virtual reality headsets, which means professors don’t have to spend a lot of time teaching them how to use the tech. Instead, they can focus on the clinical lessons. Even those who have little experience with this technology, like Simpson, were able to pick it up within a single class.

Counseling students can get a more realistic experience and understanding of what to expect when working with clients. The simulations may also allow them to experience scenarios that might otherwise be hard to replicate in person. Glenn and Simpson have also found that students enjoy using the tech and are often more engaged in learning than with role-playing lessons.

The technology is adaptive and accessible for students who are deaf, visually impaired or have other disabilities. Virtual scenarios can easily incorporate adaptive environments such as closed captions or visual or haptic cues. Participants who are deaf can also use an interpreter when using the 360-degree videos.

Next Steps

Glenn and Simpson recently received an extra year of funding to continue their work creating immersive training experiences for counselors-in-training. The extension allows them to expand training for doctoral students preparing to work in counselor education and supervision.

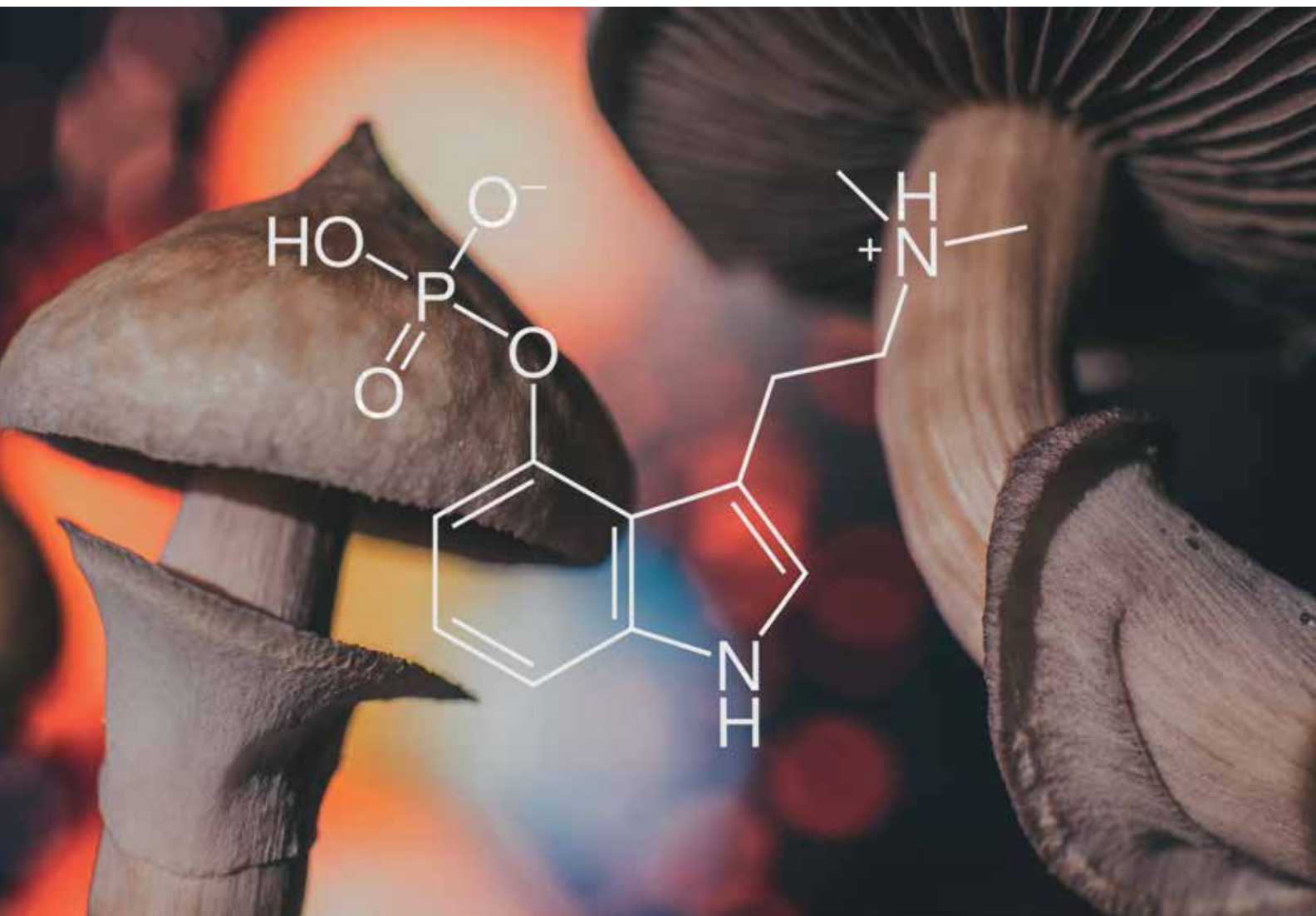
“The rate at which this technology improves has been wild,” Simpson says. “The virtual reality environments and avatars have become more realistic, and there’s a lot more variety. ... It’s been nice to see that kind of improvement over the years.” ■

Learn more about this preemployment training program for vocational rehabilitation counselors at <https://air4vr.com>.

How Counselors Can Support Psychedelic-Assisted Therapy

The U.S. Food and Drug Administration could approve a psychedelic drug for the first time this year. What is the counselor's role in psychedelic-assisted therapy?

Dmytro Tyshchenko/Shutterstock



The counselor's role in psychedelic-assisted therapy varies depending on the targeted condition and treatment intervention. In general, the counselor's role shifts throughout the preparation, dosing and integration stages of psychedelic-assisted therapy. During preparation, the counselor prioritizes building therapeutic rapport while simultaneously preparing the client for a dosing session with psychoeducation. On dosing days, the counselor is tasked with ensuring physical and psychological safety while facilitating an inner-directed experience. The trust fostered by the therapeutic relationship is critical for this process. During integration, the counselor supports the client to make sense of their psychedelic experience while optimizing its effects."

—**Sara So, LCPC**, is a psychiatric therapist at the Johns Hopkins Center for Psychedelic and Consciousness Research in Baltimore.

"Psychedelic-assisted therapy involves three distinct phases: preparation, medicine session and integration. These phases require different therapeutic skill sets from the counselor. During the preparation phase, creating a sense of safety (both emotional and physical environment) is paramount. For the medicine session, a nondirective approach can work well as it allows the client's psychological process to naturally unfold with the counselor supporting them throughout the entire process. Finally, integration involves the counselor working with the client to process insights and meaning from the experience or any other feelings that arose from the overall experience."

—**Dan Ronken, LPC, LAC**, is a ketamine-assisted therapist and trainer and the founder of InclusionRecovery.com in Boulder, Colorado. Ronken also publishes educational videos on psychedelic therapy and addiction recovery at www.youtube.com/danronken.

"The role of the counselor in psychedelic-assisted therapy varies depending on the model being employed. There are currently three models being discussed in the psychedelic-assisted therapy literature: the medical, psycholytic and psychedelic models. The medical model does not employ a counselor; however, the counselor is central to the psycholytic model. The counselor moves the client through the preparation, administration and integration phases of psychedelic-assisted therapy. Finally, the psychedelic model has the counselor take on a supportive and nondirective role. It is noteworthy to mention the last two models employ a co-therapy team to safeguard both the client and counselor."

