Greetings NCCA Members!

The annual NCCA Conference is right around the corner. We are excited to have the conference return to the Grandover Resort in Greensboro in February (11th-13th). On Wednesday, February 11th, there will be a variety of pre-conference workshops available, and we encourage you to visit our website to learn more about those sessions.

We have over 150 presenters who will be presenting at the conference, and we are excited about the diversity of information that will be represented. The conference provides a great opportunity to connect with others around the state (and beyond) who share your passion for counseling, and allows attendees to be introduced to future counselors as well. This conference has a lot to offer, and we encourage you to join us!

In addition to the conference, the NCCA Governing Council is working on other projects as well. NCCA continues to work towards offering CEU credit through webinars. Currently, we have two webinars we are hoping to offer before the 2014-2015 year is complete. We are in the process of requesting permission to offer CEUs via an online format, and hope to have that process completed in time to offer these workshops in the upcoming months.

I would also like to encourage our members to think about becoming more involved in NCCA. The success of NCCA and its divisions is due to those who are willing to volunteer and get involved. There are a number of leadership opportunities through the Governing Council or the various divisions. If interested in finding out more about such opportunities, I encourage you to contact NCCA. In addition, on Friday, February 13th at the NCCA annual conference, there will be a “NCCA Lunch with Divisions” that I would encourage you to attend. This lunch is an opportunity to meet with the division leadership and inquire about ways that you may join in. Please get involved.

Thank you for all that you do for the profession, particularly in the state of North Carolina.

Sincerely,
Scott Glass
NCCA President 2014-2015
2015 NCCA Conference:
Navigating Our Professional World: Ethics, Technology, Advocacy, & Diversity

Conference Dates: February 11-13, 2015
Conference Location: Grandover Resort, Greensboro, NC

ONLINE REGISTRATION

Hotel Reservations:
Visit www.grandover.com
1. Click on “Check Rates”
2. On the new screen click “Promo/Corporate Code”
3. Select the bubble option for “Group Code”
4. Enter Group Code: NCCA15
5. Click “Update” then “Confirm”
6. Create reservation

Preconference Rates:
- NCCA Member – $110
- Non-Member – $140
- Student or Emeritus (NCCA Member) – $70
- Student or Emeritus (Non-Member) – $85
A detailed list of conference sessions will be posted closer to the conference date.

Conference Rates:

Full Conference:
- NCCA Member – $205
- Non-Member – $275
- Student or Emeritus (NCCA Member) – $145
- Student or Emeritus (Non-Member) – $165
- Conference/Membership Bundle for Non-Members – $265

One Day Conference:
- NCCA Member – $140
- Non-Member – $210
- Student or Emeritus (NCCA Member) – $100
- Student or Emeritus (Non-Member) – $120
- Conference/Membership Bundle for Non-Members – $200
2015 NCCA Conference:
Navigating Our Professional World: Ethics, Technology, Advocacy, & Diversity

Preconference Workshops on Wednesday, February 11, 2015

Wednesday, February 11th 9:00am-12:00pm

Demystifying Ethical Decision Making and the Complaint Process
Dr. LoriAnn Stretch & Dr. Ka'rae’ N. Carey
Ethical decision making is a critical component of any counselor’s toolbox. Join Drs. LoriAnn Stretch and Ka’rae Carey for an overview of the 2014 ACA Code of Ethics, the NCBLPC complaint process, and two ethical decision making models.

Motivational Interviewing in Addictions Counseling
Dr. Paul Toriello
Motivational Interviewing (MI) is an empirically supported approach to counseling clients with addictions issues. In a large number of empirical studies, MI has shown to be an effective intervention to improve rapport and increase retention and outcomes of persons with addictions issues. Participants in this workshop will be exposed to the MI philosophy, theory, and skills as they relate to the use of MI with consumers with addictions issues.

Wednesday, February 11th, 1:00-4:00pm

Creative Approaches for Counseling & Classroom Settings
Dr. Allison Crowe
This presentation will discuss creative approaches for counselors and counselor educators who are interested in supplementing traditional clinical and didactic methods with experiential ones. Participants will have an opportunity to try activities and will leave with resources they can utilize in their clinical work with clients or in the classroom with counseling students.

