



**SOUTHERN ASSOCIATION FOR COUNSELOR  
EDUCATION AND SUPERVISION**

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**THEME: ADVOCACY - ADVOCATE FOR THE  
PROFESSION AND INSPIRE A COMMITMENT  
TO SOCIAL JUSTICE**

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## FROM THE PRESIDENT



Dear SACES Members,

It is hard to believe that the holiday season is almost here! My hope is that we will all take some time as our semesters wind down to reflect on this past year, focusing on moments of joy, reflecting on ways in which we grown and setting our intentions for the year ahead.

It was wonderful connecting and engaging at the ACES conference. Thank you and congratulations to all SACES members who engaged in conference planning, were recognized as ACES Emerging Leaders, and presented during the conference. I was particularly excited about the SACES graduate student lounge that was facilitated by Shelby Gonzales, Graduate Student Representative (GSR) with help from Lauren Flynn (GSR-designee) and Galaxina Wright (GSR-past). The lounge was filled with doctoral students and faculty members, with standing room only, giving 3 minute presentations on their research area while emphasizing connection, engagement and networking!

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I am so appreciative of the SACES Awards Committee Co-Chairs, Drs. Lacey Ricks and Viki Kelchner and the entire committee’s efforts in recognizing the great work of our SACES Members. Congratulations to all SACES 2021 Awards and Research Grant recipients!

The SACES leadership is actively planning the SACES 2022 conference in Baltimore, MD. I am grateful to Dr. Hannah Bowers (President-Elect) for her efforts in organizing volunteer leaders who will assist her as coordinators for the 2022 conference. Please keep an eye out for the call for Proposals early next year with some new presentation formats!

I hope you are enjoying this great publication that is organized by Drs. Isabel Farrell and Andrea Kirk-Jenkins, the newsletter co-editors! Thank you leaders for all your time and efforts to keep SACES such a strong, engaged organization! Please consider getting involved with a committee and/or interest network by sending me an email or emailing the interest network directly and asking to be added to the network list!

The theme of this newsletter is Advocacy and making a commitment to social justice. As I have been reflecting on my commitments to advocate for causes I am passionate about, I have realized how dreaming big can sometimes be a barrier for creating change; keeping me in a place of dreaming and not doing. So, my new commitment to myself and change is dreaming small. Finding the one, small, tiny action I can do that is important to me and my commitment to advocacy. And once I do that, I will do another small, tiny effort. And maybe through the collection of these of small actions, I will actually be doing more than dreaming. So, as you reflect on your commitment to causes needing your advocacy, what is one small, specific action that you can take?

Be well,

Sejal Barden

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### Interested in Joining a SACES Interest Network?

Follow these quick steps to connect and engage with us:

Go to SACES home page at [www.saces.org](http://www.saces.org)

Log in to your profile using the icon in the top right corner of the page.

Click on View Profile link.

Click on Edit Profile button.

Place a check in the box next to your Interest Network preferences.

# A Call to Action to Improve Accessibility and Effectiveness of Substance Use Treatment for Transgender and Gender Non-Conforming Individuals

Drew Thrasher, Georgia State University



Drew Thrasher

Transgender and gender non-conforming (TGNC) individuals are at higher risk for substance use disorders than the general population, an issue that has been shown to be associated with the discrimination, stigma, experienced violence, and other effects of oppression related to marginalized

identity (Oberheim et al., 2017). It is important to understand that this population is not inherently at risk for substance use disorders, but that the psychosocial effects of experienced stigma and discrimination related to gender identity contribute to substance abuse (Gilbert et al., 2018).

Despite the prevalence of substance abuse in the TGNC population, about half of impacted individuals delay or do not seek treatment due to fears of maltreatment and nonacceptance related to their gender identity (Nuttbrock, 2012). To understand how to provide better and more accessible treatment for this population, we must consider multiple factors.

## Education & Training

Competence in working with this population is a concern, as the attitudes of counselors toward TGNC individuals may significantly impact a client's chance of recovery (Eliason & Hughes, p. 626, 2004). A 2012 study revealed that less than 5% of substance abuse professionals in major treatment programs had received education or training related to treating TGNC individuals (Nuttbrock, 2012). Nuttbrock (2012) calls for mandatory on-the-job training to educate providers about issues specific to TGNC individuals as well as training on substance abuse and treatment among transgender individuals.

The same article calls for demonstrated competence in treatment for TGNC individuals prior to licensure of substance abuse counselors (Nuttbrock, 2012). To advocate for change within agencies, Matsuzaka (2018) recommends "substance abuse treatment professionals, social workers, and other healthcare providers should seek or advocate for their agencies to provide them with cultural competency trainings to enhance their preparedness for work with TGNC populations" and that students in training to work in these fields also advocate within their institutions for adequate training to work with this population (p. 4).

*"Despite the prevalence of substance abuse in the TGNC population, about half of impacted individuals delay or do not seek treatment due to fears of maltreatment and nonacceptance related to their gender identity."*

## Treatment

Because of the discrimination TGNC individuals experience, they may be susceptible to perceived acceptance from professionals during treatment and therefore have a need for a safe therapeutic relationship (Oberheim et al., 2017). For clients who have had negative treatment experiences in the past or anticipate a negative experience, it is important for treatment professionals to address those experiences or expectations with the client (Oberheim et al., 2017). A 2015 study showed that TGNC individuals experienced "enacted stigma, defined as incidents of discrimination (e.g., rejection, lack of support, denial of service, violence) in treatment settings" (Lyons et al., p. 3, 2015).

TGNC individuals often choose not to seek treatment due to treatment spaces being overwhelmingly dominated by cisgender, heterosexual individuals (Lyons et al., 2015).



Multiple scholars have recommended that treatment interventions are delivered by TGNC peers (Glynn & van den Berg, 2017). This results in a more comfortable, safe environment for clients with treatment professionals who have a complex understanding of the clients and their experiences impacted by gender identity (Glynn & van den Berg, 2017). Additionally, in the interest of improving treatment environments, the 2015 study by Lyons et al. advocates for the development of TGNC and/or LGBTQIA+ combined treatment programs.

Scholars also recommend addressing issues that increase health risk behaviors, such as discrimination, be addressed in treatment (Glynn & van den Berg, 2017). Counselors are encouraged not to avoid the topic of gender identity in session, but to directly address the important roles of their gender through careful and purposeful application of counseling skills (Oberheim et al., 2017).

