

SOUTHERN ASSOCIATION OF COUNSELOR EDUCATION AND SUPERVISION



DR. MELANIE IARUSSI
2016-2017

FROM THE PRESIDENT

Dear SACES Members,

I hope this holiday season brings a time of peace and joy to you. Reflecting on 2016, this has been a productive year for SACES, including the financial merger with ACES, by-laws revision, new committee and interest network appointments, a successful conference, and signing contracts for the 2018 SACES conference. Together, we are moving forward!

First, a huge “thank you” to all who attended, presented at, and volunteered at the SACES 2016 Conference. Because of you, the conference was a success! During the conference, our thoughts remained with SACES members who planned to attend, but were unable to due to Hurricane Matthew. The conference had a total of 1,055 registrations, and after cancellations, 967 attended. The breadth and depth of sessions offered was impressive, and the feedback we received complimented the quality sessions offered by our membership. SACES members donated \$1,162 for the Community Engagement Project which benefited the New Orleans Family Justice Center, and SACES matched that amount for a total of \$2,332 donated. Congratulations to all SACES award winners for being recognized for the important and meaningful work you contribute to our profession

(http://www.saces.org/awards_recipients).

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President's message continued

Also a big congratulations to the SACES research grant award recipients, and I wish you well as you conduct research to further inform and advance counselor education and supervision (<http://www.saces.org/research>). Finally, we welcomed Dr. Natoya Haskins as the SACES President-Elect-Elect and Dr. Rebeena Alli as the SACES Secretary-Elect! Congratulations!

In looking ahead to the SACES 2018 Conference, we have finalized the contact with the Hilton in North Myrtle Beach. I included photos from our site visit below. The hotel is on the beach, so please look forward to ocean-front rooms, the sound of the waves, and sand in your shoes.

SACES Committees and Interest Networks are connecting and working diligently. To provide a few updates, the Social Media Committee is now accepting job postings for the SACES LinkedIn page (<https://www.linkedin.com/groups/4544312/jobs>), and the Membership Committee is working with ACES and ACA to enhance communication with our membership. We will receive a final report from all Interest Networks in the spring, and if an Interest Network interests you, please reach out to the chairpersons (http://www.saces.org/interest_networks)!

As we plan for the new year, as counselors, supervisors, and counselor educators, I hope we intentionally involve ourselves in the pursuit of social justice to promote the welfare and wellbeing of our clients, friends, and neighbors. Action is needed, so please look in your communities for ways to get involved. I wish you all a happy and healthy winter break in which you can rest and rejuvenate.

All the Best,

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SACES Interest Networks

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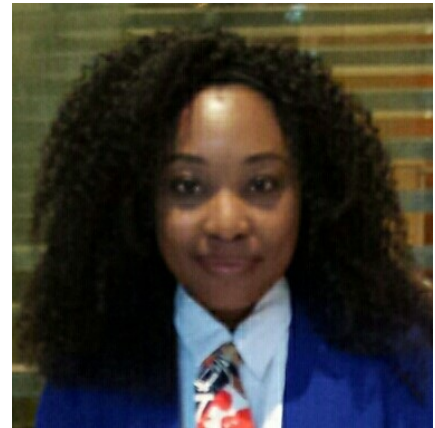
Four Tips for Using Clinician-to-Clinician Support as a Means of Preventing Burnout

By Cierra R. Davis

Your life of a clinician can be extremely stressful. A challenging caseload, paired with your home, school, child and countless other personal responsibilities can leave you feeling overwhelmed, stressed, overworked, and underpaid. A beneficial resource during times of stress can be your fellow clinicians. Perhaps one of the reasons that clinician support is so beneficial is because each one of us understands the other. We are often enduring the same stressors at the same time! It is important for you to have an outlet to discuss cases, talk about their stress and hear each other's stories. Burnout can be a result of feeling isolated or lonely. Below, I have detailed three ideas to get you on the road to connecting with your fellow clinicians.