Positive Psychology in Integrated Care
Dr. Russ Curtis & Katie Goetz
This workshop is designed to introduce participants to the theory and practice of positive psychology and integrated health care. Throughout the workshop, students will practice research-based positive psychology interventions and determine how they can best be used to help clients who are receiving services in integrated care practices live healthier and more fulfilling lives.
Jeremiah holds a Master of Science degree in Counseling from the University of North Carolina at Greensboro. He is experienced in working with college students, young adults, adolescents, children and families. He is a Licensed Professional Counselor in North Carolina and Georgia, a Licensed Clinical Addictions Specialist in North Carolina and a Certified Advanced Alcohol and Drug Counselor in Georgia.

His career includes service in full-time college ministry, practice with the public mental health system, private counseling practice, partnerships with grant-funded programs, and work in the juvenile justice system. He is currently the Founder and Senior Consultant at The Center of Hopes™ a counseling, speaking, and training organization that provides therapeutic intervention, training and education to youth and families.

He presents as a guest speaker at conferences, schools, churches, universities, and community programs. His speaking topics include racial/ethnic diversity, treating addictions, attention-deficit hyperactivity disorder, anger management, behavior disorders in youth and young adults, identity development and team building.

Jeremiah has provided services to and worked with a variety of entities including: Georgia Southern University Continuing Education, Clark Atlanta University, Gardner Webb University, Charlotte Area Health Education Center, Niles School District, School Nurse Association of North Carolina, North Carolina Governors Crime Commission, and the Virginia Department of Alcohol and Beverage Control Board.
2015 NCCA Conference:
Navigating Our Professional World: Ethics, Technology, Advocacy, & Diversity

Conference Links

ONLINE REGISTRATION
PRINT AND MAIL CONFERENCE REGISTRATION FORM

CONFERENCE AT A GLANCE

CONFERENCE PROGRAM

Gold Sponsor: The University of North Carolina Charlotte
As counselors, we are acutely aware of limitations imposed on us by mental health providers. Historically, testing and other mental health services could only be provided by licensed psychologists and social workers. While there is the understanding that counseling is a newer field within mental health, we have fought to earn our acceptance and establish our professional identity through education, training, licensure, and certifications. We also have a stronger voice and impact on legislation when we advocate for ourselves.

Two of the more recent challenges have been around third-party billing and providing services to military service persons in VA hospital settings. Regarding third-party billing, LPCANC reported in their most recent newsletter (January 2015) that Blue Cross Blue Shield (BCBS) is now removed the “not board certified” label on LPCs listed on their website and soon LPCs and LPCAs will be included on the BCBS practitioner search page. In general, the process for counselors (LPC and LPCA) seeking Medicaid/Medicare reimbursement is easier than it has been in the past.

In terms of the military, counselors are certainly qualified to work with issues unique to service men, women, and their families. We have an understanding of military culture and training on issues such as PTSD, TBI, depression, addiction, grief/loss, sexual trauma, etc. Many of us have family members who served and some of us grew up in military families, married someone who served or is serving, or served ourselves. Still, we have had to push to get into VA hospitals to work with this population. Fortunately, some VA hospitals are hiring LPCs and we can begin providing services to Veterans.

The latest challenge has been around LPCs being able to participate in (and be reimbursed for) telepsychiatry services. According to the NC Division of Medical Assistance Telemedicine and Telepsychiatry Medicaid and Health Choice Coverage policy (2013), the following professionals can provide telepsychiatry: physicians, advanced practice psychiatric nurse
practitioners, advanced practice psychiatric clinical nurse specialists, licensed psychologists (doctorate level), licensed clinical social workers (LCSW), and community diagnostic assessment agencies. Understandably, LPC practitioners are frustrated when they work in a setting where they are capable of providing services, but only a colleague who is a LCSW or licensed psychologist can respond to the telepsychiatry call.

Last year the NC General Assembly (NCGA) passed into law a statute giving the Office of Rural Health and Community Care oversight of the statewide telepsychiatry program. The language in the ruling does not make it clear that LPCs could be included as stated: “A physician or other health care provider licensed in this State to provide acute mental health or substance abuse care” (NCGA § 143B-139.4B). In practice, LPCs have reported not being included as providers of telepsychiatry services.