To provide the best treatment for TGNC individuals, the roles of gender identity should not be neglected in treatment design and implementation. Specifically, agencies can improve assessments and forms to be trans-affirming, provide protections for TGNC clients via policy changes, and provide staff with adequate supervision and training to prepare them to work effectively with this population (Matsuzaka, 2018). Considerations for individuals who are currently receiving hormone replacement therapy should also be made, as they may need a medical professional to monitor this during their time in treatment (Nuttbrock, 2012).

### Cost and Need for Research

In a survey of TGNC individuals, 42% cited cost of mental health treatment as a barrier to mental health treatment (Shipherd et al., 2010). Shipherd et al. (2010) recommend that practitioners work to decrease the cost barrier by implementing and advertising sliding scale services and acceptance of insurance plans, and utilizing media geared to the LGBTQIA+ population to advertise these methods of paying for treatment.

Finally, current treatment models were developed by and for White, heterosexual men which limits effectiveness for all other populations (Eliason & Hughes, 2004). According to Eliason and Hughes

(2004), addressing the impact of identity on the treatment of substance use disorders as well as maintenance of recovery is crucial and an area of knowledge that is in great need of further research.

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## Practicing Affirmative Counseling: Advocating for Counselor Growth and Social Justice for the LGBTGEQIAP+ Community

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Katharine G. Heaton (left); Lorraine N. Joseph (middle left);  
Vivian Grout (middle right); Reyna C. Smith (right)

*“Congruent use of affirming pronouns in written and verbal communication provides clients who typically feel invisible an exchange, which validates their existence and struggles.”*

### An Affirming Counselor’s Anecdote

A new client, a transgender male, came into the office to discuss anxiety and trauma. As part of being an affirming counselor, I clarified the name and pronouns he uses, which prompted a dialogue of appreciation from him. He said, “The last two counselors I saw did not use my correct pronouns and wouldn’t call me by my name, only using my dead name.” The session progressed, providing a safe space, allowing him to feel respected and trust the process enough to give counseling another try. Walking out of session, though, I was taken aback at what he said about fellow counselors and had to spend some time processing it with colleagues, which led the authors to ask, “How do we as counselors make changes to avoid a similar experience for future clients?”

### Advocacy through Affirmative Counseling

The American Counseling Association (ACA) defines advocacy as “promotion of the well-being of individuals, groups, and the counseling profession...to remove barriers and obstacles that inhibit access, growth, and development” (ACA, 2014, p.20). Clients come into our offices from all

walks of life, all with a level of vulnerability that made them seek counseling. For some clients, this vulnerability is compounded by marginalization and trauma related to their identity and treatment (Keating et al., 2021). Members of the LGBTGEQIAP+ community experience disproportionately higher rates of mental health issues, suicide attempts, and violence (Jelinek et al., 2020). Using someone’s correct name and pronouns can contribute to improved mental health and reduced suicide rates, especially for transgender, nonbinary, and gender-expansive people (The Trevor Project, 2020). Therefore, practicing affirmative counseling is a way to advocate for marginalized populations as counselors, specifically LGBTGEQIAP+ persons (Singh & Gonzalez, 2014).

### Defining Affirmative Counseling

Affirmative counseling is an approach to counseling that “embraces and validates clients’ diverse sexual and gender identities” while compassionately and proactively addressing the negative impact of homophobia, transphobia, and heterosexism on LGBTGEQIAP+ clients’ lives (Singh & Gonzalez, 2014, p. 1).

## Practicing Affirmative Counseling

Affirmative counselors are aware of their attitudes and beliefs, acknowledge privilege, and are open to exploring the biases that exist within them and in society (Singh & Gonzalez, 2014). To not reflect or perpetuate the stigma of the LGBTGEQIAP+ person's experiences in society, counselors create an affirmative setting by using inclusive language (i.e., partner vs. spouse, sex assigned at birth versus male or female, etc.) on their website, email, intake forms and assessments (Goldberg et al., 2019; Singh & Gonzalez, 2014). Affirmative counselors demonstrate knowledge beyond pronouns by being familiar with LGBTGEQIAP+ issues, including diverse genders and sexual identities, sociopolitical issues, family dynamics, and community resources (Goldberg et al., 2019). Congruent use of affirming pronouns in written and verbal communication provides clients who typically feel invisible an exchange, which validates their existence and struggles. Through periodic check-ins, affirmative counselors remain abreast of possible changes in clients' gender identity or pronouns (Goldberg et al., 2019).

Affirmative counselors ensure they are competent to work with the LGBTGEQIAP+ population by heightening their awareness, knowledge base, and preparedness to deliver counseling intervention strategies across various counseling modalities (Finnerty et al., 2017; Singh & Gonzalez, 2014). Competency development can be accomplished in these ways:

- Utilizing strategies that are grounded in strength-based, multicultural and/or social justice theories,
- Addressing typical presenting issues such as sexual orientation or gender identity disclosure(s), family acceptance, isolation and rejection struggles,
- Helping clients strengthen their coping skills and social support networks,
- Fostering a client's empowerment, resilience, and well-being, and
- Including a process for in-depth assessments for trauma, anxiety, depression, substance use/abuse, self-injurious behaviors, and suicidal ideations/attempts (Finnerty et al.,

2017; Singh & dickey, 2017; Singh & Gonzalez, 2014; Singh & Moss, 2016).

As advocates of the LGBTGEQIAP+ community, affirmative counselors further their advocacy journey for and with the community working as allies who engage in activities that address inequalities and inequities, counter heterosexism and minority gender oppression, and create awareness to motivate positive changes (Finnerty et al., 2017; Singh & Gonzalez, 2014; Singh & Moss, 2016). Additionally, affirmative counselors forge meaningful collaborations, remain informed of empirical research and culturally relevant changes, and participate in continual professional development (Finnerty et al., 2017; Singh & Gonzalez, 2014; Singh & Moss, 2016). Counselors and advocates can contact their state branch of the Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (SAIGE), the ACA division that promotes the connection and growth of counselors and related professionals serving the LGBTGEQIAP+ community or visit their website for suggestions on how to get involved with and take action with organizations that champion the well-being and rights of the community. Finally, Gincola et al. (2017), assert that effective advocacy through affirmative counseling entails "using an authentic, ethical, and affirmative approach tailored to that client's individual needs and identity... [providing] the understanding, acceptance, affirmation, and healing that LGBTQI+ clients so very often seek in counseling" (pp. xii-xiii).