Four Tips for supporting one another:

1. Be open. Let's be honest, all clinicians are not created equal. We all have different personalities, "ways of being", therapeutic approaches, demeanor, interpersonal styles and auras. You may naturally gravitate to certain clinicians over others or avoid some altogether. To be of support to each other, we must be willing to interact with others. Being closed minded and closed off from others in the field will only further one's feeling of isolation. Welcome clinicians from all walks of life including a variety of religions, ages, SES and sexual orientations. To make a friend, one must be a friend. Be willing to lend an ear to your fellow clinician. It is important to extend the same "unconditional positive regard" to your fellow clinician as you do your clients. You never know what your colleague (whether in your practice or otherwise) is going through whether professionally or personally. Your ear may be the only thing
2. Meet together. Research shows that when colleagues meet over lunch, cohesion and job performance (Kniffin, Wansink, Devine, & Sobal, 2015). Although this study applies to firefighters, it also applies to us as we also put out fires. Plan a potluck at your work, residence or local restaurant. Use this time to network, process research ideas or thoughts, or simply be a friend. And remember, connecting with colleagues does not have to be a time for only chatting about work-related issues. You can connect over recipes, sports or your favorite hobby! Like pedicures? Connect over a pedicure! Manicure, anyone? Networking and support don't have to be something to dread, make it fun! Walk in the park or grab a movie with your cohort.
3. Be observant and honest. Providing support to one another requires that we are all observant. Take notice of your co-workers. Are they more tired



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standing in between life or death. Again...you never know what your colleague is going through!

than normal? Emotional? Withdrawn? If you see behavior in one another that concerns you, pull your co-worker aside and be that listening ear. Provide linkages to external support (i.e., counseling) as needed. As colleagues open up about personal difficulties, honor their trust and practice confidentiality (i.e., do not discuss their business with others).

4. Take care of yourself. Self-care is an art and takes practice. With the demands on the life of a clinician, self-care is often an afterthought that can result in diminished effectiveness. Remember to MAKE SELF-CARE A PRIORITY!! Seek help from a therapist if needed. Have trouble finding the time? Put it on your outlook calendar. Put

sticky notes on your computer or set alerts on your phone as reminders.

You can plan a mini self-care activity every day and finish the week with a larger self-care activity. Make a promise to yourself to MAKE YOURSELF A PRIORITY.

Sometimes as clinicians we forget to "practice what we preach." We often advise our clients to seek support but how often do we do it ourselves? In a profession that is highly regulated and inherently stressful, it can be easy to become burdened with one's stress and the stress of clients. If we lean on each other, we can lessen the burden of our fellow colleagues and subsequently prevent burnout within ourselves. Let's be intentional and support each other, so we all end up with our sanity!

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SACES 2018 Conference – October 11 – 13, 2018
Hilton at North Myrtle Beach, South Carolina

Coping with the Challenges of Gatekeeping

By Cyndi Matthews and Teri Ann Sartor

Gatekeeping is the process whereby counselors and supervisors intervene with counseling trainees to ensure only competent graduates enter the field of counseling (Miller & Koerin, 2001). Even though students may be academically suited, they may not be clinically appropriate for the profession (Glance, Fanning, Schoepke, Soto, & Williams, 2012). Clinically inappropriate behaviors may include either the trainee's inability or unwillingness to perform professional functions of counseling (Lamb, 1987). The gatekeeping process does not stop once students graduate. It often extends into post-graduate internships and professional practice.

Both the American Counseling Association (ACA) 2014 Code of Ethics and the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) (2009) require evaluation, feedback, documentation, and sometimes even remediation and dismissal of counseling trainees. Gate slipping is the process whereby educators and supervisors allow students and potential counselors to slip through the course of being evaluated, given feedback, and/or remediated (Gaubitz & Vera, 2002, 2006). Gate slipping may occur when Counselor Educators and Supervisors do not feel supported, fear for their jobs, lack time for gatekeeping efforts or do not have policies in place to ensure quality standards (Kerl & Eichler, 2005).

