Dear NCCA Members,

The landscape of professional counseling has evolved tremendously across the nation over the last fifty years. The same can be said about counseling in the great state of North Carolina. However, while counseling has certainly evolved, aspects of the profession have remained the same.

**Advocacy**
We have continued to advocate for our profession. While issues and initiatives have changed, our voice has remained. Advocacy efforts across the nation and state increase as the profession becomes more cohesive year by year. We have also continued to advocate for our clients. These advocacy efforts occur each day and in a multitude of ways.

**Empowerment**
Empowering clients is a central role of professional counselors. We build therapeutic relationships with clients and, through myriad helping strategies, promote wellness. Over the years, these efforts have not wavered. While strategies, techniques, and theories have come and gone, we have not lost sight of who we are: professional counselors.

**Adaptability**
Our lives have continued to evolve. We are all now part of a global society. Technology has emerged as a central way in which professional counselors "do business." Communities are more diverse than ever. Additionally, the DSM-V was just released earlier this year. Through our adaptability, we remain steadfast in our mission to serve our clients.

As active members of NCCA, you are in a unique position to participate in the ongoing evolution of professional counseling. The question is: "How?" How will you participate? Your options are limitless, and no contribution is too small.

As conference season approaches, please consider participating. Learn how you can advocate, empower, and adapt in a multicultural society. Whether your "how" is well-defined or to be determined, take advantage of the opportunity to network, learn, grow, and contribute to our profession.

Find or refine your "how" in Pinehurst!

See you there,

Jeffrey M. Warren, President
2014 NCCA Conference: Empowering, Advocating, and Adapting in a Multicultural Society

Pre-conference
Monday, January 27, 2014

Morning Sessions (9am - 12pm):

♦ Motivational Interviewing (MI) in Addictions Counseling
  Dr. Paul Toriello

♦ Leadership Training  *Event co-sponsored by Chi Sigma Iota
  Dr. Craig Cashwell

♦ Serving Those Who Serve: An Introduction to Counseling Members of the Military and Their Families
  Dr. Angela McDonald

♦ NCACES-Sponsored Workshop: Multicultural Issues in Gatekeeping
  Drs. Susan Furr, Lyndon Abrams, & Sejal Parikh

Afternoon Sessions (1pm - 4pm):

♦ An Experiential Model for Supervisee Development
  Dr. LoriAnn Stretch

♦ Grass Roots Advocacy: Your Voice, Our Profession
  Dr. Jeffrey Warren

♦ Getting Active in Group Counseling: Experiential Activities for Success
  Drs. Scott Glass & Kylie Dotson-Blake

♦ NCACES-Sponsored Workshop: Demystifying the Professorship
  Dr. Stan Baker

For more information about the conference schedule and registration, please visit the website by clicking HERE.
Keynote Speaker
Dr. Don C. Locke

Don C. Locke retired in July 2007 from UNC Asheville as Director of Diversity and Multiculturalism, and was named Distinguished Professor Emeritus at NC State University. Previously he served as Director of the Asheville Graduate Center and Director of the NC State University doctoral program in Adult and Community College Education at the Asheville Graduate Center. Immediately prior to assuming his position in Asheville in July 1993, he was Professor and Head of the Department of Counselor Education at NC State University in Raleigh.

He is the author or co-author of more than 100 publications, with a thematic focus on multicultural issues. His 1992 book, Increasing Multicultural Understanding, was a Sage Publications Best Seller; the second edition was released in 1998; the co-authored third edition was released in 2013. His co-authored book, Culture and Diversity Issues in Counseling was published in 1996. He is co-editor of The Handbook of Counseling, published in 2001.