A commitment to the counseling profession is a pledge to honor diversity and promote social justice as core values set forth by the ACA Code of Ethics (2014). As social justice is often referred to as the 'fifth force' of counseling (Ratts, 2009), affirmative counselors are strongly encouraged to express their alignment openly and honestly with working with members of the LGBTGEQIAP+ community. This expression can lead to an enhanced resolve to bolster their knowledge and skills in particular areas related to connecting with and best practices for treating this population (Estrada et al., 2017). Implementing the knowledge gained from these more profound levels of understanding can result in the counselors' growth and compassion for the clients they serve and themselves; thus, propelling



them further on their voyages to becoming affirmative counselors (Singh & Gonzalez, 2014).

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# School Counselors as Community Bridges, and Counselor Educators as Bridge Builders

Elizabeth Meier Thornton, MA, LPC, NCC, University of the Cumberland



Elizabeth Meier  
Thornton

With racial tensions, the evolution of LGBTQ+ communities, charged political movements, school based shootings and a positive movement towards equity, inclusion and trauma informed education in PK-12 schools, school counselors

find themselves at the forefront of polarizing community discussions as they build safe environments for their students. School counselors are positioned to bridge these conversations as cultural mediators and social justice advocates (Portman, 2009). Research indicates that school counselors are pivotal as advocates for students and for systemic change, and yet little is known about how school counselors are trained in advocacy or how effective their masters programs are in preparing school counselors to deal with issues of inequality or bias (Dragowski et al., 2016; Gonzalez, 2017; Holcomb-McCoy, 2004, 2005a, 2005b). Gonzalez (2017) shared signs of growth in school counseling when they acknowledged that the “school counseling profession has embraced a more proactive, advocacy-focused approach over the past decade,” (p. 39). Even with this positive trajectory, the recent report by the American School Counselor Association on the profession highlighted how both schools and school counselors across the nation need to grow in addressing bias and racism and in creating more opportunities for equity, inclusion, and access (ASCA, 2021a).

Despite their unique position to advocate for students and shape their communities within these cultural movements, school counselors pause in sharing their voices and openly advocating for students for a variety of reasons:

1. Unmanageable caseload sizes along with additional duties due to COVID-19 (ASCA, 2021a; Pincus et al., 2020).
2. Lack of effective training in equity and inclusion practices, competencies (multicultural, LGBTQ+, religious), and trauma-informed counseling (ASCA, 2015, 2021b; Bidell, 2012, 2014; Constantine & Yeh, 2001; Dragowski et al., 2016; Goodrich, 2017; Gonzalez, 2017; Holcomb-McCoy, 2004, 2005a, 2005b; Kull et al., 2017).
3. Time needed to process personal worldviews in conjunction with professional codes of ethics (Goodrich, 2017; Yeh & Arora, 2003).
4. Lack of training and opportunity to develop leadership and advocacy skills (Dragowski et al., 2016; Gonzalez, 2017).
5. Lack of support from peers or supervisors via consultation or supervision (Constantine & Yeh, 2001).
6. Internal feelings of incompetence (Bidell, 2012; Constantine & Yeh, 2001; Fey et al., 2020; Yeh & Arora, 2003).
7. School Counselor burnout (Fye et al., 2020).

While these problems mute the voices of school counselors, it is not ok for students or adults to suffer in silence because others around them either feel ill-equipped or uncomfortable voicing their opinions. (ACA, 2014; Gonzalez, 2017).

*“Research indicates that school counselors are pivotal as advocates for students and for systemic change, and yet little is known about how school counselors are trained in advocacy or how effective their masters programs are in preparing school counselors to deal with issues of inequality or bias.”*

ASCA's (2021a) state of the profession report included a request from "75%" of school counselors for training on "Diversity and Inclusion," and an additional request from "72%" of participants for "Anti-Racism" training (p. 16). The repeated request for further training is not a school counselor only problem. Instead, it is a higher education and a human resources problem that needs to be addressed by counselor educators, school district trainings and continuing education programs while incorporating the voices of the school counseling practitioners to inform training and to evaluate the effectiveness of current training (Holcomb-McCoy, 2005b). Areas that need to be addressed in developing school counselors are:

1. Include advocacy and leadership training in MA and PhD programs that train school counselors serving students in PK-12 schools (Bidell, 2012).
2. Establish more effective educational practices on training graduate students in multicultural competencies, LGBTQ+ competencies, religious competencies, and trauma informed counseling (ASCA, 2015; Bidell, 2012, 2014; Carey et al., 1990; Constantine & Yeh, 2001; Dragowski et al., 2016; Goodrich, 2017; Gonzalez, 2017; Holcomb-McCoy, 2004, 2005a, 2005b; Kull et al., 2017).
3. Cultivate social justice embedded school counseling training programs and PK-12 school counseling programs (Gonzalez, 2017; Strear, 2017).
4. Fund continuing education and training opportunities for school counselors through grants and school districts (Bidell, 2012; Goodrich, 2017).
5. Provide psychoeducation for PK-12 leaders, parents, and teachers on the value of having school counselors as stake holders in systemic decisions to promote culturally responsive and inclusive schools (Lee, 2001).
6. Continue supervision for all school counselors in PK-12 school systems (Constantine & Yeh, 2001).
7. Provide school counselors with opportunities for self-care as they deal with burnout and secondary trauma (Fye et al., 2020; Pincus et al., 2020).

School counselors also need to stay current on the issues that their students face within their communities, and they need to regularly evaluate their own worldviews and practices for both bias and best practice, with an ongoing commitment to growing in serving students (ASCA, 2021b; Yeh & Arora, 2003). If their training needs are met, school counselors can bridge the gap between difficult conversations and forecast a more inclusive and equitable future by advocating for their students on multiple social justice issues (Portman, 2009; Strear, 2017). As school counselors bridge the gap, school counselor educators need to rise and build bridges through thoughtful and effective training.

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## SACES 2021 Awards

### Outstanding Tenured Counselor Educator Award

Dr. Gerard Lawson, Virginia Polytechnic Institute and State University

### Outstanding Teaching Award

Dr. Priscilla Prasath, University of Texas San Antonio

### L. DiAnne Borders Clinical Supervision Award

Dr. Gulsah Kemer, Old Dominion University

### Courtland Lee Social Justice Award

Dr. Isabel Farrell, Wake Forest University

### Outstanding Master's Program

Clemson University

### Outstanding Doctoral Student

Lindsay Lundeen, University of Georgia

### Locke-Paisley Outstanding Mentor Award

Dr. Jeffry Moe, Old Dominion University

### Pre-Tenure Counselor Educator Award

Dr. Tameka Oliphant Grimes, Virginia Polytechnic Institute and State University

Congratulations to all awardees! To read more about each award, please visit the [awards section](#) of our website!