As counselor educators and researchers, we have heard stories of the emotional difficulties of gatekeeping for both individuals who have and have not felt supported by others. These have included:

1. A faculty member fearing for their safety after one of their students received failing grades and a subsequent remediation plan.
2. A Counselor Supervisor anxious for their well-being and livelihood after a counseling intern

filed a complaint against their counseling license because of remediation.

3. A faculty member anxious about job security when a student was remediated and later dismissed, and then finding out that the student was the child of a prominent business person in their town.
4. Faculty members are trying to explain the necessity to gate keep based on trainees' clinical skills, even though students may have strong academic skills.

Even positive outcomes from gatekeeping can emit negative emotions on the part of the Counselors-in-Training, Counselor Educators, and Supervisors. By working with graduate students early in the training process and helping them understand gatekeeping, we can better protect gatekeepers and those being gatekept from emotional stresses that arise during gatekeeping. This process begins with counselor educators having difficult conversations with trainees regarding power differentials, boundaries, skills and competencies, and how gatekeeping protects the public.

While these conversations are important to have with trainees, it may also be necessary to have them with administrators as well. Graduate students spend a significant amount of money on graduate studies and training. Therefore, conversations need to be held early rather than toward the end of graduate training. The ACA (2014) code of ethics states. "Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic training program only when they believe that the supervisees are qualified for that endorsement" (p. 14). As Counselor Educators and Supervisors, we need to recognize that once students graduate and become licensed counselors, they can have a strong influence over the community they serve. These graduates are not only a reflection of the university or training institution but also of the counseling profession.



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Gatekeeping is a duty and responsibility of Counselor Educators and Supervisors to protect the public (ACA Code of Ethics, 2014). However, it also requires the support of other faculty members, administration, and policies to be effective, and in a way where Gatekeepers do not become burned out or emotionally exhausted, and subsequently come to hate the field they once loved.

Below we provide a list of tips to assist in the gatekeeping process. While many of these may seem like common sense, at times of stress and burnout they are often unthought-of due to emotional stress.

- Remember that gatekeeping protects the community, future clients, and the profession.
- Join a professional counseling organization. Professional organizations will assist with resources and legal counsel if needed.
- Be familiar with workplace policies related to retention, remediation processes, and dismissal at both the trainee and employee level for your role(s).
- Educate others on state and national ethical codes related to counseling and gatekeeping practices.
- Enlist a professional support system including colleagues, faculty members, and administrators. Keep each other informed of needs and concerns.
- Determine an emotional support system such as a counselor, friends, family, and spouse/partner.
- Continue to gate keep and be confident in your comments and feedback. The gatekeeping process cannot happen unless you impart your wisdom and levels of experience.



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Acceptance and Commitment Therapy (ACT) for Treatment of Posttraumatic Stress Disorder (PTSD)

By Jyotsana Sharma

Per the Diagnostic and Statistical Manual 5th edition (DSM 5, 2013), posttraumatic stress disorder (PTSD) was categorized in the Trauma and Stress Related Disorders category and defined as "the development of characteristic symptoms following an individual's exposure to one or more traumatic events" (p. 274). The presentation of PTSD in individuals varies per the symptoms that are predominant. For some people fear-based, emotional and behavioral symptoms may be present. While others may experience depressive features along with cognitive distortions or dissociative symptoms (DSM 5, 2013). Individual symptoms have led to individualized treatment. Over the years, a plethora of therapies including cognitive behavioral therapies such as trauma focused cognitive behavioral therapy (TFCBT) and eye movement desensitization and reprocessing (EMDR) have shown high levels of efficacy (Bisson, Ehlers, Matthews, Pilling, Richards & Turner, 2007).