He is a member of Emmanuel Lutheran Church. He is a life member of the American Counseling Association, the Association for Counselor Education and Supervision, Alpha Phi Alpha, the NAACP and the YMI Cultural Center. He is a member of the AB Technical Community College Board of Trustees, Buncombe County Health and Human Services Board, and Pisgah Legal Services Board. He and his wife, Marjorie, live in Weaverville.
Counselors should be aware that 2013 has brought important new changes to HIPAA\(^i\) and that September 23, 2013 is the compliance deadline for many of these new regulatory requirements. Any counselor who is not sure if she is considered a “covered entity” under HIPAA should immediately access the online decision-making tool available at the website of the Centers for Medicare and Medicaid Services.\(^ii\) All counselors who are covered entities should move quickly to come into compliance or risk very stiff monetary penalties. Suggestions for compliance and resources for counselors are set forth below (the remainder of this article assumes the counselor is a covered entity).

To read more of this article, visit the main article page on the ACA website.

### ACA Press Release—March 26, 2013

Counselors continue to be all but shut out of the VA. Here's what you can do to help:

While we continue to see a growing need for mental health providers in the VA, there is a large, untapped pool of highly-qualified mental health professionals ready to be enlisted to help provide services to veterans. Nationwide, there are more than 120,000 professional counselors licensed for mental health practice across the country, meeting education and training requirements on par with or more stringent than those of other master’s level mental health professionals, such as clinical social workers and marriage and family therapists. Licensed professional counselors must have a master’s degree in counseling, pass a national exam, accumulate thousands of hours of post-master’s supervision, and adhere to a strict code of ethics.

In December of 2006, Congress and the President enacted legislation explicitly recognizing licensed professional mental health counselors as clinicians within VA facilities (P.L. 109-461). Almost four years later, the VA adopted an occupational standard for “licensed professional mental health counselors” (LPMHC) within the VA. Two years after the standard was adopted, and going on nearly seven years after the enactment of P.L. 109-461, licensed professional counselors are still being largely shut out of the VA mental health workforce. This deprives veterans of access to the best possible pool of highly qualified mental health providers. In 2012, the VA only posted 58 positions for licensed professional mental health counselors nationwide; during this time, the VA posted 1527 mental health clinician positions as open only to social workers. Continue reading [HERE](#).
Online Post-Master’s Graduate Certificate in School Counseling at UNC Charlotte

Interested in becoming a licensed school counselor? UNC Charlotte offers an online certificate for counselors with a master’s degree in mental health counseling from a CACREP-accredited program.

Students are admitted to the 12-credit hour certificate in March each year. Admitted students will take a course in both of the summer sessions, one course in the fall, and complete the program with an internship in the spring. Graduates are then able to take the Praxis II and apply for licensure as a school counselor in North Carolina.

The coursework is completed online and the internship can be completed at a school near you.

Applications are due by March 1, 2014.

You will find program information online. Contact Shanna Coles at shannacoles@uncc.edu for additional information.

Gardner-Webb Professor Offers Mental Health Services for Moore, Okla. Storm Survivors

BOILING SPRINGS, N.C. – The young father’s eyes filled with tears as he clutched two Mickey Mouse stuffed animals. The Moore, Okla. tornado had destroyed his home, and his family had nothing left. He sobbed as he told the Red Cross worker that he had two children, ages two and four, and he didn’t want them to see the remnants of their scattered toys among the rubble.

As a volunteer with the American Red Cross (ARC) national response, Gardner-Webb University Assistant Professor of Psychology and Counseling Sharon Webb has dozens of similar stories of heartbreaking strength after returning from a two-week deployment to Grandbury, Texas and Moore, Okla. where monstrous storms left miles upon miles of devastation.

A licensed professional counselor, Webb provides emotional support to disaster survivors, serves as a supervisor to other mental health counselors, and checks on other ARC volunteers to see how they are doing emotionally throughout their responding roles. (Cont. on page 6)
“The most challenging aspect of providing mental health support to disaster survivors is being able to make time for self-care and ‘alone time’ to reflect and process what I’ve witnessed,” Webb explained. “I have to make sure I don’t become emotionally overwhelmed while I’m trying to help others.”

The work, while rewarding, does not come without an element of private grief. “I was most personally affected as I stood in front of Plaza Towers Elementary School in Moore early one morning before beginning my time with my clients,” she shared. “I was asked to be at that location on the day the school demolition was scheduled to begin and was the first to arrive that morning. As I read the names of those young children on the memorial crosses, I cried for their families and friends. Then, I compartmentalized my own emotion so that I could prepare to be supportive for the community members and others who would be coming that day.”