# Social Justice and Advocacy with Black LGBTQ+ Counselors-in-Training

Nadya Chavies & Jeff D. Wolfgang, Ph D., LMHC, North Carolina A&T State University



Nadya Chavies & Jeff D. Wolfgang

The needs of Black lesbian, gay, bisexual, transgender, queer, and plus (LGBTQ+) counselors-in-training have limited inclusion in the counseling curriculum, and their needs are habitually minimized (Chaney & Brubaker, 2018; Smith, 2015; Wynn & West-Olatunji, 2009). An essential step toward advocacy and re-conceptualizing mental health and overall functioning for Black LGBTQ+ counselors-in-training' experiences begins with understanding systemic oppression as it pertains to culturally diverse and socially marginalized groups (West-Olatunji, 2010; Wolfgang & Brooks, 2021). This includes challenging dominant discourses on heteronormativity, addressing microaggressions that intersect race, gender, and identities as a counter to heterosexual privilege that interrupts hegemonic counselor education practices (Smith, 2015).

Despite significant attention being given to the current Multicultural Social Justice Counseling Competencies (MSJCC; Ratts et al., 2016) and the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling Competencies (ALGBTIC; Harper et al., 2012), counseling educators and textbooks continue to struggle with culture-centered case conceptualization and associated interventions for diverse LGBTQ+ counselors-in-training (Chan et al., 2018; Wynn & West-Olatunji, 2008, 2009; Wolfgang & Brooks, 2021). In this article, we focused on the need for

counselors and counselor educators to have an awareness of issues pertaining to Black LGBTQ+ counselors-in-training. There is limited knowledge around Black LGBTQ+ counselors-in-training as well as actionable steps outside of gaining awareness and knowledge (Astramovich & Scott, 2020; Henfield et al., 2013). Thus far, mental health professionals and counselor educators have been slow in defining issues within the context of normality outside of a heterosexually normalized Eurocentric framework (Smith, 2015; West-Olatunji, 2010). For Black LGBTQ+ counselors-in-training, this has meant classroom readings and lectures that model the use of heterosexual normalcy for middle-class Whites.

*“Counseling educators and textbooks continue to struggle with culture-centered case conceptualization and associated interventions for diverse LGBTQ+ counselors-in-training.”*

As counselors-in-training and counseling professionals, we are tasked to discover ways of creating action steps that increase access to institutional resources and strive to create a safer space for all. This allows those disenfranchised to use the power of voice to hold these institutions accountable to their cycles of sociocultural abuse and speak to how complacency injures the psyche of Black LGBTQ+ counselors-in-training (West-Olatunji, 2010). Crethar et al. (2008) stressed the importance of attending to two constructs within social justice: (a) individual justice and (b) distributive justice. In this way, when advocating for Black LGBTQ+counselors-in-training, counselors and counselor educators need to strive to simultaneously promote intersecting identities and the equitable distribution of resources and opportunities. Likewise, Singh et al. (2020) also presents advocacy with diverse LGBTQ+, as a dual activity of empowerment and proactive liberatory

effort carried out to address and de-ideologize institutional and systemic barriers to Black LGBTQ+ counselors-in-training well-being.

Current models of counseling and supervision shy away from ethnocentric monoculturalism and attempt to emphasize culture-centeredness as a focus for research, assessment, and treatment that is inclusive of culturally diverse identities (West-Olatunji, 2010; West-Olatunji et al., 2014). However, under the current ethical and accreditation standards, many counselors-in-training report feeling unprepared to work with culturally diverse clients (Chan et al., 2018). The counseling curriculum needs to include culture-centered frameworks that reflect a cultural worldview rooted in Black LGBTQ+ counselors-in-training own historical experiences—emphasizing collaboration between the counselor educators and counselors-in-training to create spaces of safety and empowerment.

African-centered counseling theories and interventions are broadly inclusive of Black culture (the Americas, Asia, Europe, West Indies, and Africa; West-Olatunji & Johnson, 2014). Some African-centered theoretical examples include Wade Nobles's self-consciousness and African nosology model (Nobles, 2013), Frederick K. Phillips' work on NTU principles (Phillips, 1990; Wynn & West-Olatunji, 2008), and the transcendence model (Ebede-Ndi, 2016). These works move beyond adapting conventional, Eurocentric counseling theories of personality to developing therapeutic frameworks that centralize cultural values and worldviews as the basis for normalcy. African-centered theories encompass an emphasis on spirituality, use of deep interpersonal relationships that are interdependent, rituals, communal responsibilities, and should lead to expanding knowledge through affect (West-Olatunji & Conwill, 2011; Wolfgang & Brooks, 2021; Wynn & West-Olatunji, 2008). These experiential, spontaneous, and innovative theoretical models allow Black LGBTQ+ counselors-in-training to develop accurate assessments, case conceptualizations, and interventions relevant to diverse LGBTQ+ worldviews. It is important to provide a mindful inclusion of diverse LGBTQ+ socio-political experiences within this theoretical

worldview. As counselor educators and supervisors work with Black LGBTQ+ counselors-in-training, there is a need to assist them in conceptualizations that focus on interconnectedness, cultural awareness and explore ways to experience authenticity in their spiritual self-worth. The current literature makes the following recommendations as action steps:

1. A need for culture-centered case conceptualization (Wynn & West-Olatunji, 2008, 2009)
2. A need to insist that Black LGBTQ+ issues are incorporated into the curriculum (Singh et al., 2020)
  - A. Culture centered practices incorporated (African-Centered Counseling; West-Olatunji & Johnson, 2014)
  - B. Culture specific theory and also how it varies with the intersection of LGBTQ+ identities (Wynn & West-Olatunji, 2008, 2009)
3. Culture-specific research on pedagogical approaches and supervisor practices with diverse LGBTQ+ counseling students (Chan et al., 2018; Henfield et al., 2013).

In sum, heteronormativity and hegemony in research have led to the encapsulation of Black LGBTQ+ counselor-in-training in counseling literature and curriculum. This has resulted in a lack of effective advocacy and interventions in counseling programs that often impact the mental well-being of Black LGBTQ+ counselors-in-training. Culture-centered methodologies and techniques such as the African-centered theory of NTU open a world of possibilities for ways to frame and focus on the transformative work of interconnectedness, cultural awareness, and an exploration of authenticity in spiritual self-worth that can impact the advocacy in counseling work. We assert that when counselor educators and supervisors use culture-centered interventions in advocacy, curriculum, and instruction around Black LGBTQ+ counselors-in-training, they are likely to increase efficacy and competence.