—**Carisha Doty** is a clinical mental health counselor working with the college-aged population in Chattanooga, Tennessee. Doty has multiple publications and presentations at state, regional and national levels on psychedelic-assisted therapy.

"Once federal regulations permit the use of psychedelic-assisted therapy, there is potential for this treatment to revolutionize the way we approach mental health, and I believe counselors will play a vital role in its delivery. Counselors act as advocates, educators and facilitators throughout the process. They can advocate for equitable access, while addressing stigma associated with psychedelic use through psychoeducation efforts. Counselors are also responsible for providing clients with a safe and supportive environment when using this approach. This means that aspects of cultural competence and thorough knowledge of psychedelic psychopharmacology are paramount. Counselors should also be aware of legal and ethical guidelines and implications pertaining to the facilitation of this emerging therapeutic approach."

—**Brittany L. Prioleau, PhD, LPC**, is an assistant professor of counselor education and supervision at Mercer University in Atlanta, founder and owner of the private practice Cultivate & Bloom Wellness LLC, and an approved clinical supervisor.

"Counselors' orientation toward wellness models uniquely equips them to work with clients' psychedelic experiences from a non-pathologizing and holistic viewpoint, regardless of whether those experiences arose during formal psychedelic-assisted therapy or during the clients' own personal use. Counselors should work to advocate for safe, just and equitable access to psychedelics broadly, including decriminalization and/or legalization. Doing so will entail working with state boards and legislatures to develop guidelines and standards for the scope of training needed to serve clients pursuing formal psychedelic-assisted therapy, as well as those clients who independently use psychedelics for personal growth or therapeutic, recreational or spiritual purposes."

—**Ben Hearn, PhD, LPCC**, works in private practice in Pittsburgh providing ketamine-assisted psychotherapy that draws heavily on the internal family systems model and existential psychotherapy to address trauma, depression and anxiety symptoms with clients. Hearn also works frequently with members of the LGBTQ+ population or individuals who practice polyamory or consensual nonmonogamy.



the explorer spirit

New ACA President Christine Suniti Bhat's counseling career has expanded over three continents.

By Melanie Padgett Powers

“Don't make eye contact.” That's what Christine “Chris” Suniti Bhat's older sister used to tell her when they were teenagers growing up in India. They both knew that if she made eye contact with a stranger or acquaintance, the person would begin to open up about their struggles in life and the girls would have trouble getting away.

Bhat, PhD, LPC, LSC, was made to be a counselor. “I was always the kid that people would confide in,” Bhat explains. She laughs as she remembers: “My sister would say, ‘If you don't make eye contact, we'll be just fine.’ She used to get very frustrated with me. ... The signs [of a good counselor] were there from a young age.”

Bhat is professor and chair of the Department of Counseling and Higher Education in the Patton College at Ohio University in Athens, Ohio. She became the 73rd president of ACA on July 1, after joining the organization 20 years ago. She took a more active leadership role in ACA in 2012 when she became president of the Ohio Counseling Association. In 2017, she became president of the ACA division the Association for Specialists in Group Work (ASGW), and she later served a three-year term on the ACA Governing Council, representing ASGW, before running for ACA president.

Bhat has cherished being active in ACA because it has allowed her to focus her time and attention on helping



Clockwise from left: Bhat with her first grandchild. Bhat with her husband and children in Ohio. Bhat with her family in Bengaluru, India.

Another Adventure Awaits

After about nine years in Australia, Bhat and her husband decided to make another leap into the unknown and move to the U.S. But Bhat had to ask herself: “What will I do in the U.S.? What will my career look like?” She decided to lean into counseling and was accepted into Ohio University’s doctoral program in counselor education and supervision. Bhat acknowledges that she chose Ohio University because the professor who became her mentor, Tom Davis, PhD, answered her email asking about admission within 30 minutes of her sending it.

“I was drawn to counseling because I really believed that I wanted to be in ‘helping’ relationships with people, rather than my background as an organizational psychologist,” she says. “I wanted that person-to-person interaction, to see people change and thrive as I helped them.”

At first, it was a rough transition to Ohio, although their nephew, who lived nearby, and their niece, who lived in California, helped them get settled. The Bhats had always lived in big cities and were heading to their third country with only a stack of suitcases. The first thing that struck Bhat on the drive from the Columbus airport to Athens was how rural Southeastern Ohio was. She had never lived anywhere with so much open space.

“We were downsizing from a large home to a two-bedroom student apartment on campus. I was an international student earning a small stipend as a graduate assistant, with two children who were going into school,” she says. “It was tough; there was a lot of stress and heartache with that move. But during that time, I found love and kindness and support from so many.”

Bhat immediately loved her professors, fellow students and the doctoral program. “That really helped me figure out, ‘OK, I’m here. Let me focus on becoming the professional that I want to be and let me put other stuff aside.’”

the counseling profession thrive. “To me, that is super important — for counselors to be proud of who they are, for counselors to know that ACA supports them and supports the profession, for counselors to have a strong professional identity that allows them to work well in interdisciplinary teams.”

Focusing on what is best for the counseling profession will be Bhat’s overarching goal during her presidency. (To learn more about her presidential goals, see her column on page 6.)

A Belief in Education

Bhat grew up in Bengaluru, a huge city in the south of India. She is the youngest, with two older sisters and an older brother. They may not have had a lot of money, but it was a “loving, stable family,” she says. Her father was a high-ranking state government official, while her mother was a homemaker. “Both of my parents emphasized how important it was for women to be well-educated,” she says. “The importance of education was a very dominant value in our family, along with making the world a better place in whatever way we could.”

Bhat’s future as a counselor showed in other ways, too: “Being

the youngest of four, with very opinionated older siblings, I learned to observe much more than talk — and sometimes it was hard to get a word in!” She became gifted at picking up nonverbal cues and being alert to changes in tone.

Bhat married her husband, Shiv, at age 21. The couple wanted to travel but didn’t have the means to go overseas simply for adventure or leisure. Instead, they decided to emigrate, so in 1992, with a 5-year-old son, the family moved to Melbourne, Australia, where Chris had a maternal uncle.

“We never had been there previously to visit, so it was a leap of faith,” she says. “I think Shiv and I are risk takers. We were willing — at least at that stage of our lives — to step out into the unknown.”

They later became Australian citizens, and their daughter was born in Australia. Bhat earned master’s degrees in psychology in both India and Australia, and she began to work as an organizational psychologist. (Neither of the two countries had counseling degrees at the time.) For many years, she supported chronically unemployed people through group work.

After she earned her doctorate in counselor education and supervision, Bhat was sure she wanted to live in a big city again. So, she accepted a faculty position at California State University, Long Beach. But it was quickly apparent that California was incredibly expensive to live in for a family of four. “I was there for three years, and in probably about the second year, I started to realize that living in Southern California was not going to be sustainable for our family from a financial perspective.”

However, Bhat was worried about moving her kids again. Her son was about to finish high school, and her daughter was in the fourth grade. Then, a counseling faculty position opened up at Ohio University. Bhat was hired in 2006. She was relieved that her children would be returning to a place they were already familiar with and where they had friends.