Although each individual’s trauma experience is different, Webb recognized common themes shared by many of the people she assisted. “In Moore, I talked with many people who are struggling with survivor’s guilt, post traumatic stress disorder from previous traumas, and some children who were not ready to acknowledge or discuss the event,” Webb recalled. “However, I also discovered that many were very resilient, even finding creative ways to express humor at the sight of their demolished homes. There were also messages of strong faith painted on garage doors of homes that were left only partially standing.”

Initially deployed to Grandbury, Texas, Webb encountered many survivors who did not own their homes, but were renting and had no insurance. “Most of the people were determined to stay in their community, but there were a few who said they would relocate to a place where tornadoes were not a threat,” she said. “I had the honor of meeting people with great faith and resilience. One young couple wore rubber bracelets with the words ‘God is Big Enough.’”

After just five days in Texas, Webb was transferred to Moore, Okla. for the remaining nine days of her two-week deployment. She returned home just over a week ago and the memories of her experiences are fresh and vivid. Last summer, Webb participated in her first national deployment with the Red Cross when she assisted individuals affected by the Montana wildfires. She also spent a week on a Northern Cheyenne Indian Reservation where she met with clients in the shelter and throughout the community. She believes her volunteer service benefits her students at Gardner-Webb in a variety of ways.

“Volunteering with ARC for national mental health response enhances my ability to share real-world experiences with my students who are pursing similar professional degrees,” Webb offered. “I hope to increase students’ awareness of needs for service in diverse areas. Those who take my crisis intervention course this fall will be volunteering with a crisis agency of their choice and will be trained in national disaster response. Hopefully, that will inspire them to continue their involvement.”

As a volunteer with the ARC for several years, Webb believes there is a place of service for individuals of all ages and backgrounds. “If you enjoy meeting and helping diverse people from all walks of life, then national response with the Red Cross is a wonderful area to be involved in,” she encouraged. “I always come away from deployments with gratitude for the people I have had the opportunity to serve, and with reminders of gratitude for God’s grace.”
We had a productive 2012-2013 year. We ramped up our efforts to increase division membership, created two division awards, and established an awards committee to review nomination packets. To that end, our division was presented with the NCCA 2013 Most Improved Division Award at the annual conference.

While we planned a drive-in poster conference in the spring of 2013, we had to cancel the event due to low submission numbers. Given we want to increase active participation while honoring the difficulties related to travel costs, we are looking into other options to provide professional development opportunities to our members in the coming year. Our first step in accomplishing this goal is announcing our new professional development chair, Dr. Mark Schwarze, Assistant Professor, UNC Pembroke.

Another great development is that Dr. Jack Culbreth, Professor at UNC Charlotte, has agreed to attend NCBLPC meetings. We hope that by attending the meetings, Dr. Culbreth will be able to share current information with our members and offer suggestions to counselor education programs that could improve the processes and practices related to licensure for our graduates.

We hope you have a wonderful fall 2013 semester and look forward to your membership and participation in NC-ACES.

Sincerely,

Sejal Parikh, Ph.D.
NC-ACES President
Dr. Sejal Parikh worked for five years as a professional school counselor and has earned her Doctorate. She is beginning her sixth year as an Assistant Professor at the University of North Carolina at Charlotte.

Dr. Parikh describes her home as “where my family is.” She cites her parents and grandparents as the informal sources of her education. Her post-secondary formal education occurred at the University of North Florida where she earned a Bachelor of Arts degree in Psychology and a Master of Education degree in Counselor Education. She continued on to earn her Ph.D. in Counseling from the University of North Carolina at Charlotte.

It was difficult to name her greatest professional accomplishment throughout her extensive journey; however, taking a leadership role and advocating for a school-wide discipline program is at the top of the list. Dr. Parikh observed that elementary students were being suspended from school. Although she was not involved in the discipline referrals, she became involved in teacher trainings, creating policy changes and providing direct services to students and families. This same scenario serves as Dr. Parikh’s biggest professional challenge. It required changing a system, challenging perceptions and building relationships.