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## The Women's Interest Network (WIN) Highlights

The Women's Interest Network (WIN) serves to support female counselor educators and graduate students and promote research about women. The WIN strives to promote scholarship related to women's experience, foster opportunities for connection for women within counselor education and supervision, promote collaboration among female graduate students and female counselor educators, and encourage open dialogue regarding our experiences as female counselor educators and graduate students.

reproductive health, sexual health, and couple's experiences.

### Connection and Collaboration Focus

The goals of the WIN this year are focused on fostering connection and collaboration among female counselor educators. We have created a [Jam Board](#) where members can brainstorm and connect on research, teaching, and other collaboration ideas! The Jam Board can be found on the Facebook page as well as through our email update.

### Meet the Co-Chairs of the WIN



Noelle (pronouns: she/her) is a Clinical Assistant Professor and Counseling Clinical Experience Director at William & Mary. With regard to topics related to women, she is particularly interested in topics related to sexual identity, gender identity,

gender roles, media representation and identity development, and transpersonal counseling.

### WIN Facebook Group

The WIN Facebook Group has grown to 35 members! We have been utilizing our SACES WIN Facebook page to post updates, share research projects, connect on presentations, and facilitate communication. The Facebook group name is [SACES Women's Interest Network \(WIN\)](#). If you are interested in joining, please click the link and request to join the group. We'd love to have you join us!

### Virtual Interviews

Last spring we conducted virtual interviews with leading women in counselor education and made these interviews available in a webinar format. Here's a link to an [interview with Dr. Natoya Haskins](#). We look forward to continuing these conversations!

### Join WIN

If you are interested in joining the SACES WIN, please go to your SACES Profile page and indicate your interest in the WIN so that you can be added to the WIN member list (there is a how-to tutorial on



Also, Niko Wilson (pronouns: she/her) the WIN Emerging Leader, is an Assistant Professor at William James College and earned her PhD in Counselor Education and Supervision at the University of Central Florida. With regard to

topics related to women, she is particularly interested in topics related to women's health,

our FB page). This will ensure that you receive emails from the WIN leadership about upcoming meetings and events.

The WIN holds quarterly meetings via Zoom for anyone interested in attending from 12:00-1:00pm ET. All dates can be found on the Facebook page. The Zoom link will be the same for every meeting:

<https://cwm.zoom.us/my/dr.sgs> (Meeting ID: 455 393 2027). We hope you can join us!

If you have any ideas or suggestions for what you would like to see offered or sponsored by the WIN, please email us at [womensin@saces.org](mailto:womensin@saces.org). We look forward to hearing from you!

## Advocacy in Action

Hanna Cespedes M.S., APC, NCC, Mercer University



Hanna Cespedes

Advocacy first begins with counselors having insight into their experience of privilege/ marginalization and their client's experience (Ratts et al., 2018).

Counselor self-awareness on position within socioeconomic status's,

privilege, and oppression will better allow us to be social justice advocates for clients and community.

This is especially apparent when working and advocating for marginalized and oppressed groups.

Advocacy for these groups, overall mental health awareness, and destigmatizing and increasing access to quality counseling services are central to not only the legal but the ethical duty and responsibility for counselors and counselors in training (Coy et al., 2003). Identifying and acting accordingly in raising awareness for social justice inequities within the community at large does in fact set us counselors apart from other mental health professionals that focus solely on symptom relief. It is with this responsibility that we are called to be aware, educated, and active in the counseling arena.

According to the Oxford dictionary, awareness is defined as a "knowledge or perception of a situation or a fact" and "concern about and well-informed interest in a particular situation or development" (Oxford University Press, 1992). This same idea is echoed in the American Counseling Associations mission to "advocate for the profession, and ensure ethical, culturally-inclusive practices that protect

those using counseling services" (ACA, 2021). As counselors, we have a duty to be "uncomfortable" in our work rather than comfortable (ACA, 2021): aka not solely focusing only on a specific subgroup or population within our clinical practice. Too often I have even seen several esteemed colleagues turn away individuals with SMI or other marginalized groups as they think of them as "out of their scope of expertise". While it is important and our ethical duty to work within our competency levels; the counselor advocate will also work towards increasing these same levels to develop greater competency. An integral way of increasing awareness is through exposure.

Ideally, counseling programs emphasize the need to remain well-informed on the needs of different marginalized and oppressed groups and social justice initiatives. A form of advocacy for social justice initiatives can also be through creating more education that highlights and discusses the barriers to care and existing stigmas for marginalized and oppressed groups. While there is a constant political battle on policy and procedures (which is critical to the advocacy and social justice movement but itself seems to be circuitous cycle at times), individuals with mental illness are experiencing rejection, oppression, and financial abuse. Totalling over \$210 billion dollars in health care costs, individuals with

*"Identifying and acting accordingly in raising awareness for social justice inequities within the community at large does in fact set us counselors apart from other mental health professionals that focus solely on symptom relief."*

mental illness are reported to have the costliest health conditions which is ironic considering

roughly only 40% of individuals with SMI are receiving consistent treatment (McGinty et al., 2018). Furthermore, individuals with an active mental illness remain the most at risk of homelessness, incarceration, and chronic unemployment (Roehrig, 2016; Perkins & Rinaldi 2002, Tsemmeris, 2010). Identifying advocacy needs and implementing and constructing an effective response within the community; in other words, taking action.

Discussions around advocacy and social justice begin the conversation, while action takes the conversation out of the therapy building or hospital and into the community to give individuals a voice, improve public relations, and assist in providing safety and security for at risk groups (Lee et al., 2020). Being an active advocate also gives us the unique position to explore communicating within the community and engage other counselors in breaking the stigma and increasing mental health assistance (McGinty et al., 2018). This concept is also integral in our work as counselor advocates as we do not exist in a vacuum but rather a system, and if we can learn to network and utilize the system we exist in it can offer an increase in public support, thus potentially even impacting policies designed to advance more resources (Barry et al., 2014).