Even though we have come a long way over the last several decades, counselors still need to advocate for themselves. If issues in this article impact you including third-party reimbursement, counseling in VA hospitals, participating in telepsychiatry services, or any other concern, contact your local legislators and NCCA. This website is helpful in finding contact information for State officials: http://nccanso.org/resources/. Making sure your voice is heard and informing colleagues in your professional organizations makes a difference. In fact, this article was inspired by a former leader of NCCA.

Finally, as former ACA President and current Professor Bradley Erford recently stated in a Counseling Today article (March, 2012), counselors would do well to unify and speak with one voice so that our message will be clear and taken seriously. Validity of practices and assessment of outcomes would do well to increase our credibility as a profession. As I have learned over the past year, reading and understanding current events does take time, but it is our responsibility as counselors to be informed and advocate for our profession.
The 37th Annual Legislative Breakfast on Mental Health was held on January 24, 2015 at the Friday Center in Chapel Hill. Not only was the meeting enjoyable and informative, but there was also artwork from the UNC Brushes With Life Touring Exhibit, music by local performers, and of course, a great breakfast. The meeting was free and open to the public, but attendees were encouraged to register and submit questions for panelists prior to the event. Participants were also invited to make a suggested donation of $15 for Josh’s Hope Foundation, Inc.

As the meeting got underway, several people, including one of the panelists and one of the musical performers, told their stories of navigating the mental health system. Their stories highlighted some of the challenges and barriers that people of all ages face in our current mental health system. One person noted that incarcerated persons with mental health issues go untreated and without medication for long periods of time if they are treated at all. There is not enough funding for psychiatrists to serve this population. He also stated that some people with undiagnosed mental health issues end up in jail because of lack of awareness and treatment.

Several legislators spoke individually before the Town Hall Forum. President of NC Association of County Commissioners, Ronnie Beale, brought up several important points. He asked, “what if mental health was a virus? Boy, people would notice then...” He went on to ask, “what other illness can you be in the hospital for 7 days or more with no treatment?” Beale also remarked that younger people, even children, are being involuntary committed. This begs the question: what is being done to prevent mental health issues?

Senator Tamara Barringer (R-Wake) reported that the Psychiatric Residential Treatment Facility bill was successful in giving children in mental health facilities the right to a public education. In the past, children with cancer living in facilities were given the opportunity to get a public education, but children with mental health issues living in facilities were not. She warned that if we don’t get a handle on prevention and managing the mental health system, we will “drown our state financially.”

In addition, Senator Mike Woodard (D-Caswell) stated that with constant changes in funding, leadership, the Recession, etc. no wonder the mental health system was not working properly. He said that advocacy should occur all the time, not just during
legislative seasons. He encouraged us to invite legislators to meetings. Commissioner Beale added that legislators are often not aware of issues unless we tell them. The NC Deputy Secretary of Behavioral Health and Developmental Disabilities Services, Dave Richard (along with several others) said that we need to work toward eliminating the stigma of mental health issues. He went on to say that services need to be available immediately to persons in crisis and integrated within the larger health care system. Several speakers mentioned a more holistic view of health, rather than separating physical and mental health and focusing on sickness rather than wellness.

During the Town Hall Forum, attendees were asked to submit questions for the panelists to field. The panelists consisted of NC Representatives, a Senator, a District Attorney, a MD, and two members of Consumer Voice. Some of the main points were related to services for persons with dual diagnosis, integrative care, reducing stigma, educating school counselors and teachers as well as parents about the signs of mental illness (mental health first aid and crisis intervention training (CIT), affordable services and improved access, Medicaid/Medicare, and telepsychiatry.

My question, which was to clarify whether LPCs could participate in telepsychiatry issues was not selected for discussion, so I asked a panelist after the session concluded. He said that he didn’t know; however, as an MD he worked with LPCs in his practice, and he thought “it was weird” that LPCs could do some things, but not others. He encouraged me to contact Dr. Sy Saeed at East Carolina University (ECU) who is known for spear-heading the telepsychiatry program. He also suggested contacting my legislator to make him aware of the issue. My sense is that this program began a year ago and has its origins in the medical field and, unfortunately, seems to be an example of history repeating itself. Hopefully, in time, we will be included in this service. Legislators during the meeting today said that there were multiple solutions to the problems that exist in the mental health system. Having a unified voice can be helpful in working toward solutions.