Historically, counselors utilizing CBT have understood psychopathology in scientific ways, developing and integrating different concepts into their basic empirical understanding. The field of cognitive behavioral therapy (CBT) has witnessed three waves of theory development (Hayes, 2004). The first wave concentrated on molding existing theoretical concepts into theories that are empirically sound. The second wave incorporated social learning and cognitive principles along with emotive and behavioral values. The third wave integrated the empirically sound theoretical orientations with concepts such as mindfulness, spirituality, metacognition, acceptance, dialectics and emotions that are new to behavioral therapies (Hayes, 2004; Kahl, Winter & Schweiger, 2012).

At present, many evidence-based therapies available to treat PTSD that have emerged from the different waves of CBT (i.e., cognitive processing therapy (CPT), prolonged exposure (PE), stress inoculation therapy (SIT), EMDR [Shalev, 2009]). Given the existing research, one may wonder why an individual would go for integrative therapies such as complementary and alternative medicine (CAM), mindfulness based cognitive therapy (MBCT) or acceptance and commitment therapy (ACT). In an editorial discussing integrative mental health, Glick (2015) stated that when individuals suffering from debilitating mental health issues are unable to find adequate relief in traditional therapies they turn towards integrative methods because these approaches provide a holistic orientation for self-management.

ACT is one of the therapeutic approaches, grounded in relational frame theory (RFT; Hayes, Barnes-Holmes, & Roche, 2001; Orsillo & Batten, 2005; Luoma, Hayes & Wasler, 2007) is a part of the third wave of CBT (Hayes, 2004). To understand ACT we have to consider the basics of RFT. RFT states that development of language and subtle messages hidden in the language used by an individual leads the individual to receive covert messages about what is right and wrong.



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Emotional pain is a negative event due societal perceptions held regarding pain and suffering. ACT states that the strategies to negate pain or suffering will only work if the individual is free from the cyclical pattern of trying to make things better yet only making them worse (Hayes & Smith, 2005; Luoma et al., 2007; Thompson, Arnkoff & Glass, 2011). ACT encourages an individual to shift the way they deal with their personal experience of pain or suffering to increase psychological flexibility. Using the three pillars of mindfulness, acceptance and value-based living (Hayes & Smith, 2005; Thompson et al., 2011), individuals learn to pursue meaningful and fulfilling life activities regardless of existing pain and suffering (Wasler & Westrup, 2006; Woidneck, Morrison & Twohig, 2014). ACT targets the commitment of an individual to change rather than focusing on change itself (Orsillo & Batten, 2005).

Therefore, persons who have PTSD may benefit from ACT as it targets the ineffectual control of unwanted thoughts, feelings, and memories related to trauma facilitating an individual's understanding that strategies they may be using to avoid these may, in fact,

be promoting the same (Mulick, Landes & Kanter, 2011). Through training in ACT an individual would be able to reduce experiential avoidance and assimilate the experiences of the traumatic memory into a valued life (Mulick et al., 2011; Thompson, Luoma & LeJeune, 2013; Wasler & Westrup, 2006) as he/she moves forward.

PTSD is only one aspect of pain and suffering in the lives of several individuals, and as we make progress towards an age of integration we can be hopeful that there are options available to suit every individual. ACT cannot be expected to meet every client's need. However, researchers continue to provide support for its use as a promising integrative option for the treatment of PTSD (Batten & Hayes, 2005; Burrows, 2013; Orsillo & Batten, 2005; Thompson et al., 2011; Thompson et al., 2013; Woidneck et al., 2014).

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Meet the Editors

Elizabeth Villares, Ph.D. is an associate professor and the doctoral program coordinator in the Department of Counselor Education at Florida Atlantic University. She has been a counselor educator and training school counselors for over a decade. Her areas of specialization include counseling children and adolescents, integrating technology in school counseling program to improve data driven practices. Her current research focus includes implementing school counselor-led evidence-based programs to improve the academic achievement and social-emotional development of students in grades K-16.