She laughs now when she remembers how shell-shocked she was when they first arrived in Ohio. “I ran away to a big city thinking that’s what I wanted. But let me tell you, after a few years in California, I yearned for the peace and the beauty of Southeastern Ohio. I’m very happy to be here. This is definitely home.”

A Passion for Teaching and Mentoring

Bhat had started her doctoral program because she wanted to become a better counselor. But she soon fell in love with teaching and mentoring. Over the past 20 years, that has been her focus.

She now teaches students in the master’s programs in school, clinical mental health and clinical rehabilitation counseling and in the doctoral program in counselor education and supervision. She enjoys teaching advanced group counseling and counseling children and adolescents. She loves being able to mentor doctoral students through their internship and dissertation and spending time creating individualized



Bhat with some of her PhD students.

mentoring approaches for each student to help them become the best professionals they can be.

“I think that my work developing and helping shape future counselors and counselor educators has ripple effects in the profession because then those graduates go on to serve clients and counseling students,” she says. “I have the opportunity to influence the profession from a wider lens as a counselor educator.”

Bhat remains actively engaged in research, too. Earlier in her career she conducted research on cyberbullying prevention. Now, she focuses more on leadership and mentorship research and on positive psychological assets. She is drawn to the model of servant leadership, focusing on the people you’re leading and their needs and successes and on working for the greater good of the profession and clients.

“As I’ve gotten older, I’ve started to think about: What is it that we should be researching that makes our lives better? There’s a lot of focus on mental health diagnoses and what we need to do to prevent and treat them, but I’ve been wanting to spend more time thinking about what we can incorporate into our lives that will make our lives better and more fulfilling.”

Cherishing Family and New Opportunities

Bhat’s family continues to be an important focus in her life. Her daughter lives in California, where

she is earning a doctorate in political science. Her son, a senior project manager with a construction firm, lives in nearby Columbus, Ohio, with his wife and their daughters, a 20-month-old and a newborn. “Being a grandparent is one of the greatest joys of my life,” Bhat says. “I love spending weekends in Columbus and getting lots of cuddle time.”

Bhat’s sisters and 98-year-old mother still live in Bengaluru, and her brother is in Australia. (Her father died in 1985.) Having family far away requires frequent video chats. “Family is very important to me,” Bhat says. “I love spending time with family and friends; I love good food, good conversation. This is what I find most meaningful – the connections and time with loved ones.”

Bhat’s life and career have taken a winding road through three countries on three continents, full of adventure, culture shock, a loving family and a rewarding career. She encourages other counselors and counseling students to take those risks and to say “yes” more than they say “no” to new opportunities.

“Earlier on in my life, I was so afraid of not knowing enough about new opportunities so I would say ‘no’ a lot,” Bhat says. She advises counselors to believe in themselves and have the strength to say: “I might not know everything about this new opportunity that has presented itself, but I have faith and self-efficacy; I can learn what I need to learn.” ■



Adoption Complexities

Counselors can help transracial and transnational adoptees heal the wounds from separation and being raised in an all-white world.

By Lisa R. Rhodes

The media's representation of multiracial and multicultural families

formed by adoption has become much more visible during the past 10 to 20 years. TV shows such as *This Is Us* and *The Fosters* show transracial adoptive families, and movies such as the *Kung Fu Panda* series shed light on adoption. Celebrities and even members of the Supreme Court, namely Supreme Court Justice Amy Coney Barrett, have transracial adoptees in their families.

Counselors who treat transracial and transnational adoptees and study the practice of adoption say it warrants scrutiny. People who are unfamiliar with these types of adoption may view them as an act of altruism to “rescue” a child from unfortunate circumstances, says Amanda Baden, PhD, a professor of counselor education at Montclair State University in New Jersey.

“But if you ask the adoptee community, they would say there are a lot of abuses in transracial and transnational adoption and there needs to be much more careful and ethical oversight of the practice,” says Baden, a transracial and transnational adoptee from Hong Kong who works with transracial and transnational adoptees in her private practice in New York City. “There needs to be some awareness that adopting a child across race and across culture is a very serious action that can have repercussions.”

According to the 2022 U.S. Adoption Attitudes Survey, about 1 in 10 adults in the U.S. are adopted, with about 13% through foster care and about 4% from other countries. The survey notes that most adoptions are private, meaning that the child's birth parents work directly with the adoptive family.

"Transracial adoption" is the adoption of a person across race, while "transnational adoption," also known as "intercountry adoption," is when adoptive parents adopt a child from another country. While adoptions from foster care are a small percent, statistics from the U.S. Department of Health and Human Services showed that the number of transracial adoptions from foster care increased in the U.S. by 58% between 2005–2007 and 2017–2019. This

"It is essential to listen to the voices and perspectives of adoptees themselves to gain a more comprehensive understanding of their experiences and challenges."

—LAUREN FISHBEIN, LPC

increase outpaced same race adoptions from foster care, which increased by 24%. Black children comprised 23% of all children in foster care in 2019, but during this time period, adoption of Black children from foster care declined, while adoption of white and Hispanic children increased.

Although it is important not to pathologize adoptees, research has

found that relinquishing a child from their birth mother or birth family — at any age — is a traumatic life event. On social media, specifically TikTok, adult international adoptees have been sharing their personal stories about the heartbreak and pain they have experienced through adoption.

Lauren Fishbein, LPC, owner of Lauren Fishbein Counseling LLC in

Love Is Not Enough

Between 2017 and 2019, 28% of adoptions were transracial, and 90% of these adoptions involved children of color being adopted by white parents, according to the U.S. Department of Health and Human Services.

Lillian Jiwoo Hexter, a clinician with Boston Post Adoption Resources in Brookline, Massachusetts, says parenting a transracial or transnational child requires more than love. Adoptive families must also have a willingness and an ability to move outside the comfort zone of white privilege and consciousness.

"Historically, there has been a narrative of adoption that 'love is enough' or to 'treat an adopted child like they're your own.' But the truth of the matter is that love is often not enough," she explains.

"It is so crucial that white adoptive parents have a critical consciousness about what it means to raise a child of color in a country like the U.S., where racism and white supremacy are very much embedded in the fabric of our society," Hexter says. "The most successful transracial adoptive families I've seen are the ones where the parents have committed themselves to doing their own racial justice work and feel prepared to talk about race and identity with their kids."

Here are a few recommendations that can help white adoptive parents prepare for adopting a child of color:

- **Check your biases.** One of the positive outcomes of the worldwide protest after the murder of George Floyd in 2020 is the number of resources available to help people learn about becoming antiracist, says Susan Branco, PhD, LPC, LCPC. White adoptive parents must first examine their own implicit and explicit biases and how these biases affect the way they view members of other races and ethnicities.
- **Diversify your life.** A lot of white Americans live very segregated lives, says Amanda Baden, PhD. If white parents want to adopt a child of color, they can't live that life anymore. They should consider moving into an integrated neighborhood so their adopted child can develop friendships with children of different races and cultures. They should also join an integrated church or community organization so they can meet families who reflect their adopted child's heritage and can form relationships with other adults from diverse backgrounds.
- **Create a family action plan.** White adoptive parents should expect and prepare for curious and racist inquiries about their adopted child's race or ethnicity, says Lauren Fishbein, LPC. She advises parents to develop a family action plan for how they will respond in public and when they are with other family members and close friends. It is important to decide what they will or will not disclose and to present a united front to set boundaries to protect the family and, most importantly, their adopted child.