Click HERE to learn more about this event; the link includes access to their publication, Insight. If you want to contact your NC Representative or Senator, click HERE for a list of email addresses.

Note: Shortly before publication, Dr. Saeed at ECU responded to my inquiry about LPCs participating in telepsychiatry. He stated that his office was in communication with LPCANC and suggested that I contact them for more information.
Examining Changes to the Forgivable Education Loan for Service Program (FELS)
By: Emily Gray

As of 2015, The Forgivable Education Loan for Service program (FELS) approved counseling degrees as qualifying education programs for students. The program initially targeted educators, nurses and allied health professionals, excluding counselors from the approved list, despite the mental health challenges that the state of North Carolina faces in communities and schools. However, through joint advocacy efforts by professional associations and counselor education programs in the state, counseling degrees are included for 2015-2016.

The Forgivable Education Loan for Service was established by the North Carolina General Assembly in 2011 and the first loans available for the 2012-13 academic year. The loan provides financial assistance to qualified students who are committed to working in North Carolina in fields designated as critical employment shortage professions.

Please consider applying for assistance through FELS to receive student loan relief. Application details are available HERE.

Student Loan Repayment Options Explored
By: Vanessa Doran

Going to graduate school for counseling can be expensive, even with scholarship opportunities for counseling students. If you are interested in working in rural areas and with people who are in poverty or are uninsured, this opportunity could be for you! Repaying up to $30,000.00 of student loans with the commitment of a two-year contact and this program offers part time service? This may be worth a look!

This program will help those interested to look for positions throughout the state of North Carolina for counseling opportunities. This program will try to match you with an organization through interview forms designed for the best possible match between yourself and an organization compatible with the NCSLRP program. For a complete list of application requirements and more information, visit the BROCHURE or WEBSITE.

Forgivable Education Loans for Service (FELS)
To all undergraduate and graduate students there is finally a loan payment program for you! FELS is a program, established in 2011 by the General Assembly, to provide forgivable loans to students who wish to stay in North Carolina to decrease employment shortages. Qualifying students must be one of the following:
1. In a diploma or certificate program for no less than 6 credit hours
2. An undergraduate student enrolled/accepted for enrollment for no less than 6
Interested in becoming a licensed school counselor? UNC Charlotte offers a 12 credit-hour online certificate for counselors with a master’s degree in mental health counseling from a CACREP-accredited program. 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.

Classes start May 19 so apply now.

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

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

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**Student Loan Repayment Options Explored**

credit hours
3. A graduate student enrolled/accepted for enrollment for no less than 3 credit hours

There are more qualifications needed to be eligible for this particular program as well as the possibility for renewal of this loan. For more information on this loan, application essentials, and other qualifications click HERE.

**Public Service Loan Forgiveness Program**

This program encourages students to work in full-time public service jobs, and while under certain employers, make small payments every month to pay off their loan. After 10 years of small payments every month, the amount that is left of the students’ loan is forgiven. The only eligible loans for this program are under the "William D. Ford Federal Direct Loan (Direct Loan) Program."

For more information on this loan, requirements, and eligibility click HERE.

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**Online Post-Master’s Graduate Certificate in School Counseling at UNC Charlotte**

Interested in becoming a licensed school counselor? UNC Charlotte offers a 12 credit-hour online certificate for counselors with a master’s degree in mental health counseling from a CACREP-accredited program. 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.

Classes start May 19 so apply now.

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

You will find program information online. Contact Shanna Coles at shannacoles@uncc.edu for additional information.
North Carolina Association for Multicultural Counseling and Development (NCAMCD)

Call for Membership

UNITY THROUGH THE DIVISION: WITHOUT A DIVISION THERE IS NO VISION. JOIN US!

Mission:
The North Carolina Association for Multicultural Counseling and Development seeks to improve ethnic and racial empathy and understanding and to advance education opportunities for non-white minorities.