Dr. Parikh has several counseling-related resources that she considers favorites. A few of those resources are:

- The ASCA National Model (3rd Edition)
- School Counselor Accountability: A MEASURE of Student Success (3rd Edition) by Carolyn Stone and Carol Dahir
- The Creative Arts in Counseling by Sam Gladding
- Savage Inequalities: Children in America’s Schools by Jonathan Kozol

When asked to share words of advice for students, Dr. Parikh states that “caring for yourself means caring for your clients.”

Dr. Parikh would also like to add, “GO GATORS!”
Mental health concerns, large and small, are quite common. SAMHSA (2013) reported that in 2008, 9.8 million adults in the U.S. were living with a mental illness, and two million youth between the ages of 12 and 17 reported a major depressive episode. In 2020, behavioral disorders will surpass all physical diseases as a major cause of disability worldwide. Why, then, are mental health concerns still untreated, feared, shamed, and stigmatized?

Mental illness stigma is defined as a mark of disgrace, or discredit. Stigma originates from stereotypes, negative attitudes, and labels. We know now that stigma is a huge barrier for those living with serious and persistent mental illness. Self-stigma describes stereotyping, judging, and labeling oneself; associative stigma, when friends and family experience the stigma of having someone close to them with a serious mental illness; or public stigma – the general public labeling or stereotyping the person who is diagnosed. Mental illness stigma is one of the largest barriers for those struggling with mental health concerns. In fact, there is research that demonstrates that stigma is a barrier for those experiencing common struggles such as depression and anxiety, and because of stigma, these treatable concerns go undiagnosed, often resulting in more serious problems and suicide. To me, it seems that the sooner we can get comfortable with the idea that struggling with mental health is not weak, strange, or shameful, but rather normal, the sooner those who are struggling can get the help they need.

What does all of this mean for counselors? A large part of counselor identity includes wellness, strengths, and developmental perspectives; however, we also find ourselves in direct confrontation with other longstanding, more traditional philosophies about mental illness and mental health treatment. I believe that we must keep educating one another and other mental health professionals about wellness, strength-based perspectives, and the notion that it is very possible to live successfully with mental illness. As professional counselors, we must also continue to demand access to healthcare. According to Centers for Disease Control and Prevention 57.5 million U.S. residents were uninsured for at least part of the year in 2012. With so many Americans with little to no access to health care, mental health care seems completely out of reach. As a first step, we must advocate to make professional counseling services more readily available. This might include taking political action through media campaigns, lobbying, or disseminating research to policy makers. Only then can people understand and support the field of mental health, talk about struggles, and live healthy and productive lives with mental health concerns, large and small. We can also continue to normalize mental health treatment, and correct others when we hear stereotypes, labels, judgment about seeking mental health treatment.

In closing, we must join together as counselors in order to combat mental illness stigma. Every little bit helps.

Allison Crowe, PhD, LPC, NCC is an Assistant Professor of Counselor Education at East Carolina University. She is a licensed professional counselor in North Carolina with clinical experience with adults with severe and persistent mental illness, crisis, dual diagnosis, and survivors of domestic violence. Allison researches stigma related to mental illness, stigma and domestic violence, mental illness and the family, and creativity in counseling and counselor education.
When I tell people that I am a child therapist who uses play therapy, I usually get a confused look and am asked, “What’s that?” After explaining what it is, the person often says, “Oh, so you get to play with kids?” and “What does that do to help?” I’m here to hopefully clear up some misnomers about play therapy and share a bit more about my experiences.

Child Centered Play Therapy (CCPT) is much more than a set of techniques or skills that are applied to children; rather it is a way of being in the playroom where the relationship means everything. Working in the domestic violence shelter, I have seen just how powerful that relationship can be. Children exposed to complex trauma (trauma that is repetitive in nature and often part of their daily environment), usually have disruptions in meaningful relationships, resulting in issues with attachment. I have seen first-hand in the playroom how these attachment issues can positively progress through the CCPT relationship.