Boulder, Colorado, says it is important to recognize that media depictions “may not always reflect the nuanced experiences” of transracial and transnational adoptees. “It is essential to listen to the voices and perspectives of adoptees themselves to gain a more comprehensive understanding of their experiences and challenges.”

Challenges can include adoptees being raised without any racial or cultural mirrors to provide an accurate reflection of their heritage, adoptees having difficulty claiming the racial or cultural identity of their birth parents and having white adoptive parents who are clueless about their own implicit biases.

While the emotional complexities involved in adoption may contribute

to the mental health and identity issues these clients can present, the good news is more transracial and transnational adoptees are entering the counseling profession, says Susan Branco, PhD, LPC, LCPC, a transracial and transnational adoptee from Colombia who counseled adoptees for more than a decade. Branco is an associate professor in the counseling department at Palo Alto University in California and co-developer of the Adoptee Consciousness Model.

Branco says these counselors have the clinical skills and lived experience to study, treat and support transracial and transnational adoptees as they come into their own consciousness about the impact of adoption on their life journey.

Racism and Corruption

Racism is entwined in U.S. history, and this is also true when it comes to the adoption of children of color. Marginalized communities still wrestle with the effects of abusive practices. “We’ve had significant problems in the U.S. with transracial adoption that mirror and reflect the problems we’ve had with race in general,” Branco says.

The federal government’s Native American adoption program removed Indigenous children from their tribal lands to be adopted by white people for the purpose of assimilation. This is the first example of racist and discriminatory adoptive practices involving Black, Indigenous and people of color, she says.

In the early 1970s, the adoption of Black children by white families prompted the National Association of Black Social Workers to issue a statement referring to the practice as “akin to genocide,” Branco says. The organization voiced its concern because “the children were losing their cultural connections to their communities,” she says.

The overrepresentation of children of color in the nation’s child welfare system and foster care also reflects the “systemic inequalities in how families of color are policed regarding child rearing and care-taking,” Branco says.

The practice of transnational adoption began in the U.S. after the Korean War with Korean orphans being adopted by white parents. The practice grew in the mid-2000s, when children were being adopted from countries such as China, Russia, Colombia and Guatemala. In the past decade, however, transnational adoption has decreased around the world because more countries “are discovering significant corrupt practices and ethical violations,” Branco says, including child trafficking in Guatemala.

In 2007, the U.S. stopped transnational adoptions with Guatemala because of the country’s corrupt adoption system. Globally, corrupt adoption practices in Ethiopia and Vietnam led to closing transnational adoption. In her research, Branco has found corrupt practices evident in Colombia as well.

The U.S. is “terribly behind” other Western countries in investigating the harm that has been done in transnational adoptions, she says. Switzerland, France and Sweden have investigated the practice to root out criminal activity.

Trauma and Grief

To be effective in counseling this population, Baden stresses that clinicians must approach clients with an

“Experiencing difficulties with one’s identity is often because transracial and/or transnational adoptees are often raised in isolation from their birth heritage communities.”

—SUSAN BRANCO, PHD, LPC, LCPC

adoption-informed lens, noting that clients should not have to teach counselors about the adoption process.

Counselors should refer to the Competencies for Counseling the Multiracial Population: Couples, Families, and Individuals; and Transracial Adoptees and Families, which were endorsed by ACA’s Governing Council in 2015.

Part of being adoption-informed is also being wary of trying to establish a direct cause for mental health disorders in clients who have been adopted because of the way they have been stigmatized. For example, Branco says children of color in the foster care system often carry the stigma of being over-diagnosed for reactive attachment disorder and being overmedicated.

“To be fair, many children who are in foster care have experienced abuse, neglect or trauma, so it makes sense that they may have challenges in response,” she says. However, Branco says it’s important to be cautious when talking about mental health disorders in this population and that counselors should not overlook the social problems that may also be a cause or contributing factor.

Baden, whose research specialty is transracial adoption and adoption-related issues, says there is evidence that shows that adoptees may present a need for mental health services at a higher rate than non-adoptees. However, mental health

professionals don’t yet fully know whether this is because of problems in the practice of transracial adoption or if it’s because there is a lower threshold of referrals for adoptive families who seek mental health services.

Fishbein, a transracial and transnational adoptee from Chile, says transracial adoptees often report “feeling ostracized and experiencing microaggressions and blatant racism.” This can cause adoptees to “feel utterly misunderstood and not supported by the adults around them,” she explains. “All of this is extremely damaging and traumatic to a person of any age. This can leave adoptees feeling depressed, lonely or even suicidal.”

Lillian Jiwoo Hexter, a master’s-level clinician with Boston Post Adoption Resources (BPAR) in Brookline, Massachusetts, says in her practice, adoptees present with mental health issues regarding attachment, anger, anxiety and perfectionism.

“It is difficult to pinpoint whether their mental health issues are related specifically to being adopted or to the life experiences they’ve had before the adoption placement,” says Hexter, a transracial Korean American adoptee. “Research has definitely shown that the experience in utero of intergenerational trauma transmitted through epigenetics has an impact on most people, including adoptees.”

The counselors at BPAR consider all adopted clients to have been

affected by the experience of separation from their biological family, regardless of their age at placement or whether they have conscious memories of life before they were adopted.

Branco points out that there is now evidence that the cumulative effects of living life as a transracial or transnational adoptee can be traumatic for some clients and that the effects can include trouble sleeping, avoidance behaviors and even complex post-traumatic stress disorder.

It is essential for counselors to recognize that relinquishment and abandonment are a part of the adoption process and that these clients are likely to have been affected psychologically, Baden stresses. Branco and Baden say the most common emotional responses from being adopted are feelings of grief and loss.

Regardless of the age that adoptees are placed with their new families, these clients may grieve their birth family and, if they are transnational adoptees, they may also grieve their home country. If their adoptive family has not shared any details about their birth and adoption, these clients may also feel that they have lost access to their past and the possibility of reaching out to their birth family in the future, Fishbein says.

Fishbein uses a mindfulness exercise to help clients process feelings of grief and loss. This guided exercise encourages clients to get in touch with their inner child to access their true self that lies beyond their grief and loss. Fishbein says the goal is for clients to gain a sense of relief from the pain and a deeper insight into the experience of being adopted.

“What we’re doing is acknowledging the part of them that was unfulfilled and giving them a chance to get what they needed, to fill the void and soothe their feelings, which helps with grief and loss,” Fishbein says.

Searching for Identity

Difficulties in naming and claiming one’s racial or ethnic identity is also a major theme that many adoptees struggle with from childhood to later adulthood.

“Experiencing difficulties with one’s identity is often because trans-racial and/or transnational adoptees are often raised in isolation from their birth heritage communities, which is something that they cannot control as children,” Branco says.

Sometimes adult transnational and transracial adoptees feel they are in between cultures. “They may look like they belong to their birth culture from the outside, yet feel like their adoptive culture, which is often white dominant, on the inside,” Branco explains. “They may feel like they do not belong to either culture.”