Goals:
- To increase multicultural awareness among practitioners and educators in the field of counseling.
- To enhance and promote multicultural competencies that are taught in counselor training programs across the state as outlined in the CACREP standards.
- To provide awareness and generate discourse regarding issues in multicultural and diversity through literacy and scholarly writing.
- To enhance counselors’ advocacy skills on behalf of individuals from underserved populations through awareness, training, and involvement in community initiatives.
- To have an active presence in general association affairs.
- To promote diversity and inclusiveness among counselors and the individuals they serve.

We invite you to come and provide a meaningful voice to our division.

Joining the NCAMCD will give you the opportunity to provide valuable input into the direction of the division and engage in committee work. Join for an affordable price of $5!

To learn more about how to become involved with NCAMCD, please join us at our division table during the upcoming NCCA Conference Networking Lunch on Friday, February 13, 2015.

2014-2015 Officers
President: Regina Gavin Williams
Secretary: Taheera Blount
Treasurer: La Vera Brown
Advocacy Chair: Mishelle Lockerby
The North Carolina Grad Student Association (NCGSA) is a division of NCCA that deals directly with graduate students—from programming to networking to training! All for you, Grad Student!!

**Why Get Involved in NCGSA?**
Looking for a great way to get leadership experience or broaden your resume? Want to get state-wide exposure to issues facing counselors in our state? Want to better the graduate school experience for yourself and others? These are all important reasons to join and get involved!

**How Do I Get Involved?**
To be a general member, just fill out your NCCA Membership form and mark that you would also like to join NCGSA (for $5!!). For just $20, you will be a member of the NCCA AND NCGSA for the entire year and get access to all the trainings, networking, and events targeted specifically for you!

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**Division News**

**Get Involved with the NC Graduate Student Association**

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**NCCA Announcements**

I am still interested in getting a subcommittee together to support the Member-At-Large (Government Relations) position in attending important meetings across the state. We currently have the meeting times/locations for LPCANC, NCBLPC, Coalition, and Professional Associations Council (PAC). These meetings are typically held in Raleigh or Greensboro. If you will contact me, I can let you know when the meetings will be taking place and you would just report back to me a summary of the meeting. I can then update NCCA through the Newsletter. Please contact me if you would like to be involved: bundya@rockinghamcc.edu.

Atticia P. Bundy, PhD, LPC, NCC Counselor
Rockingham Community College
Whitcomb Student Center
336-342-4261 ext. 2100
Congratulations to Atticia P. Bundy, PhD, LPC, NCC, who has been chosen for this edition’s Member Spotlight section! Atticia practices career-focused counseling at Rockingham Community College in Wentworth, NC. Along with her work as a counselor, she teaches graduate-level courses online for the University of North Carolina at Pembroke and Walden University—courses include Issues in Addictions and Group Counseling. She has also previously taught Counseling Adolescents and Counseling Theories. She is an LPC and NCC and is in the process of seeking her LPCS credential. Atticia has been a counselor since 1998 and was the Associate Director of the CFNC Resource Center for two years and the Assistant Director of Financial Aid at Rockingham Community College for two years.

Atticia shares that her greatest challenge in being a counselor has been around feeling confident in her abilities. “Even though I have had some great feedback and felt successful about working with clients, I still have that initial anxiety as I am listening to my client presenting concerns. Can I help them? I wonder. I take one step at a time.” Atticia has more than proven her abilities through numerous accomplishments and experiences as both a counselor and counselor educator. What a role model for anyone who is considering becoming a counselor!

When asked what advice she would give to anyone thinking of becoming a counselor, Atticia stresses the importance of staying current in the field. She shares that, “Fortunately, there are several options for counselors seeking continuing education: online courses, presentations and poster sessions at conferences, research and writing opportunities, teaching, and more. I encourage students to seek out supervision and consult with colleagues (in general terms) about cases. You can't possibly learn everything you need to know in graduate school. When you start practicing, you will need all of these resources.” She further stresses the importance of taking care of yourself. She shares with her students that “we can’t take care of others if we don’t take care of ourselves. Putting wellness into practice can be the real challenge.”