Children who come into the playroom shy, playing with their backs towards me, and engaging in simplistic play, begin engaging me in their play and working through their issues with the toys and materials provided. A feeling of empowerment, control, freedom and safety to be who they are, and a greater acceptance for themselves also develops. The items in the playroom are children’s words, their way of connecting the abstract thoughts and feelings in their heads to their concrete world. With the toys and materials present, they naturally begin to communicate with the therapist and allow him/her into their world.

Seeing children through this process is special privilege, and I am honored to be a part of their journey. Offering children genuine respect and integrity as well as believing in them is an invaluable gift we can all give them, whether we are their therapist or not. So, next time when you see children playing, remember that it’s not “just playing.” It is their way of communicating and letting you into their world, reaching out to build relationship.
American Counseling Association News

ACA Conference & Expo

March 27-30, 2014, Honolulu, Hawaii

Pre-conference Learning Institutes:
March 26-27

Register Now for the largest, most comprehensive professional development event of 2014. Click HERE for registration and conference rate information.

Morgan Spurlock, Academy Award-Nominated Director of Super Size Me and Documentary Filmmaker

Friday, March 28, 2014
8:30 a.m. – 10:00 a.m.

Morgan Spurlock is an award-winning writer, director, and producer best known for his immersive explorations of the social issues that both directly and indirectly shape the choices and life paths of our clients, students, colleagues... and ourselves. As a man with his finger on the pulse of a rapidly changing society, Spurlock will share experiences, insights, and reflections from the front lines of American culture.

Learn more

Cloé Madanes

Saturday, March 29, 2014
8:30 a.m. – 9:30 a.m.

Cloé Madanes is a world-renowned innovator and teacher of family and brief therapy and one of the originators of the strategic approach to family therapy. She has authored seven books that are classics in the field: Strategic Family Therapy; Behind the One-Way Mirror; Sex, Love, and Violence; The Secret Meaning of Money; The Violence of Men; The Therapist as Humanist, Social Activist, and Systemic Thinker; and Relationship Breakthrough. Learn more
Though professional counseling was essentially founded on advocacy values, professional counselors have increased focus on client and professional advocacy in the last few decades. NCCA underscores the importance of client and professional advocacy efforts in North Carolina by incorporating such efforts into its organizational goals and fundamental purposes. An important function of advocacy is collaboration with other professionals; as Myers, Sweeney, and White (2002) pointed out, a counselor’s ability to bring about change to multifaceted, systemic issues that clients face rests heavily on interdisciplinary partnerships with allies. At some point, many counselors learn to identify strong counseling advocates and allies that are not counselors themselves. The purpose of this article is to highlight one such advocate for professional counseling in the Triad area.

Katha Henderson is the Emergency Department Educator for Alamance Regional Medical Center (part of Cone Health system) in Burlington, NC. In her 27 years of nursing experience, she has worked in various emergency rooms and has served as a preceptor for over 250 nurses. Thus far in 2013 alone, at Wesley Long Hospital in Greensboro, Katha has advocated successfully for group counseling services for patients being held in the psychiatric unit of the emergency department, organized verbal de-escalation training for nurses and nurse techs in the emergency department, and organized a system-wide hospital presentation on acute mental health needs for Cone Health employees; all of these efforts involved professional counselors. Katha’s dedication to advocacy has evolved over time into a passion for behavioral health education with intent to optimize care for hospital patients.

In 1980, Katha earned her B.A. in secondary education with a major in history and a minor in literature. She has also earned a degree in Biblical studies. She paid her way through college by cleaning houses in the afternoons for Palm Beach, Florida millionaires and by working as a nursing assistant at night, a seemingly dichotomous career which she calls, “an interesting blend of social exposure.” She later transferred into the emergency department at Good Samaritan Hospital in West Palm Beach where she developed a calling for emergency care. This was also her first introduction to behavior health work. She then applied to nursing school and earned her RN in 1986.