Overall, there are several takeaways for the role of advocacy in the counseling profession as well as a specific vision for the future on what this can look like. A crucial first step is to enhance and invest in awareness, insight, and empathy for clinicians. Counselors need to unite. Being on the same page and uniting under a single cause for counselors can offer structure and guidance during a movement, especially one as dimensional and systemic as social justice inequality. Understandably, there might be different interpretations and experiences that will cause counselors to view certain topics differently. This is only natural and if used effectively, can be a strength and driving force in diversity and inclusion while offering insight. As counselors, we are diverse, just like our clients. The vision for the future of advocacy and social justice is not perfection; rather, should include setting

social justice ideals and working together as a discipline to accomplish them. To do this, one thing matters above all else: advocacy in action.

### Resources

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# Counselor Education Training Programs Have a Responsibility to Cultivate Multicultural Learning That Fosters Social Justice Activists

Tianka Pharaoh, M.S., PPS, University of Central Florida



Tianka Pharaoh

Systemic barriers, racial injustice, racial oppression, and discrimination continue to be a prevalent reality for historically underserved communities in the United States (Goodman-Scott et al., 2018). After the viewing of countless videos of Brown

and Black folks being killed, humanity has an increased awareness of systemic inequities, racial disparities, and discrimination. Accordingly, training programs have a responsibility to cultivate multicultural learning that fosters social justice activists. This is evident due to systemic barriers and racial unrest, such as health disparities and the ongoing reality of unarmed Brown and Black Americans being killed (Sue et al., 2021). Considering the national discussion centered on eliminating critical race theory (CRT, Crenshaw, 1995) curriculum from the K-12 school system, counselor educators and supervisors must stay vigilant and advocate for systemic change.

Social justice advocates and scholars have stated that counselor and psychological preparation programs must be held accountable for developing multicultural curriculum (Alexander & Mitchell, 2017, as cited in Sue et al., 2021) and evaluate the diverse content in all courses. Despite the ongoing calls to action from our communities, social justice advocates, practitioners, and educators, there is a continuous silence and lack of action (Sue et al., 2021). Sue and colleagues (2021) also argue that the harmful silence and the role that allies, specifically White allies, play in the fight against systemic barriers, institutional racism, and inequities can effectively be addressed by disarming micro and macro aggressions.

*“After the viewing of countless videos of Brown and Black folks being killed, humanity has an increased awareness of systemic inequities, racial disparities, and discrimination.”*

Thus, the development of effective and inclusive culturally responsive counseling training remains the responsibility of academia. Moss and Singh (2015) documented that White school counselors may identify situations as racial discrimination; however, there is a lack of accountability for changing the system in which leads to silence. Awareness of White privilege is silenced, discussions regarding the need to address racism in school settings are neglected. Scholars contend that counselor trainees’ ability to connect with communities of color effectively begins with awareness of White privilege (Hipolito-Delgado et al., 2016). Microaggressions that are not addressed in the classroom can lead to missed opportunities for students to develop diverse counseling skills. Researchers document that students’ inauthentic engagement in difficult conversations is centered on social justice issues and lack of action, that stem from fear of being perceived as a racist and fear of taking action (Sue, 2010). Thus, counselor education and supervision programs should focus curriculum around systemic change. Advocating for social justice is advocating for the counseling profession. Counselor educators and supervisors can practice actions from the Speak, Teach, Actively Advocate, Non-negotiable ethics, and Deliver (STAND) model developed by the author to assist with continual social justice advocacy that will ultimately help shift and change systemic barriers that impact our clients, students and communities.

The STAND model includes: speak-in-solidarity, teach and facilitate difficult conversations, actively advocate (know your strengths), non-negotiable American Counseling Association (ACA) ethical standards, and deliver inclusive counseling



curriculum. A counselor educator aligned with the STAND model can speak in solidarity by developing a revolutionary educator pedagogy that encourages counselor trainees to be social justice advocates for historically underserved populations (Washington, 2020). The STAND model emphasizes counselor educators' and supervisors' responsibility to facilitate difficult classroom conversations and department meetings. hooks (1994) states that confrontation in the classroom serves as a signal to dig deeper and explore fear that can be the 'catalyst' to social justice learning.

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## The International Counseling Interest Network Invites YOU!

The International Counseling Interest Network would like to invite you to our next meeting scheduled for Friday, December 3rd, 2021 from 11:00 am to 11:30 am. We will be hosting a brief presentation on culturally-responsive considerations for immigrant and refugee communities, as well as sharing some updates of our upcoming activities. Further details on this meeting will be coming soon!

Join our Facebook group, [SACES International Counseling Interest Network](#), to keep up to date with our news and connect with others interested in international counseling. Email us at [internationalin@saces.org](mailto:internationalin@saces.org) with any questions, concerns, or comments. We'd love to hear from you!

Sincerely,  
SACES ICIN Co-chairs:

Dania Fakhro, MA, NCC, Doctoral Student, University of Central Florida  
Nicole Silverio, MA, NCC, LMCH, LMFT, Doctoral Student, The University of North Carolina at Greensboro

# Advocacy for the College Student-Athlete: How do we ‘even’ the score and the ‘playing’ field?

Kaethe D.B. Hoehling, MS LPC, The University of the Cumberland



Kaethe Hoehling

**S**tudent-Athlete wellbeing has received increasing media and public attention and scrutiny over the years (Lindburg, 2021; Weaver, 2015). Although there may be many factors of commonality or

cohesiveness, student-athletes are individuals with rich personal experiences, identities, and backgrounds (Bimper, 2017; Chaves, 2017; Toomey & McGeorge, 2018). This makes advocacy for student-athletes more complex. It is important to consider student-athletes using an intersectional lens (Bimper, 2017; Chavez, 2017; Museus, 2021). As student-athlete identities differ, their lives reflect different stories of successes and challenges, thus approaches to student-athlete advocacy can be improved by being more informed and less effected by biases (Bimper, 2017; Chavez, 2017; VanHorn, 2019).

Many student-athletes are considered as a key commodity (‘athlete-students’) in which schools and stakeholders invest financially (Fuller et al, 2017; Weaver, 2015). Others view student-athletes as ‘higher-ed-learners’ first and ‘extra-curricularly-involved’ persons second (Weaver, 2015). Still, significant arguments have been raised on all sides as to the roles, rights, and responsibilities student-athletes have and what student-athletes are ‘due’ (Fuller et al, 2017; Weaver, 2015). Some institutions may ‘act’ in one manner yet profess, in press or in policy or both, a different set of values or expectations (Weaver, 2015), creating confusion, disconnect, and injury.