Lacretia "Cre" Dye, Ph.D. is an assistant professor in the Department of Counseling and Student Affairs at Western Kentucky University. As a Licensed Professional Clinical Counselor and a National Certified Counselor, Dr. Dye has served her local, regional and national community with Heart, Mind, and Body Wellness for over 15 years. She regularly gives workshops with parents, teachers, students, and community professionals in the areas of healing, shamanic healing, yoga & drumming therapy, trauma releasing activities in counseling, urban school counseling and professional selfcare. She has published and presented at national and international conferences on these topics. Dr. Dye is a Certified Yoga Calm Instructor & Trainer, Adult Yoga Instructor (RYT-200) and a Licensed Professional School Counselor. She is currently conducting research on mindful yoga and graduate student well-being.

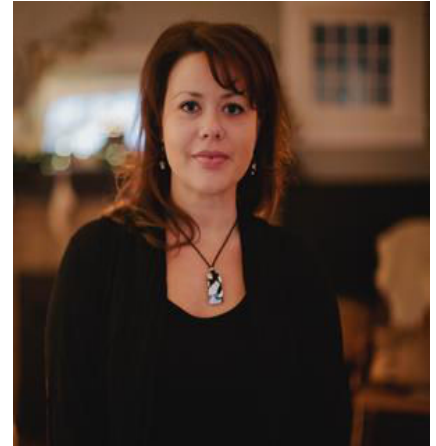


Disasters Intervention for Counselors: Why Attunement Matters

By Kristy Koser

It's becoming increasingly more important that counselors become advocates and leaders in the wake of disasters and mass violence. Johnson (2002) said, "when we face the dragon [trauma] alone, the aloneness itself is traumatizing" (p. 15). At a fundamental level, the presence of another is critical to one's ability to find meaning, make sense, and move on after collective traumas.

During a disaster, there are many moving parts that counselors must navigate. They may be a leader in speaking to the media, a trainer of volunteers, a public educator, a consultant to organizations or an advocate. They may use these roles to facilitate a joint resolution or reframe the process to promote resilience. Counselors can lead through disasters by modeling for other helpers how to remain accessible, responsive and engaged in the middle of what may feel very chaotic. Counselors in these situations are required not only to stay attuned on a micro-level, listen to individual stories of survival, but also on a macro-level, keeping in mind the collective healing timeline for families, communities, and nations.



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During a disaster, interventions tend to be short-term, delivered at an accelerated pace, and implemented in proximity to the site. These intervention techniques can be applied rapidly and still have a significant impact on the survivor at the moment. As mentioned above, a counselor's attuned presence can be what aids in healing, allowing for growth and resilience to emerge. Echterling, Presburg, and McKee (2005) introduced a technique, called the "LUV Triangle" consisting of listening, understanding and validating (p. 17). According to Siegel (2003), attunement in moments of need is crucial for establishing the safety required to co-regulate distress. The presence of another is imperative to help balance the distressing emotions of trauma, making them more tolerable, and contributing to integrate a more coherent narrative. Siegel stated, "coherent narratives emerge from such an integrative process and can be proposed to reveal, as well as promote, the resolution of trauma" (2003, p. 48). When counselors offer LUV, they help survivors move through the unveiling, speaking, and acknowledging of emotional states. Asking open-ended questions, resisting the urge to become the rescuer, actively listening for survivor strengths, and giving encouragement will help to propel the conversation further.

Together, the counselor and survivor can begin to make meaning of the situation by co-creating a survival story. Siegel (2003) noted: "It isn't just what happened to you that determines your future - it's how you've come to make sense of your life that matters" (p. 16). In those moments of distress, the counselor becomes the object of safety, a temporary attachment figure connecting right brain to right brain with the survivor, allowing for trauma to be integrated differently (Siegel, 2003). It's in these co-created relationships of healing resonance that profound change takes place.