As a nurse, Katha strongly resonates with the word “advocate,” and she identifies herself as a direct behavioral health advocate and an education advocate for her nursing colleagues. She says, “To truly advocate for [behavioral health patients], I need to be actively involved in pushing for increased education and understanding within my peer group. I also understand that there has to be a culture shift in the treatment of these patients.” Katha identifies the physical invisibility of behavioral health and the repetitiveness of hospital emergency visits as difficult issues for many emergency care providers. “Rather than this being seen as part of their disease process,” she explained, “it is often viewed as abuse or manipulation of the system.” Additionally, she sees the lack of education and understanding of behavioral health needs and diagnoses as major contributors to a generally negative mind-set by many nurses.
With a steady increase in behavioral health emergency care visits over the last few years, Katha believes that staff education is paramount. She states candidly, “Education of staff to have a true understanding of the effects that [mental illness] wreaks upon individuals, their families, and their relationships is a good place to start…Empathy, understanding, and advocacy would be an instant result of this education.” She also highlights the need for increased availability of treatment facilities and inpatient beds for acute needs. In her own emergency care work, Katha is highly intuitive of the complexities surrounding behavioral health needs, and she utilizes as many resources as possible (e.g., professional counselors, chaplains, social workers) to meet behavioral health needs. As an advocate, she goes beyond the call for education and understanding by doing these things herself, both one-on-one with her patients and systemically by modeling appropriate behavior and organizing training for her colleagues.

In the spring and summer of 2013, Katha was working as an emergency department nurse at Wesley Long Hospital in Greensboro. Recognizing that the emergency department was holding patients who were waiting for acceptance to inpatient facilities for days and weeks at a time, she saw an opportunity to provide more assistance than just medication. She successfully requested that group counseling services be offered on the psychiatric unit of Wesley Long’s emergency department. She then reached out to a hospital chaplain and a counseling intern working in the adjacent Cone Health Cancer Center (the author), who both agreed to provide services. By summer’s end, group counseling was being offered and consistently utilized five days per week. In addition to lobbying for counseling services, she also collaborated with professional counselors to offer a series of verbal de-escalation workshops for emergency department staff at Wesley Long, as well as a half-day workshop on understanding and responding to acute mental health concerns that was open to all of Cone Health.

Looking to the future, Katha believes that education for emergency care staff is vital so that behavioral health patients are seen as deserving of excellent care just as any other patient that presents for services. Katha has seen recent recognition among administrators that hospitals need to do better in caring for behavioral health, but she is quick to point out that this is but a first step. She continues, “[Behavioral health patients] are not ‘second class’ patients…Until physicians, nurses, and other staff have an ‘aha moment’ so that they view these patients as deserving of the best care possible like any other patient population, education will continue to be key.” Katha has a profound respect for professional counselors, and she values their role in her patients’ recovery. She also believes that ongoing, healthy collaboration between professional counselors and hospital workers is a crucial piece for successful advocacy. Specifically, she believes that, “exchange of ideas, education, and information are keys to optimize care for our patients.” In sum, Katha believes that empathy and healing will be the result both professions are striving for and the patient will be the beneficiary. (Cont. on page 14).
Katha Henderson is not a professional counselor, yet she may be a stronger client advocate than many professional counselors. She recognizes the systemic issues that impact clients, and she sets out both to meet the needs of hospital patients directly and to ensure fair treatment of behavioral health patients in hospitals through education. Further, she goes beyond her required nursing role to advocate for clients at staff and organizational levels. Katha embodies what it means to be an ally to clients and counselors.

Professional counselors can strengthen their own advocacy efforts by allying with other professionals like Katha. The more that other professions, particularly those in emergency medicine, can collaborate with professional counselors, the better services clients can receive at all levels of care. As Katha stated, there is a slow yet gradual shift toward improving behavioral health emergency care. There is still plenty of work to be done, and professional counselors can spearhead advocacy efforts by building relationships and alliances with advocates in and out of professional counseling. Emergency medicine and clinical mental health counseling need more Katha Hendersons, and professional counselors need to find people like her to work together to remove systemic barriers to client wellness.