This sense of not belonging can lead adoptees to wonder about their own worthiness, Fishbein says. “Adoptees might have feelings that something isn’t quite right, but they can’t put their finger exactly on what it is,” she explains, noting that this can lead them to feeling “less than,” which can affect their self-esteem.

Becoming Adoption-Informed

Baden says the most important act therapists can do if they want to treat transracial and transnational

adoptees is to educate themselves about the adoption process.

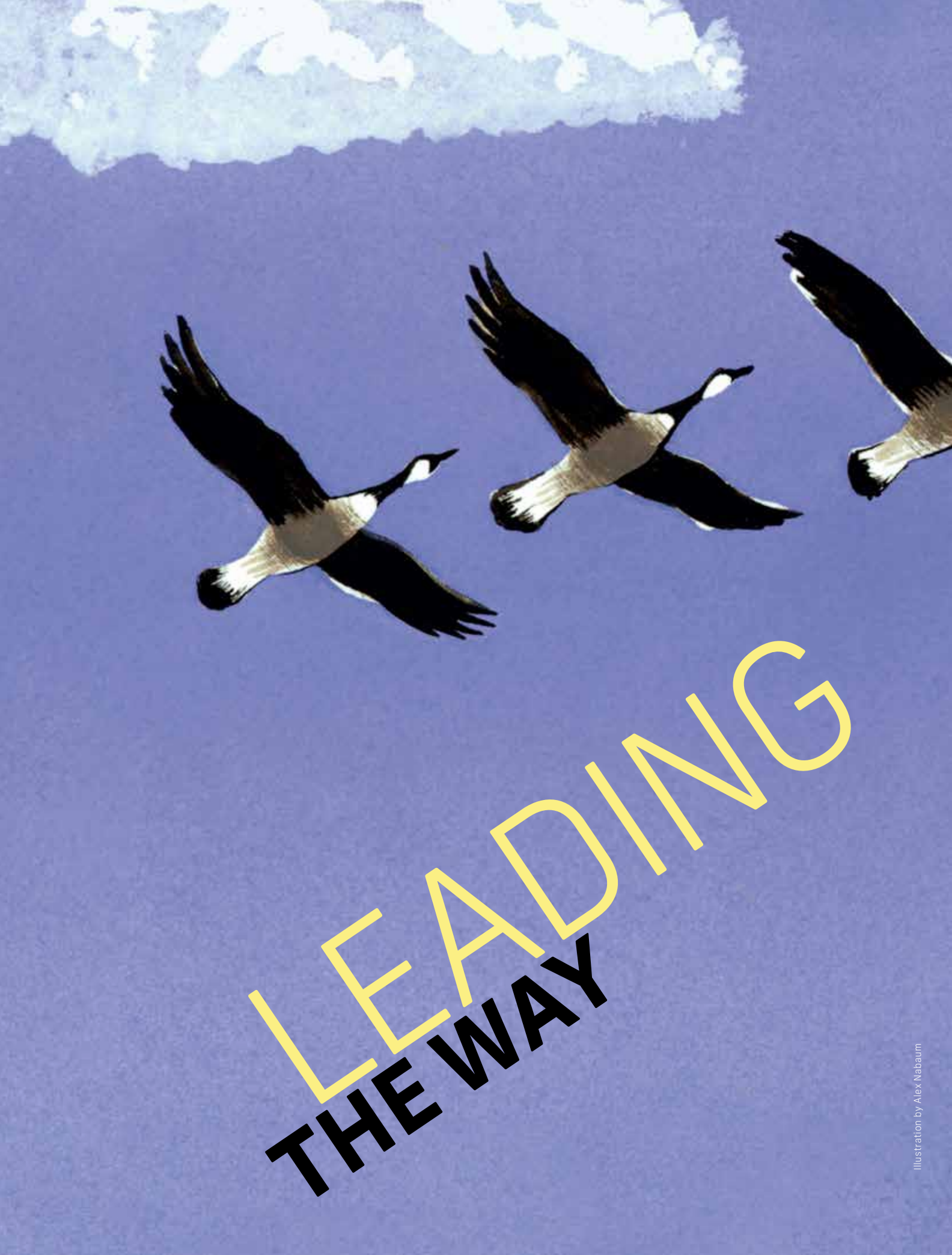
Unfortunately, Baden says most counseling students go through their graduate program and hear nothing about adoption. “When they go into practice, everything they’ve learned comes from movies, books and TV shows,” she explains, noting that these sources can be inaccurate and perpetuate stereotypes and misconceptions.

Branco recommends that counselors review the Adoptee Consciousness Model that she co-developed to learn how adoptees might process their experience with the practice. She also encourages counselors to become familiar with the work of the Multiethnic, Multiracial and Transracial Adoptee Concerns Group, part of the Association of Multicultural Counseling and Development, which is a division of ACA.

Becoming better informed about the challenges transracial and transnational adoptees face can help counselors recognize and affirm the tenacity of this population. Fishbein says adoptees develop strengths that guide them through life. Rather than crumble under the weight of painful experiences, adoptees “learn how to tackle grief and hardship,” she says. “It helps to make us resilient.” ■

“The experience in utero of intergenerational trauma transmitted through epigenetics has an impact on most people, including adoptees.”

—LILLIAN JIWO HEXTER



LEADING THE WAY



Developing and nurturing the qualities that make a good leader.

By Glenn Cook

Carla Adkison-Johnson, PhD, LPC, LPCC, had worked as a licensed counselor for four years before moving into academia in the mid-1990s. What started as a passion to help African American adults, parents and families had broadened into an interest in research and improving the skills of graduate students moving into the field. Adkison-Johnson has now been a mental health professional for more than three decades.

“I wanted to lead in terms of informing best practices and policies through research. I wanted to lead in innovation, to help discover the best and newest ways so we can better understand and help the adults and families our profession serves,” says Adkison-Johnson, professor in the Department of Counselor Education and Counseling Psychology at Western Michigan University and editor-in-chief of the *Journal of Multicultural Counseling and Development*.

Like Adkison-Johnson, those who enter the counseling field are motivated by a desire to help others. And many counselors naturally possess traits — adaptability, compassion, empathy, empowerment, passion, resilience — that make them candidates to become great leaders. But leadership is about much more than becoming a president of an organization, chair of a department or a keynote speaker. It comes in many forms, and counselors can strive to nurture qualities to become strong leaders in their practice, profession and communities.



“How you become a leader is by operating simultaneously in your passion and training and, most importantly, in your purpose.”

—CARLA ADKISON-JOHNSON, PHD, LPC, LPCC

Katarzyna Weresz, LCPC, is founder and clinical director of Counseling Speaks, a Chicago-based mental health collaborative. Weresz, who has served in various leadership roles in her city and state and presented on leadership nationally and internationally, calls the work “the cornerstone of progress and transformation.”

“Leadership is essential in the counseling field because it promotes innovation, collaboration and ongoing progress in therapeutic techniques,” she says. “Individually, leadership improves a counselor’s ability to positively impact their clients’ lives, advance their own professional development, participate in research and policymaking, and mentor future generations.”