As emotions emerge from the survivor, the counselor helps to regulate, deescalate, and lessen distressing feelings. Counselors can do this by staying attuned, asking questions regarding courage, highlighting strengths and past resilience, and using forward thinking to promote resolve (Echterling et al., 2005).

Counselors can help survivors process through emotion by tracking, reflecting, and using a soft and calm tone of voice (Johnson, 2002). These tasks assist in anchoring the co-created survival story and integrating challenging and painful emotions into the survivor's narrative of courage and endurance, resilience and resolve.

After emotions have been managed, and a survival story summarized, survivors may then be able to think about the future. Counselors can continue to ask open-ended questions, assist in facilitating self-assessments of coping, and together create forward-thinking goals. Being equipped with a coherent and linear story that helps to make sense of the past or current trauma, gives the survivor the option to feel more hope when thinking of the future.

Catastrophes can leave people feeling alone and isolated, offering LUV while linking survivors with other resources, helping to make meaning and manage emotions, and finally aiding coping are valuable services for communities recoiling from the impact of disasters. It's clear that surviving a disaster, and learning to grow from pain and devastation, takes an enormous amount of courage. To facilitate that courage, and to be able to endure what feels impossible also requires the presence of another caring person. Counselors are uniquely equipped to foster the safety and security needed to assist survivors in moving through the immediate crisis, and on to resilience.

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Graduate Students Coping Skills

By Juliana Groves Radomski

The transitional years of college require undergraduate students (traditional college students) to adapt and change; these years of emerging adulthood require learning how to balance new responsibilities. Although this new independence can be liberating, this transitional time has been found to be a stressful period of life (Chao, 2012). This time of liberation and stress does not seem to end after earning an undergraduate degree. Approximately 70% of the three million graduate students enrolled in U.S. institutions of education report stress negatively affecting their lives (El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012; National Center for Education Statistics, 2014). The stress that students feel during graduate school has been connected to financial problems, academic pressures, psychological concerns, and overall struggle with the work/life balance; which all have a direct relationship to maladaptive coping strategies (El-Ghoroury et al., 2012). When students can successfully employ healthy coping strategies, overall adjustment has been shown to be easier (Myers et al., 2012). Consequently, one can question whether graduate level programs should focus on educating and helping their students gain coping skills? If so, how and when could this be done? Programs may not have the time, energy, or financial funds to add another course to the demanding schedule of students.

From supervising graduate students, it appears that anytime students are challenged to balance classes and clinical practice stress levels increase, thus resulting in the need for students to learn positive coping strategies. Some specific time periods that come to mind are master level students' second year in a clinical mental health or school counseling program and doctoral students' third year. Graduate students within the counseling field must learn to cope with stress within and outside of the classroom as well as in the counseling session. Dealing with stress—specifically being able to respond to clients' distress



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within the moments of session—is critical. If a student can continue to have clear, engaging thoughts while encountering stressful clients, they will be able to attend to clients' needs to the best of their ability. This ability might be a challenge for some students.

Many graduate students can cope with the many demands of graduate school successfully. Coping strategies such as utilizing friends and regular exercise have been shown to decrease stress and increase students' ability to handle the pressure that comes with graduate school (El-Ghoroury et al., 2012). Additionally, using healthy coping strategies during peaks of stress can result in higher quantity and quality of sleep. Researchers show that sleep affects hormone levels, concentration abilities, and has been found to be significantly correlated with levels of obesity, with those who are getting poor sleep having more health problems (Liu et al., 2013). All this research points in the direction of our students needing the ability to cope with stress appropriately.

Supervision of graduate students provides a unique, and sometimes untaken, opportunity to process with students their ability, or inability, to tolerate stress within counseling sessions. Supervisors can get to know their students at a deeper level that they can identify when a student is having trouble coping with or identifying the stressful patterns of

interaction taking place within sessions. Although it may be uncomfortable, a supervisor can respectfully identify times in which their supervisee was unable to tolerate a client's anxiety, stress, depression, etc. A supervisor can help the supervisee learn how to identify these moments and identify some positive coping strategies. Healthy coping strategies such as establishing a network of friends, regular exercise or hobby, and good sleep hygiene have all been found to be effective coping strategies for graduate students (Myers et al., 2012).