Reference:

Bradley McKibben is a 2nd year doctoral student of counseling and counselor education at The University of North Carolina at Greensboro. He has his M.S. in community counseling from North Georgia College & State University. He is an LPCA in NC and an NCC. His research interests are in client and professional advocacy and leadership in counseling.
Meet the Carolina Counselor Section Editors

Legislative News

Emily Gray is currently a Clinical Mental Health Counseling graduate student at the University of North Carolina at Pembroke. She is interested in working with children who have suffered from maltreatment and neglect. She would like to research how maltreatment and neglect impact child development. She would like to incorporate art and music into counseling as a form of treatment, as well as play therapy.

Around Campus

Yayranex Ayala is currently a Clinical Mental Health Counseling student and master’s candidate at the University of North Carolina at Pembroke. Being a student in this program has allowed her to explore many interests in counseling and to develop skills as a professional helper. It has expanded what once was a narrow focus, into a world of endless possibilities in being helpful to those trying to achieve wellness. During her time in the program, she has focused on learning about mindfulness and employing it as her theoretical approach. In the near future she hopes to continue research in mindfulness in therapy, Energy Psychology, and to seek training in therapeutic yoga as well as energy healing.

Division News

Rebecca Scherer PhD, LPCA, NCC has been the Division News Section Editor for the past two years. She recently defended her dissertation examining trait anxiety, attachment quality, multicultural counseling competence, and therapeutic working alliance of child therapists using play modalities. She will officially graduate from the University of North Carolina at Charlotte in December, 2013. Currently she resides in Charlotte, North Carolina where she works in private practice and for a local agency as a community support team lead and outpatient therapist.
NCCA Member Spotlight
*Tiffany Cooper* began her professional career as an educator teaching middle school. She is a North Carolina Teaching Fellow and earned her Bachelor of Arts degree in Middle Grades Science and Math from North Carolina Central University in Durham, North Carolina. Tiffany hails from a family of educators. Realizing that she enjoyed the conversations that her students chose to have with her and realizing how students’ personal issues impact their academic productivity, she pursued a Master of Arts degree in Counselor Education with a concentration in School Counseling. Tiffany looks forward to assisting students with their academic, personal/social and career goals.

Perspectives from the Field
*Emily Donald* is a doctoral student at the University of North Carolina at Charlotte. Currently in her 5th year, she is chipping away at her dissertation while maintaining that the only non-negotiable goal is to finish, even if it takes a bit longer. She has two children, ages 4 and 2, as well as a wonderful husband without whom this whole PhD thing would be impossible. Emily's research interests are in play therapy, social justice, and the internationalization of counseling. She is a registered play therapist and licensed professional counselor; she has experience working with all ages in an agency setting.

NC Diversity and Advocacy
*Shanna Bell* is a Bronx, NY native who graduated in 2009 from North Carolina Central University with Bachelor’s in Psychology. While at NCCU she was resident assistant for residential life and intern for the psychology department. She is currently a graduate assistant for the Professional School Counseling Program at UNCP; she is also a member of Chi Sigma Iota. She is enjoying learning about the fundamentals of counseling. Her goal is to work with children and veterans.
NORTH CAROLINA COUNSELING ASSOCIATION
- MEMBERSHIP APPLICATION -
JULY 2013 - JUNE 2014

(PLEASE PRINT)
☐ Miss  ☐ Ms.  ☐ Mrs.  ☐ Mr.  ☐ Dr.
Name: ___________________________  ___________________________  ___________________________
Mailing Address: ___________________________  ___________________________  ___________________________
Telephone: (H) (______) (O) (______) ___________________________
Employer/School: ___________________________

Primary Position: ☐ Counselor  ☐ Counselor Educator  ☐ Student  ☐ Other
Setting: ☐ Agency  ☐ Community College  ☐ University  ☐ Private Practice  ☐ K-12 School  ☐ Other

☐ Please DO NOT include my name in a directory of NC Counselors. ☐ Please send paper newsletter INSTEAD of an electronic one.
Please note: Your contact information may be shared with other professional organizations for the purpose of professional development.
☐ Please DO NOT share my contact information with other professional organizations.