Throughout her career, Adkison-Johnson has taken on a number of leadership roles, all of which help further her life’s goal: to provide access to culturally responsive mental health services for all people, especially for those who have been traditionally denied or underserved.

“Sometimes the choice to want to help transcends having just a passion to be a counselor, teacher or physician,” Adkison-Johnson says. “You must be dedicated to serve in those positions, but how you become a leader is by operating simultaneously in your passion and training and, most importantly, in your purpose. What are you purposed on this earth to do?”

Seeing Yourself as a Leader

When Laura Shannonhouse, PhD, LPC, received her bachelor’s degree from the University of Florida, she wasn’t sure graduate school was in her future, even though she dreamed of someday being a counseling clinician. Shannonhouse, who had been a conductor with the Gator Band as an undergraduate, took a job as the program’s secretary and started developing “a sense of self advocacy.”

“I started believing in myself,” says Shannonhouse, now an associate professor and principal investigator for the H.O.P.E. Lab at Georgia State University. “I figured that if I was

smart enough to conduct a band, run a performance or organize travel that I could go to grad school.”

Today, Shannonhouse leads a team of practitioners and graduate students at the H.O.P.E. Lab, which is funded by a grant from the U.S. Department of Health and Human Services. In addition to doing research, the lab has provided suicide intervention skills training to more than 1,000 students and personnel in schools, universities, law enforcement and health care professions.

“I don’t like to see myself as a leader, but I do lead a team,” says Shannonhouse, who co-wrote the \$700,000 grant that established the lab. “I’ve tried to stay out of predominant leadership positions because I see my role as on the back side, generating evidence needed so we can demonstrate what we do as counselors to make a difference in the lives of our clients.”

Rohanna Brooks-Sykes, LPC, is assistant director for school mental health at Meadows Mental Health Policy



Institute, a Texas-based nonprofit. She says counselors “are leaders in whatever setting they serve,” noting the best ones are those who work within and across teams to ensure the organization’s goals and mission are upheld.

“A good leader is a collaborative partner, an organized visionary and a proactive advocate,” she says. “They must remain organized and focused on long-term progress, which often means thinking outside of the box for solutions and anticipating what is on the horizon based on trends.”

The Importance of Mentors

For new and aspiring counselors, finding strong mentors is critical as you work to develop and refine your therapeutic and research techniques and the interpersonal skills that will help you build rapport and trust with clients.

Brooks-Sykes says her mentors were “great counselor legacy builders” who helped shape her career by emphasizing lifelong learning through personal and professional development. They also urged her to pay it forward.

“Their leadership allowed me to find the path that was best for me, make positive differences for my clients and grow into the professional that I am today,” she says. “I take the lessons that I learned from them to invest in other counselors and empower them to lead with purpose and passion.”

While pursuing her master’s degree, Shannonhouse says she was invited by her professors to co-teach and work together on research. The mentoring led her to pursue a doctorate as she became more deeply interested in research instead of clinical work. As an intern with Chi Sigma Iota, the international counseling honor society, she became immersed in the society’s principles and practices of leadership excellence and

collaborated on a project studying the egos of humanitarian aid leaders.

“Excellent leaders serve because they’re interested in making a difference for others,” she says. “That’s the hallmark to being a good leader. In the study, these leaders not only had a desire to make a difference for others, but they also had an accurate view of themselves that was not too high or too low. They were open to learning from the communities they were serving, and they were really good within themselves. They didn’t need the credit; they gave it away.”

Adkison-Johnson says new and aspiring counselors need to build a “solid foundation of training” that they can leverage when moving into leadership roles. Internship experiences “start to launch who you are as a leader,” she explains, and they provide you with a “chance to see who you are and who you’re trying to be.”

“When you’re in a master’s program, you want to be like a sponge,” she says. “You have to go above and beyond and have a vision of how you can be the best you can be to respond to the needs of others. You need to pick up the foundational skills to culturally respond to the community that you want to serve.”

Throughout her career, Adkison-Johnson has acquired these foundational leadership skills that she uses to help ensure her community has culturally responsive and evidence-based services in areas where they are needed the most. For example, she and her colleagues at Western Michigan University acquired a \$1.9 million workforce development grant funded by the U.S. Health Resources and Services Administration, which is focused on a culturally competent behavioral health workforce.

Continuing to Learn

Learning how to be a good leader comes with a price, Weresz says, noting you must be dedicated to ongoing improvement, professional development and self-reflection. Strong leaders, she believes, demonstrate “integrity, empathy and a deep commitment to uplifting those around them” without alternative motives.

“Effective leaders become great by creating and holding a space in which others can be seen, heard and fully understood,” Weresz says. “A good leader is truly humble, realizing that their purpose is to serve others with grace and kindness.”

Matt Glowiak, PhD, LCPC, is a member of the core clinical faculty at Southern New Hampshire University and author of *A Year of Finding Your Calling: Daily Practices to Uncover Your Passion and Purpose*.

“One of the things I stress is leading by example and having a well-balanced life,” Glowiak says, noting he always describes himself as a “father of three and a loving husband” before talking about his work. “I talk to my students about the importance of intentionality and really building up on that. You have to be intentional about what you’re choosing to do because you have to see value in it.”

But Glowiak, a self-described extrovert who traditionally functions on little sleep, has had to learn the lessons about a well-balanced life the hard way. While working on his master’s internship, Glowiak was “burning the candle at both ends” and had started talking to a counselor as well.

“I was working with one of my clients and talking to them about self-care,” Glowiak says. “It had been a 14-hour day, and the client looked me dead in the eye and said, ‘I hate to call this out, but you need some self-care, buddy. You look like you need some rest.’ I thought,

“A good leader is truly humble, realizing that their purpose is to serve others with grace and kindness.”

—KATARZYNA WERESZ, LCPC

“Wow, if my client is talking about this, then he saw right through it.”

Glowiak says he immediately apologized, noting that he never wants clients to perceive him as something he's not. “I never say to clients that I'm a perfect person. If I make a mistake, I take corrective action. Setting the example while maintaining professional boundaries is a really important part of what we do as leaders, whether it's in our practice or in the classroom. And always being kind is a huge part of it, as long as it's genuine.”

Shannonhouse describes this as the “three factors of humility” — an accurate view of self, ability to give away credit and openness to learning.

“Having these three qualities simultaneously enables us to be ‘other-focused’ as opposed to ‘self-focused,’” she says. “The focus shifts from the self to the other, which seems foundational to any leadership position in counseling.”

Empowering Others to Lead

Like Shannonhouse, Margarita Martinez never expected to be in a leadership position, even though they are managing director and career coach at the Multicultural Career Center in Northern Virginia. At their first ACA conference, Martinez met Amney Harper, PhD, a professor in the Department of Professional Counseling at the University of Wisconsin-Oshkosh.

Harper, who became a mentor and friend, introduced Martinez to

members of what is now the Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (SAIGE). The two also worked on SAIGE's Competencies for Counseling LGBQQIA Individuals, approved by ACA in 2009, and are again helping to update the competencies this year.

“They empowered me,” Martinez says of Harper. “They told me I had something to add and that I could be someone of significance as a master's-level student.”