Student-athletes have basic needs like their non-athlete peers, yet also have unique combinations of needs and experiences that differ from their non-

athlete peers (Carr & Davidson, 2014). Student-athletes deal with many internal and external issues and challenges, such as sports injuries, balancing time between academic and athletic roles, pressures, and responsibilities, being in the public eye, and being scrutinized for their ‘prowess’, ‘performance’, and ‘image’ (Carr & Davidson, 2014; VanHorn, 2019; Taylor, 2014). Short-term perspectives have been especially damaging to student-athletes’ mental and physical health statuses; Being ‘encouraging’ or ‘supportive’ without the wisdom of a long-term vision, can create more room for emotional and physical injuries (Maguire, 2004; Weaver, 2015). Students may have underlying fears of being judged as weak if they admit their worries, anxiety, or depression symptoms (Taylor, 2014). These student-athletes may accept locker room ‘encouragement’ from coaches and peers, to ‘be tough’ or ‘push through’ and decide to silence their true feelings and experiences (Taylor, 2014). It has been estimated that only 10% of student-athletes seek mental health services compared to 30% of their non-athlete peers (Eisenberg et al, 2011). Better-informed advocates will reduce stigma-prohibiting practices by encouraging help-seeking behaviors and thereby better serve student athletes (Taylor, 2014; VanHorn, 2019). Advocates are encouraged to assist college and athletic leadership, as well as family and support persons, to develop a long-term conceptualization of wellbeing, including embracing individuality, vulnerability, human imperfections, mental health, emotional intelligence, and safe training conditions (Lindburg, 2021; Maguire, 2004; VanHorn, 2019). If we stay within a narrow and more traditional view of power, achievement, winning, and losing, the damaging stereotypes, bias, and pressures will continue to injure young minds and bodies annually and treat them less as humans and more like machines (Maguire, 2004).

Healthier and more effective advocacy practices therefore call upon counseling professionals and

counselor educators to speak up and to develop new standards for a new sports ‘ethic’: one that does *not* rely solely upon risk, sacrifice, pain, and performance that often, unfortunately, results in emotional, behavioral, and physical distress (Lindburg, 2021; Maguire, 2004). A healthier sports ‘ethic’ would include fairness, equality, consideration of athlete long-term wellbeing, effects of stress, body image challenges, empathy, and a more positively reconstructed social support system (Maguire, 2004; McNamara, 2014). Improved advocacy practices for student-athletes also requires critical thinking and stretching beyond traditional comfort zones. Therein is an opportunity for counselor educators to advance these concepts in their respective academic settings. Classroom and field experiences can offer future professionals unique opportunities to learn ways to strengthen advocacy and clinical practices to meet the needs of student-athletes more holistically. For example, student-athletes may benefit from mold-breaking outreach and counseling programs that build a bridge to get over the stigma gap, such as utilizing peer-support groups or bringing healthy programming to settings more familiar and conducive to student-athlete participation (McNamara, 2014). These efforts may reduce barriers and improve the likelihood student-athletes will receive needed support and intervention.

For advocates to make the most impact, they may also need to lean on ‘insiders’ as well. Many experienced coaches and athletes may willingly partner with counselors and advocates to enact change and empower healthier wellness processes for student athletes (Lindburg, 2021; Potter, 2014). Many struggling student-athletes have not yet found the power of their own voices and may benefit from leaning on the voices and experiences of others, giving them ‘permission’ to be themselves, seek help, seek support, and to get their needs met. Additionally, counselors and counselor educators who take the initiative to reach across departmental divides to partner with athletics professionals, will break through our mutual habit of ‘siloes’ expertise and interventions. Student-athlete advocates today are encouraged to embrace a bigger picture of ‘cost’ and ‘benefit’, one befitting multicultural and social justice principles as well as ethical professional standards (ACA Code of Ethics, 2014), one not

limited to traditional academic, economic, and athletic practices and limitations.

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Service-Learning in counselor education provides advocacy for the profession through collaborative work with clients, communities, and community partners. Counselor educators, students, clients, community agencies and schools are able to work together when developing service-learning projects that can improve access to counseling services, and address community identified issues.

Service-learning also contributes to student personal and professional development in multicultural competence, leadership, and social justice advocacy. With service-learning students are able to incorporate course content with direct work with community agencies and populations they may want to continue working with during practicum, internship, and/or specialize in as professional counselors.

The SACES Service-Learning Interest Network invites you to become a member and join us as we work to continue advocating for the profession and maintain our commitment to social justice.

To learn more about the service-learning interest network please join us for our next meeting on:

- November 19, 2021 @11:30 AM – 12:30 PM CST <https://us02web.zoom.us/j/84683834629>
- December 10, 2021 @11:30 AM – 12:30 PM CST <https://us02web.zoom.us/j/83414653806>

If unable to meet during these dates or times contact [servicein@saces.org](mailto:servicein@saces.org) for more information.

If currently a member and interested in collaborating during the next biannual SACES regional conference, Service-Learning IN objectives, or activities, please contact [servicein@saces.org](mailto:servicein@saces.org)



# SACES 2021 Research and Best Practice Grants

SACES is proud to acknowledge recent recipients of the 2021-2022 SACES Research and Best Practice Grants. We would also like to acknowledge the efforts of Dr. Elizabeth Villares (SACES past-president and past chair of the grants committee) and Adriana Labarta (current SACES emerging leader and a doctoral candidate at Florida Atlantic University) for their efforts of leading this awards cycle.

Name of the Study	Recipients	University Affiliation
<i>Exploring Crisis Self-Efficacy for Counselors in Training</i>	Megan Whitbeck Luke Vitagliano Kelly Wester Carrie Wachter Morris	The University of North Carolina at Greensboro
<i>What Makes a Cognitively Complex Counselor in Training?</i>	Alexandra Gantt	Old Dominion University
<i>Rural School Counselors Broaching Conversations on Race with Students</i>	Regina Gavin Williams Helen Lupton-Smith Alyx Beckwith	North Carolina Central University
<i>Investigating Job Search Knowledge, Self-Efficacy, &amp; Hope Among for Unemployed Individuals: A Career Psychoeducation Intervention</i>	Galaxina Wright	University of Central Florida
<i>The Use of Telehealth in Beneficial Post-Covid Coping for Young Adults</i>	Lea Herbert	University of Central Florida
<i>A Phenomenological Study of a First Responders Experience of the Barriers, Stigma, and the Counseling Session</i>	Ester Joy Hutchinson	University of Memphis
<i>X The Impact of Economic, Social, and Cultural Class Privilege in Counselor Education Programs</i>	Christina McGrath Fair Frankie Fachilla Jennifer Green Rooks Cynthia Miller Jessica Z Taylor	Florida International University Walden University Texas State University Gannon University Central Methodist University