ANNUAL NCCA MEMBERSHIP DUES
(Required for enrollment in any division)
☐ Professional $60.00
☐ Regular $60.00
☐ Emeritus $15.00
☐ Student ** $15.00

ANNUAL NCCA DIVISION AND INTEREST GROUP DUES
NC Association for Counselor Education and Supervision NCACES 10.00
NC Career Development Association NCDDA 15.00
NC Association for Humanistic Counseling NCAC 5.00
NC Association for Assessment in Counseling NCAAC 2.00
NC Association for Multicultural Counseling & Development NCAMCD 5.00
NC Association for Spiritual, Religious & Value Issues in Counseling NCASERVIC 3.00
NC Association for Specialist in Group Work NCASGW 5.00
NC Addiction & Offenders Counselor Association NCAOCA 12.00
NC Mental Health Counselor Association NCMHCA 15.00
NC College Counseling Association NCCCA 10.00
Association for Gay, Lesbian and Bisexual Issues in Counseling of NC AGLBIC of NC 5.00
NC Association of Marriage and Family Counselors NCAMFC 10.00
NC Association of Adult Development and Aging NCADA 10.00
Association for Child and Adolescent Counseling - NC ACACNC 10.00
NC Graduate Students Association NCGSA 5.00

TOTAL ENCLOSED $________

☐ Check payable to: NCCA MEMBERSHIP
☐ VISA ☐ MasterCard ☐ American Express ☐ Discover
☐ Expiry Date

Signature ___________________________
(Required to process if paying by credit card)

MAIL TO: NCCA, P.O. Box 20875, Raleigh, NC 27619  CREDIT CARDS MAY BE FAXED TO: 919.782.9470

Note: Professional dues may or may not be deductible in full or part. Please check with your tax preparer. Approximately 10% of your NCCA dues are allocable to nondeductible lobbying efforts on behalf of the counseling profession in the state.

** Graduate Students: (Students are intended to be full time and memberships are granted at the discretion of NCCA)
Please have your counselor education faculty member sign the following statement.

"I hereby certify that the applicant is engaged in counseling studies during the current academic year."

Signature ___________________________
Signature of professor and University/College Name ___________________________

I am aware that I may be dropped from membership in the association for conduct that is contrary to or destructive of its mission according to its Bylaws and the Code of Ethics for the American Counseling Association.
The North Carolina Counseling Association represents diverse interests of its membership through an Executive Council, geographically located members, specialty organizations, and committees.

The fundamental purposes of the North Carolina Counseling Association shall be:

- To provide a united organization though which all persons engaged or interested in any phase of the counseling profession can exchange ideas, seek solutions to common problems, and stimulate their professional growth.
- To promote professional standards and advocacy for the counseling profession.
- To promote high standards of professional conduct among counselors.
- To promote the acceptance and value of individual differences and the well-being of all individuals.
- To conduct professional, educational, and scientific meetings and conferences for counselors.
- To encourage scientific research and creative activity in the field of counseling.
- To become an effective voice for professional counseling by disseminating information on, and promoting legislation affecting counseling.
- To encourage and support divisions and chapters.

Contact Us:

**President:** Jeffrey Warren  
jeffrey.warren@uncp.edu

**Past-President:** Chris Greene  
chrisgreene@northstate.net

**President-Elect:** Scott Glass  
glassj@ecu.edu

**President-Elect-Elect:**  
Angela Shores  
ashores@montreat.edu

**Secretary:**  
Angela Brooks-Livingston  
angelabrookslivingston@gmail.com

**Treasurer:**  
Shirlene Smith-Augustine  
shirleneaugustine@hotmail.com

**Member-at-Large:** Shanita Brown  
ssbrown4@aol.com

**Member-at-Large:** Angela McDonald  
anagela.mcdonald@uncp.edu

**Executive Administrator:**  
Calvin Kirven  
P.O. Box 20875, Raleigh, NC 27619  
888-308-6222 (W), 919-256-2521 (local)  
ckirven@continentalpr.com

**Dir. of Information and Technology/NCCA Newsletter Editor:**  
Kathryn Kelly  
kcs002@bravemail.uncp.edu  
nccounselingassociationweb@gmail.com