Martinez was vice president for Latine/x Concerns for the Association for Multicultural Counseling and Development (AMCD) and served as president in 2021–2022. They became president of the Northern Virginia Counselors Association this month and will be SAIGE's president in 2025–2026.

“I learned a lot about leadership in my AMCD experience,” Martinez says. “We created some cool things and innovated, and I met allies and great folks who helped me lead. At the same time, I learned that it can be hard to be a leader. It can be isolating, and you feel like you're not doing much because everything takes so much time and energy.”

Martinez says being a leader for the LGBTQ+ and Latine/x counseling professionals is important because it diversifies the profession and helps families feel more comfortable. At the same time, they caution that being too ambitious in a leadership role can lead to burnout, something Martinez says they learned in an earlier role.

Pacing yourself and having realistic expectations about what can be accomplished during a finite period of time is important.

“You have to give people space and opportunity to grow,” they say.

“I don't expect to have all the answers, and my plan is to not be as ambitious in my leadership role this time. I still have big dreams, but I want to be more realistic about what can be done.”

Adkison-Johnson says diversifying the counseling profession and its leadership has been a long-standing challenge that she and others are trying to rectify.

“We've had a lot of conversations about it, but I still don't see many people who look like myself,” she says. “The counseling profession is very much into talking about it, but the system still has not changed. I tell my students that they will need perseverance to be a leader in this profession if they're not a white female or a white male because you're often going to stand in opposition to systems (power) that people still want in place.”

The reason she continues to serve in leadership roles, Adkison-Johnson says, is because it gives her an opportunity to “inform and change policies” that lead to improvements in professional competencies and practice for everyone. Ultimately, she says, policies that are well-designed and implemented with sustainable outcomes are a harbinger of true leadership.

“Policies at the end of the day create who has access to mental health and who doesn't,” she says. “More important for me is, when we do have access, is the professional counselor going to be someone I want to send one of my family members to see? If it is, and I've helped in some way to make it happen, then I can say my leadership has made a difference.” ■

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Ethical Implications of Open/Concealed Carry in a Clinical Space

Counselors discuss the safety and ethics of having a firearm in session.

By Cortny Stark, PhD, LPC, LAC; Darius Green, PhD, LPCC; and Kate Johnson

DURING FALL 2023, I (Cortny) had the privilege of teaching two sections of an ethics in counseling course. Kate Johnson, one of the counseling graduate students enrolled in this course, asked a simple question that required a complex answer: What are the ethical implications of open/concealed carry of a firearm in a clinical space?



Cortny Stark

To better understand the ethical implications, we posed the question, along with some context about how it emerged, to the Counselor Education and Supervision Network Listserv, which provides counselors, supervisors and counselor educators from all over the U.S. a forum to discuss issues and share resources related to the profession. Within a week, we had approximately 100 responses about the ethical implications of carrying a firearm in a therapeutic space. Respondents discussed their state laws about concealed carry in mental health facilities, regulations around carry permits, intersection of this topic with trauma-informed practices, their ethical decision-making process, references to the 2014 ACA Code of Ethics, and first responder identity and duties around carrying firearms. We reviewed these responses, explored existing literature and policies, and identified three core themes: safety concerns, work culture and identity, and ethical



Darius Green



Kate Johnson

considerations. In January, we presented our findings at the Law and Ethics in Counseling Conference in New Orleans, and session participants echoed those themes.

Here are a sample of quotes from respondents that highlight the many complexities and key perspectives regarding the implications of open/concealed carry in the clinical space:

Client and Counselor Safety

“I taught safety training for a number of years to social service providers. When I conduct in-home counseling, the session doesn’t start until they put all weapons away in another room. If they come to my office, all the weapons remain in the car – doesn’t matter if they are first responders or not. When they come for services, they are my clients who just happen to own a weapon. No weapons on premises. There is no application of an ethical standard that would expect a counselor to allow a gun on their premises or in the session, regardless of the owner. Too much can go wrong.”

—an LPC and university counseling program director in Connecticut

“Years ago, I was working with a police officer and his wife, and he brought a firearm into session. I told him he could not, even though legally he was allowed to carry his weapon.

Counseling sessions need to be a safe space, and things can sometimes be very emotional and reactive. It is not a space where a firearm should be carried. I do not know of an ethical code that states you cannot have one in session. [Law enforcement] can leave their firearm locked up because they are not on duty while in session. It is difficult to do marital counseling when your partner is wearing a gun, and the

counselor was not comfortable with a client bringing a gun into session.”

—an LPC and College of Education dean at a university in Illinois

Clients' Work Culture

“When working with any individual who carries a firearm or discloses possession of a firearm in session, I actually include [my policy on firearms] in my informed consent since I specialize in this population. I review informed consent with my officers and veterans, and we discuss what should occur if they become overly emotional or if safety becomes a concern. I may ask that they unholster and clear their firearm, setting it aside, and in the event they become unsafe [or too dysregulated], I ask that they contact a trusted individual to secure it for them. I've never had to take this step as most professionals who carry understand the weight of owning a firearm and the responsibilities that entails.”

—an LPC and LMFT in Texas

“I work with first responders regularly and they come into my session room with their gun on all the time and it has never been an issue. I actually feel safer with them and their gun in my room. It breaks my heart to see that anyone would deny someone part of their identity.

I have had several emails from my first responders that thanked me for saying what they were not comfortable expressing. Telling first responders not to wear their weapons is against all social justice tenants. We are supposed to accept people's identity, and yes, jobs and uniforms are part of an identity. We are the ones who are to provide a safe space and be comfortable in the discomfort; it is not the other way around. I should not expect my clients to cater to my fears and thus should not ask them to not carry their firearm for the sake of my comfort.”

—an LPC in Tennessee

Adhering to Ethical Codes

“Standard A.11.b. (Values Within Termination and Referral) from the 2014 ACA *Code of Ethics* states, ‘Counselors refrain from referring prospective and current clients based solely on

the counselor's personally held values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.’

Standard A.4.b. (Personal Values) adds:

‘Counselors are aware of — and avoid imposing — their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.’

If it is the value and personal stance of the counselor that legally concealed firearms in session still presents discomfort for the counselor and is undesirable, this appears (at least to me) to be a personal value, belief and behavioral preference. Imposing the preference, denying services and/or transferring to another provider could create an ethical issue according to these two ethical codes.”

—an LPC and professor of counselor education in Colorado

We hope these responses, which highlight the complexity of this issue, lead to more productive conversations that help counselors ensure the safety and respect for clients and themselves. ■

Cortny Stark, PhD, LPC, LAC, is an assistant professor and substance use and recovery counseling program coordinator at the University of Colorado Colorado Springs (UCCS). She also serves as a telehealth clinician with the Trauma Treatment and Research Facility out of Rio Rancho, New Mexico, and a trainer with the Motivational Interviewing Training Center out of Albuquerque, New Mexico.

Darius Green, PhD, LPCC, is an assistant professor at UCCS and a clinician with Free Yourself in Colorado. His areas of expertise include integrating multiculturalism and social justice in counseling.

Kate Johnson holds bachelor's degrees in psychology, criminology and fine arts and is a master's student in the clinical mental health counseling program at UCCS. She is pursuing dual licensure as an LAC and LPC and practices as a behavioral health specialist at Spring Creek Youth Services Center in Colorado Springs.