It is not within the scope of this essay to go through specific procedures that a supervisor could take within supervision. Additionally, this submission is not saying that supervisors are not solely responsible for students being more mindful and able to tolerate stressful counseling sessions. Both professors and counseling students have plenty responsibilities. That said, one of the educators' primary functions is to train future counselors to conduct sessions to the best of their ability. Teaching students to tolerate stressful clients and sessions by applying coping strategies can lead to better client outcomes and counselor well-being.

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Informed Decisions: Exploring Professional Counseling Organizations

By Ariel D. Winston, Ph.D.

Counselors and counselor educators are responsible for retaining memberships in professional counseling organizations (American Counseling Association [ACA], 2014; American School Counselor Association [ASCA], 2010). While in graduate school, many counselor educators encourage their counseling graduate students to attend or submit presentations to professional conferences. Attendance and membership can support increased exposure and professional development about counseling topics, as well as encourage advocacy efforts (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016). While several counselor educators may encourage membership in local counseling organizations or national counseling organizations such as ACA or ASCA, membership and conference fees can become cost prohibitive for graduate students. Unless university programs provide financial assistance for students, obtaining membership can be a difficult process for students.

My counseling background includes the area of school counseling. While I currently hold membership in several organizations, I have been most active in ASCA, my state chapter of ASCA, and the Association of Black Psychologists (ABPsi, 2016; ASCA, 2016). Throughout my time as a graduate student, counselor educators and counselors encouraged me to join other counseling organizations. Some counselor educators even required memberships organizations for course credit. Unfortunately, I was not always successful in gaining unable to find information that would increase my job performance or appealed to my professional interests as a school counselor. At times, I found myself attending national conferences for organizations that did not align with my professional goals as a future counselor.



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A large personal challenge included meeting the expectations as a graduate student and meeting my needs as a professional school counselor and future researcher. Now that I have successfully defended my doctoral dissertation and begin my transition into the world of counselor education, the fear of encountering similar issues persists. Organizations such as the Association for Counselor Education and Supervision (ACES) and regional ACES branches, such as the Southern Association for Counselor Education and Supervision (SACES), stand out as prominent groups to explore, in addition to my current memberships. While I have not had the pleasure of attending an ACES conference yet, I have found the conference and resources from SACES to provide the information necessary for me to succeed as a counselor educator. Given my dilemmas as a counselor education student, it is important to me that counselor education groups also support my needs as a school counselor and future school counselor educator.

The ACA and ASCA codes of ethics encourage graduate students and professionals to join counseling organizations to support the interchange of ideas, to inform individuals about approaches to improve professional practice and to promote networking (ACA, 2014; ASCA, 2010). These standards are excellent ways to enhance the areas of counseling and counselor education. However, the practice of arbitrarily choosing organizations based on popularity or expectations of professors might not benefit students who can better spend their resources on causes in which they are passionate. ACA, ACES, ASCA, and CACREP encourage leadership and advocacy efforts that should align with student interests, competencies, and professional desires. Working within a diverse field of various counseling specializations, capabilities, and multicultural demands can make it challenging for students to find the place where their voices and meet their needs. Therefore, encouraging students to research organizations that foster professional development and curiosities can be significant for student membership. Student-centered encouragement can also support

future leadership roles and efforts within the profession.

It took time, money, increased confidence, and experience for me to understand the actual purpose of professional membership and addressing my needs as a professional school counselor. As I begin my next journey as a counselor educator, I suspect that I will also experience growth and learning curve involving my professional interests and needs. Graduate students must know that it is satisfactory to advocate for more support in their professional organizations. It is also acceptable to investigate other professional bodies that appeal to personal interests, multicultural needs, and professional requirements. The field of counseling houses individuals who recognize that there is value in distinctive ways of thinking and behaving. It is time to support students in exploring what excites them so that they can become freethinking leaders and advocates. As future counselors and leaders within the field, it is important that students do not limit themselves to the prescribed expectations of others; however, discover their options, abilities to change, and opportunities to contribute to the profession.