Atticia graduated with distinction from UNC Chapel Hill in 1995 with a BA in Psychology and Anthropology. She was selected as the Chi Sigma Iota, Epsilon Nu Chi Chapter Outstanding Master’s Student at UNCG and graduated there with honors with MS in Counseling (Higher Education focus) in 1998). She later earned her PhD in Counseling and Counselor Education from UNCG. Atticia has presented at local, state, national, and international conferences. She was an editor of the Journal of College Counseling from 2002-2005. She has co-written several articles and one book chapter; she has written three grants which were funded.

Atticia enjoys being outdoors, hiking with her dog, riding her horse, or kayaking. She volunteers with a local animal rescue and foster rescue animals. She is currently fostering a rabbit and recently went with volunteers to rescue five mini horses and two donkeys. When she can’t be outside, she enjoys reading and listening to her pets snore!

If you would like to nominate a counselor to be the subject of our next Member Spotlight section, please email Saundra Burleson at: burlsj13@wfu.edu.
The need for mental health services in North Carolina is high. The U.S. Department of Health and Human Services Health Resources and Services Administration designated 66 of 100 North Carolina counties as Health Professional Shortage Areas for mental health. According to data compiled and published by County Health Rankings & Roadmaps, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, the ratio of the population to mental health providers is 715:1 in North Carolina. The top performing states in the U.S. have ratios of 563:1 or better. The range in North Carolina varies widely from 11,932:1 (Gates County) to 206:1 (Orange County), with the rural Eastern and Western counties characterized by more disproportionate ratios.

Data collected by the Centers for Disease Control and Prevention indicates that approximately 25% of adults and 20% of children experience mental illness. Unfortunately, too few providers are available to address the mental health needs in North Carolina. Many in need struggle to access services that would be beneficial to their wellbeing. Without access to treatment, individuals in need of services, especially those with serious mental illness, have the potential to become a public health risk. Ensuring quality coverage of mental health issues is part of President Obama’s January 2013 Now is the Time agenda—an initiative designed to reduce violence following the Sandy Hook Elementary School shootings. As described in USA Today’s 2014 special report, “The Cost of Not Caring: Nowhere to Go, The Financial and Human Toll for Neglecting the Mentally Ill,” unavailable or inaccessible mental health services result in poor outcomes for children and adults. Children in need who do not receive services are more likely to drop out or perform poorly in school (Skowyra & Powell, 2006; Wagner, 1995). Adults without access to services have higher rates of unemployment and missed time from work.

The lack of appropriate care also places a burden on our state’s criminal justice system and hospital emergency departments. With the recent closure of state psychiatric hospitals, North Carolina experienced a dramatic decrease in the number of persons with mental illness treated in psychiatric inpatient settings from 2007 to 2012, a decrease of 8,416 from 11,963 to 3,547. This further exemplifies the pressure placed on community-based providers such as counselors. Additionally, a June 2013 article in the Winston-Salem Journal revealed that North Carolina emergency departments see twice as many mentally ill patients as other states.
Increasing accessibility of services does help, especially among youth. Research presented by the Substance Abuse and Mental Health Services Administration (2008) shows that expanding services for youth with mental illness has led to increased school attendance, reduction in the percentage of youth suspended or expelled, improved grades, reduced arrests, and reduced suicide attempts. Children who receive mental health services experience improved behavior, better mental health, and improved emotional wellbeing.

Due to the high need for quality mental health services, North Carolina needs many well-prepared mental health providers and accessible services. Therefore, counselors and counselor educators must be willing to advocate for the profession. One way we can do this is by bringing to light instances when counselors are left out where other mental health providers like social workers, psychologists, and psychiatrists are included. This has the potential to make the counseling profession more of a viable career choice to a greater number of potential trainees. For example, until very recently, the Forgivable Education Loans for Service Programs (FELS) was one such program where counselors were excluded. Although social workers, psychologists, and psychiatrists were included in the language of this program, counselors were not. As a result of advocacy efforts, counselors are now listed as possible providers in the student loan forgiveness plan, which is a huge victory for current students and new counseling graduates. This is just one example of the many ways counselors can advocate for the profession, with the hope of making services more available and accessible to all clients. We can make a difference if we are willing to speak up and make our value known to those making decisions about mental health.

References

Craver, R. (June 2013). N.C. emergency departments see twice as many mental-health patients as those in other states. Winston-Salem Journal.