2024 ACA Conference & Expo

MORE THAN 2,700 COUNSELORS met in New Orleans for the 2024 ACA Conference & Expo in April, learning from nearly 300 thought leaders and 150 educational sessions. The conference featured two keynotes on decolonizing mental health and supporting the mental health of marginalized populations. Embracing the conference theme — Pause, Prepare, Provide — this year’s meeting featured intentional spaces to rest and recharge.

All photos: Trulove Studios



Clockwise from top left: Left to right, ACA President Edil Torres Rivera; Jewell Gooding, executive director of Silence the Shame; Arthur Evans Jr., CEO of the American Psychological Association; and Schroeder Stribling, CEO of Mental Health America, discuss ways to support marginalized communities in the closing keynote. ACA President Edil Torres Rivera welcomes attendees to the conference. ACA CEO Shawn Boynes (far right) with ACA current and past presidents (left to right): Courtland Lee, Thelma Daley, Beverly O'Bryant, Christine Suniti Bhat (ACA's new president), Kimberly Frazier, Cirecie West-Olatunju, Edil Torres Rivera and Patricia Arredondo. Nelson Maldonado-Torres, professor at the University of Connecticut, gives the opening keynote.



Clockwise from top left: Christine Suniti Bhat is sworn in as ACA's 73rd president. Counselors enjoy the opening reception. ACA members are honored during the awards ceremony. ACA President Edil Torres Rivera presents Yusen Zhai with ACA's Research Award. ACA CEO Shawn Boynes addresses the audience the during the welcoming session.

IN REVIEW

Top two photos: Attendees share their conference experiences on social media. Bottom photos, clockwise from top left: Attendees learn and connect during educational sessions. Counselors explore new products and services in the Expo Hall. Counselors listen closely during a poster presentation. ACA members snap a picture at the photo wall in the Engagement Zone.



PUBLICATIONS

Meet CES's Editor

CASEY A. BARRIO MINTON, PHD, will serve as editor for *Counselor Education and Supervision (CES)* for three years, beginning this month. She is a professor of counselor education and the head of the Department of Counseling, Human Development, and Family Science at the University of Tennessee, Knoxville. Her recent research focuses on the professionalization of counseling through research and counselor preparation.



Barrio Minton has been a member of the Association for Counselor Education and Supervision, which publishes CES, since 2003. The organization

is “dedicated to enhancing research, theory and practice related to counselor education and supervision,” she explains. “We define counselor education and supervision broadly to include the development of professional counselors as graduate students and practicing professionals.”

During her tenure as CES editor, Barrio Minton will continue to promote insightful research that addresses counselor education, preparation and supervision. “If the counseling profession is to thrive moving forward, we need to develop a strong evidence base related to the practice of counseling, counselor education and supervision,” she says. “This involves developing innovative approaches to our craft and then putting in the work to validate, challenge and further develop those approaches. CES should be the home for dialogue related to counselor education and supervision practice.”

Learn more about CES at <https://bit.ly/CESjournal>.

ADVOCACY

ACA Participates in Congressional Hearing

ACA CEO SHAWN BOYNES, FASAE, CAE, represented the counseling profession — along with leaders of the American Psychological Association, National Association of Social Workers, National Alliance on Mental Illness and American



Public Health Association — by testifying at a congressional hearing on the mental health of Black men and boys on May 1. The hearing, which was organized by the Commission on the Social Status of Black Men and Boys, also featured testimonies from former NFL linebacker Marcus Smith and Grammy-nominated recording artist Raheem Devaughn.

These prominent leaders discussed the need for innovative solutions, better representation and pay, and collaboration to improve the mental well-being of Black men and boys.

Boynes stressed the need to change the narrative on how we view and talk about Black men and boys. “It starts with seeing people who may need help and being willing to step in and build the gap that may not exist in their local communities,” he told congressional leaders.

Learn more about this event in the online exclusive at www.counseling.org/blackmenmentalhealthtestimony.

EVENT

ACA Professional Practice Summit

SEPT. 13 | VIRTUAL EVENT

Learn more: www.counseling.org/ACAPPS

SAIGE Conference

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Early-bird registration ends Aug. 31.

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RESOURCES

New AI Recommendations

ACA'S ARTIFICIAL INTELLIGENCE (AI) WORK GROUP

recently released three new recommendations on the use of AI:

- “Artificial Intelligence, Assessment, and Diagnosis”
- “Integrating AI and LLMs into Counseling Education: Ethical and Inclusive Approaches”
- “Best Practices for Ethical AI Use for Counseling Students”

Learn more about the AI Work Group and AI recommendations at <http://counseling.org/AIRecommendations>.

An Unexpected Career Choice

By Tyce Nadrich, PhD, LMHC

A COMMON REFRAIN I HEAR from students applying to counseling programs is how they love to listen to and advise their friends and how people always go to them with their problems. I cannot emphasize this enough: This was not the case for me!

As a teenager, I was often described as a stereotypical “disgruntled adolescent.” In hindsight, it’s hard to determine how much of my mood was a response to significant social/familial stressors or a reflection of who I was at that time in my life. My mother was facing a life-threatening illness, and there was either limited familial support or an inability or unwillingness from me to accept any support. It was a very difficult time for me and my family.

I eventually enrolled in a local community college, where I was taking courses with little foresight into a degree or career path. Then, I signed up for an abnormal

psychology course, and I was fascinated with the stories the professor shared about helping clients. I was also motivated by the idea of helping my younger self. With this professor’s encouragement and motivation from my relationship (now marriage), I focused my

coursework on psychology so I could eventually transfer to a four-year college and obtain a degree in this field.

Despite the support, I was still a mediocre student, and as I neared the completion of my bachelor’s in psychology, I still wasn’t sure of my career opportunities. I applied to only one graduate counseling program, and even though my GPA was below the minimum acceptance requirement, I was invited for an admission interview. The department chair asked the potential candidates a question about leadership, and I shared that I was often skeptical of those who are eager to lead because many do it for power, not for altruistic reasons. After the interview, I thanked the chair for taking the time to meet with me despite my low GPA. He told me that interviews often reveal more about who a person is than their GPA does, and based on how I answered the question about leadership, he could see that the counseling profession would benefit from someone like me.

After graduating with my master’s degree and becoming a licensed counselor, I started working with youth in juvenile detention — individuals who are often classified as “disgruntled adolescents” like I was. Many of these clients confessed that I was the first counselor to engage with them in a positive way. That was the moment I truly understood the impact I was making as a counselor. I did not think I was doing anything special, but I was supporting and encouraging them the same way my professors had done for me.

I eventually went on to earn a doctorate in counseling, where I was fortunate enough to find another community of people who believed in and supported me. I am thankful for the professors and mentors who saw something in me that I could not: There was a space and need for me in this profession. As a counselor educator and clinician, I now have the pleasure of continuing this tradition by helping others recognize their value and worth. ■

Tyce Nadrich, PhD, LMHC, is an associate professor of counseling and program coordinator of clinical mental health counseling at Mercer University in Atlanta. He also serves as the coordinator of clinical training at Balance Mental Health Counseling in Huntington, New York.



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