# Including Every Body: A Call for Advocacy to End Sizeism

Tammy Hatfield, PsyD, Portia Allie-Turco, LMHC, NCC, Erin Walter, MS, LPC, CSC, Lauren Mott, NCC, LPC-S, CSAT, Jill Unruh, LPC, NCC, CPRP University of the Cumberlands



Tammy Hatfield (top left); Portia Allie-Turco (top middle); Erin Walter (right); Lauren Mott (bottom left); & Jill Unruh (bottom right)

## Sizeism and Weight Bias in Mental Healthcare

Sizeism is a form of oppression that includes various avenues of enacting social privilege and inequity on individuals based on weight or body size (Abakoui & Simmons, 2010). Although social justice and inclusion are expressed as core values in the American Counseling Association (ACA) Code of Ethics (2014), counselors and other mental healthcare professionals are not immune to the influence of sizeism and may inflict harm due to their implicit and explicit fat bias against fat people (Kinavey & Cool, 2019).

Fat-bias has been described as a set of negative attitudes, beliefs, or behaviors against fat individuals (Calogero et al., 2016) that is based on the Eurocentric narrative that promotes a view that fatness equates with disease, fat people are a burden to society, and having a large body is a result of a lack of willpower (Puhl et al., 2014). The sizeism that is prevalent in American society fails to recognize the diversity of bodies of different shapes and sizes and focuses on the White ideal body, which is thin-framed (Capodilupo, 2015).

Acculturation into the dominant White culture is associated with promoting “othering” of the range of body size and types of Black bodies, Indigenous bodies, and People of Color bodies (Menon & Harter, 2012; Overstreet, 2010; Smith et al., 2020). Anti-fat bias promotes a dieting culture that equates thinness with wellness regardless of the ineffective or harmful means that are used to achieve that reduced size (Fabello, 2014). This fear of fat and hatred of fat people discounts the lived experience of fat people and rarely questions the limited efficacy and sustainability of weight loss programs (Bacon & Aphramor, 2011). Thinness does not necessarily improve health outcomes or reduce health disparities (Bacon & Aphramor, 2014) but may promote healthism (Crawford, 1980) which places responsibility for health on individuals while ignoring the systemic impact of health disparities and social determinants of health. Therefore, when counselors promote dieting and

Adverse outlooks and opinions about fat people and the social stigma attached to being “overweight” or “obese” are pervasive and accepted within our societal culture (Grant et al., 2016). Anti-fat attitudes are prevalent in the media, news, and social spaces causing unwarranted fear and vilification of fat people (Grant et al., 2016). Fat people are negatively judged by employers, healthcare professionals, educators, romantic partners, family members, friends, and counselors and therefore, experience a variety of social disadvantages (Kinavey & Cool, 2019; Puhl et al., 2018).

As authors of this article, each of us identifies as fat women counselors or counselor educators and use the term fat people throughout this article to join in solidarity with other fat activists. Use of the terms “overweight” and “obese” are placed in quotes to bring attention to the medicalization of fat bodies. Additionally, through a feminist lens we view reclamation of the word fat as an empowering act of advocacy and resistance.

weight loss without knowledge or awareness of the influence of health disparities and social determinants of health they may harm and further marginalize their clients. It is important that counselors develop an awareness of how social messages, fat bias, size discrimination, and internalized weight bias impact and can create psychological distress for fat people. Clients who seek counseling may present with a treatment goal of weight loss and counselors must consider the potential for harm when working towards this goal in therapy (Nutter, et al., 2020).

### **The ACA Advocacy Competencies as a Guide to End Sizeism**

The ACA Advocacy Competencies (Toporek & Daniels, 2018) detail a conceptual model of advocacy and “describe necessary counselor skills, knowledge, and behavior that can be implemented to address systemic barriers and issues facing students, clients, client groups or whole populations (p. 2)”. The advocacy competencies provide a useful guide for both conceptualizing and implementing advocacy interventions to end sizeism in each of the six advocacy domains: client/student empowerment, client/student advocacy, community collaboration, systems advocacy, collective action, and social/political advocacy. To illustrate how counselors might use the ACA Counseling Competencies as a guide for advocacy to end sizeism, we will describe possible interventions in two of those domains.

#### **Client/Student Empowerment Domain**

Counselor action in this domain is at the microlevel of advocacy intervention and involves a high level of collaboration with the client with the counselor’s energy focused on support of the client (Toporek & Daniels, 2018). As an example of intervention in this domain, counselors who are working to advocate against sizeism in their individual counseling work with fat clients could help their clients connect the mental health consequences of internalized weight bias as a response to the systemic influence of sizeism as a source of oppression instead of pathologizing the individual. Counselors may assist the client’s development of advocacy skills that empower the client and foster a sense of agency. Additionally, counselors could work to demonstrate the practice of reflexivity in

examining their cultural background and positionality that could serve as a source of bias in their work with fat clients.

#### **Social/Political Advocacy Domain**

Counselor action in this domain is at the macrolevel of advocacy intervention and involves the counselor focusing their energy implementing direct systemic interventions on behalf of client groups and the public (Toporek & Daniels, 2018). Using guidance from the skills and behaviors described in this domain, counselors work to serve as change agents in systems. To advocate for an end to sizeism, counselors and counselor educators could present the public with information about the impact of anti-fat bias and sizeism through activities such as writing op eds for newspapers, participating in podcasts about the topic, or disseminating research about the topic in an open access format.

Counselors who do not identify as fat may want to engage with fat communities as allies and ensure that their social and political goals are consistent with those of fat communities.

In summary, the ACA Advocacy Competencies (Toporek & Daniels, 2018) provide counselors and counselor educators with guidance surrounding the conceptualization and implementation of advocacy in the profession. Applying the advocacy competencies as a guide to advocate for an end to sizeism, counselors have many action-oriented strategies to engage in to dismantle oppression against fat individuals.

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# Technology Interest Network

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Teachers logging into 10 different websites, organizing their tabs, pulling up presentations, answering messages, and making sure their technology works...all before school even starts.



We are the SACES Technology Interest Network, and our goal this year is to support and engage members around technology issues relevant to counselor educators and supervisors. We would love to have you sign up for our interest network, in which we provide a bi-semesterly news digest, with articles, tips, and resources. We are also looking for ways to connect members who might collaborate on research related to technology and counselor education. Please reach out to [technologyin@saces.org](mailto:technologyin@saces.org) if you have questions and/or would like more information!