Szabo, L. (May 2014). The cost of not caring: Nowhere to go, the financial and human toll for neglecting the mentally ill. USA Today.


It’s raining—pouring rain. D’Arcee and I sit in my car waiting for the storm to subside. Both soaked and annoyed, D’Arcee relates the latest string of injustices he has suffered: a B- on a Chemistry exam, a roommate who leaves the front door unlocked, and a noncommittal boyfriend. And I remember so clearly what I am saying in response and how I am saying it: “That is sooo GAY!!” Over and over, that is my statement of supportive outrage to my gay friend. The offensiveness of my outbursts fails to even register until D’Arcee gives me a stern, somewhat-pained look: “Katie, really; ‘That’s so gay’? What is so ‘gay’ about it, exactly?” There I sit, mouth agape, horrified by what I’ve done. In attempting to show understanding to my friend’s stresses, I have used “gay” pejoratively and attacked a vital part of my friend’s identity.

This experience reveals the insidious nature of microaggressions in highlighting their prevalence and relative invisibility. Most often, those who notice microaggressions are the people they harm, not those who commit them. Sue and Sue (2008) draw four conclusions about microaggressions that help contextualize the discussion in this review; microaggressions:

1. tend to be subtle, unintentional, and indirect,
2. often occur in situations where there are alternative explanations [for perpetrator behavior],
3. represent unconscious and ingrained biased beliefs and attitudes, and
4. are more likely to occur when people pretend not to notice differences, thereby denying that race, gender, or sexual orientation had anything to do with their actions. (p. 110)

In addition to these overarching qualities, microaggressions exist in three forms: microassaults, microinsults, and microinvalidations. Sue (2010) defines microassaults as direct verbal attacks where no physical attack seems imminent; while, microinsults exist as passive-aggressive comments, general rudeness, or insensitively. Microinvalidations result from comments or silencing techniques that dismiss the reality of heterosexism (p. 29).

These three types of subtle discrimination permeate all levels of society from day-to-day family interactions to the rhetoric surrounding, and implications of, government policy. Furthermore, it only takes a few negative interactions with others, especially close family and friends, for heterosexist microaggressions to begin impacting mental health (Smith & Ingram, 2004).
Examining the Impacts

Of particular concern is the ability of microagressions to promote internalized heterosexism among individuals in the LGBTQ community. Microagressions have a significant negative impact on mental health. Researching the effects of internalized stigma in relation to microaggressions specifically, Herek, Gillis, and Cogan (2009) concluded that self-stigma, negative self-concept, and/or moderate to high levels of internalized heterosexism are closely linked to psychological distress and may negatively impact self-esteem overall. Internalized oppression proves particularly damaging to LGBTQ persons because these negative feelings, thoughts, and beliefs may directly impact a person’s willingness or ability to forge a positive self-concept, build self-esteem, or consider coming out to friends and family (Nadal et al., 2011).

These concerns become particularly salient when considering the developmental milestones of adolescence and young adulthood. LGBTQ youth suffer greater rates of depression, suicide, anxiety, high-risk sexual activity, and substance abuse. High levels of experienced microaggressions may also influence decisions to drop out of school or to avoid extracurricular activities if LGBTQ youth perceive those groups to be unsafe or hostile. It may also influence persons within the LGBTQ community to remain in the closet for fear of social rejection and harassment (Nadal et al., 2011).

The Counseling Relationship

Though negative or unsupportive familial interactions are cited more often than any other discriminatory experience, heterosexism also occurs in the context of the counseling relationship. Counselors can, and do, inflict great harm when they fail to evaluate their biases, prejudices, and values. Experiencing heterosexist microaggressions from family members, from coworkers, while at school, and in the political arena may draw LGBTQ persons to counseling in greater numbers than other groups. Unfortunately, the therapeutic relationship is not inherently free from the prejudice that may be creating or exacerbating mental health concerns. Exploring the experience of LGBTQ persons in therapy, Shelton and Delgado-Romero
(2011) remark that while therapists “have been able to attend to the issues of overt prejudice and discrimination [in recent years,] it is much more difficult to address the covert discrimination that may occur in the therapy relationship [emphasis added]” (p. 217). Shelton and Delgado-Romero go on to assert that the true influence of heterosexist microaggressions resides in “their ability to stealthily debilitate the therapeutic environment for the purpose of continued indoctrination of systematic oppression” (p. 219). As these statements attest, microaggressions in the therapeutic relationship represent a unique challenge for counselors. Instances of discrimination in therapy include: overt discriminatory statements, noticeable discomfort when discussing issues surrounding same-sex relationships, assuming the heterosexuality of clients in assessments and one-on-one interactions, believing all client problems stem from their sexual orientation, and over-identifying or exoticizing clients when they reveal themselves as gay, lesbian, bisexual, or transgendered.