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Responding to Racism: Practice Reminders for Counselors

By Nicole Stargell, Sitonja Valenzuela, and Bredell Moody

Counseling is a profession which celebrates diversity, as we promote multicultural competence in our roles as practitioners, supervisors, and counselor educators. Although the majority of Americans are projected to be non-White by the year 2050 (U.S. Census Bureau, 2014), the current majority of mental health professionals are White (American Psychological Association, 2011). To mindfully address this gap, we might take the time to look at a social justice movement founded to promote a world of equality without marginalization of oppressed populations, especially Black Americans. The *Black Lives Matter* movement can inspire us to take a step back and revisit the attention that counselors must give to the effects of racism and other types of prejudice on mental health.

Black Americans experience instances of racism daily, and the incidents are often covert and difficult to detect. Many experiences of racism come in the form of micro-aggressions (Sue & Sue, 2013) that promote racist messages in subtle ways (e.g., the statement, "Your hair looks so nice when it is straightened." - can carry an underlying connotation that natural hair is undesirable). It is

important to address the compounded mental health issues that result from hidden racism in addition to addressing instances of overt racism, such as hate crimes or being the target of racial slurs.

A hate crime is defined as a criminal offense motivated by disdain for the victim's race, religion, disability, sexual orientation, ethnicity, gender, or sexual identity. In 2014, there were 3,227 racially-motivated hate crimes, and 62.7% were anti-African American bias (U.S. Department of Justice, 2015). When individuals experience an attack due to their race, the typical trauma response can occur (e.g., flashbacks, loss of pleasure, hypervigilance). Additionally, mental health consequences such as depression, suspicion of others and the local community, lack of confidence, and feelings of shame, embarrassment, isolation, and vulnerability can result from a racist component (Williams & Tregidga, 2014). When working with individuals who have experienced hate crimes, counselors should address standard trauma responses as well as the cognitions and feelings that come as the direct result of racism.

Some additional reminders can support counselors in responding to racism. First, counselors should validate that racism is real, and broach the subject with clients when it seems appropriate (Sue & Sue, 2013). Care should be taken to avoid attributing clients' presenting problems to race when that is potentially irrelevant. However, counselors should be acutely aware of experiences of racism that permeate the cultural heritage and daily lives of Black clients and other marginalized populations. Counselors can also gain knowledge by asking clients about their experiences of race, ethnicity, and culture.

All counseling relationships include multicultural elements, and counselors can address issues of race by showing a genuine interest in each client. Counselors should work to avoid a colorblind approach in which they do not see or acknowledge race because a colorblind perspective can be invalidating for clients who experience racism. Instead, counselors embrace all different racial identities and the subjective experiences of every unique individual.

While supporting diverse clients, students, and colleagues, counselors strive to remain aware of their stereotypes and biases and work to counteract unhelpful thoughts, feelings, and behaviors during the session. Supervision is a vital resource for clinicians to address personal and professional conflicts in various counseling relationships.

Additionally, it is important for counselors to maintain a process of lifelong learning to

increase competence and maintain current standards of multicultural counseling.

Finally, counselors should be mindful of their language and nonverbal cues in session. A multiculturally competent counselor maintains open posture and eliminates any physical barriers between him or herself and client. Counselors can lean forward, use a soft and slow tone, and provide a safe

space for clients to explore and gain insight.

We have all learned about multiculturally-competent counseling in various ways throughout our careers. Also, it is helpful to remember that our clients face many obstacles which can involve lifelong learning and self-reflection. Overall, counselors should intentionally identify and address covert and overt racism to support diverse clients toward achievement of their goals.

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