Clients who experienced microaggressions from their counselors left therapy with negative attitudes about the effectiveness of counseling and their counselor’s skill set; some also reported higher levels of anxiety and/or felt as though their feelings and experiences were invalidated (Shelton & Delgado-Romero, 2011). The most significant implication for counselors rests with examining the prejudices and biases they bring to the therapeutic relationship. To develop a strong therapeutic relationship, counselors should be knowledgeable about their own biases and misconceptions and be willing to acknowledge these biases to their LGBTQ clients when appropriate. Gaining knowledge and admitting limitations entails asking questions to show a willingness to learn more about the lived experience of LGBTQ clients. Active effort to hide discomfort or attempts to shift the focus of discussion from the client’s experience will likely leave the client feeling invalidated and misunderstood. Counselors should also avoid making assumptions about a client’s sexual orientation at the beginning of therapy or predetermining the nature of a LGBTQ client’s primary concerns.

To best help their clients, counselors should strive to be knowledgeable about
the resources available to the LGBTQ community and to be aware of the
tsocietal restrictions on LGBTQ persons (e.g., constitutional marriage
amendments, lack of workplace protection laws). Counselors may also choose
to advocate on behalf of their LGBTQ clients by developing social support
networks, providing education about LGBTQ needs and issues, and/or
pursuing changes in institutional policies that restrict the rights and
wellbeing of the LGBTQ community. Counselors might consider using a
person-centered therapeutic approach to foster a strong therapeutic
relationship and use interventions designed to reduce internalized
oppression. Counselors should also strive to educate their clients about the
presence and impact of heterosexism in their lives (Levitt et al., 2009; Nadal
et al., 2009; Rostosky et al., 2009; Smith & Ingram, 2004; Szymanski &
Gupta, 2009).

**Moving Forward**

Sitting in the car with my friend, the most frightening part of the whole
exchange was my own obliviousness. I had not stopped to think about my
language and the prejudice that spawned it because I had never had to.
That is what privilege looks like. As a heterosexual woman, I had spent my
whole life being overtly and subtly validated in my attraction to others and
my relationship choices. I am so thankful that my friend had the courage to
correct me; the experience led me to question other areas of privilege in my
life and aided my journey into the counseling profession.

When we think of discrimination, we most often envision physical attacks,
unconcealed slurs, or other acts of prejudice where the intent is obvious.
Microaggressions are marked by their subtlety and prevalence. LGBTQ
persons experience microaggressions in myriad areas: interpersonal
interactions with family, friends, and peers; intrapersonal evaluations of the
self (i.e., internalized heterosexism); society, culture, and the media;
religious doctrine and government policies; educational systems and
institutions; and the LGBTQ community itself. Clearly, the reach of subtle
heterosexism is vast and deep. Moving forward, it is imperative that
counselors take steps to understand their own unconscious biases, provide
genuine support for all their clients, and advocate for social change.
Confronting Heterosexism in the Counseling Relationship

For a list of additional resources related to this topic, click HERE.

References


We're streamlining our education sessions into Tracks this year to give you the option of focusing on particular areas of interest. Click on a track below to see individual education session titles.

- Addictions, Offenders, and Correction Counseling
- Assessment, Testing, and Program Evaluation
- Career Development and Employment Counseling
- Child and Adolescent Counseling
- Clinical NEW!
- College Counseling
- Counseling Theory
- Counselor Education and Supervision
- Couples, Marriage, and Family Counseling
- Creativity in Counseling
- Diagnosis and Treatment
- Ethics and Legal Issues
- Evidence-Based Practices
- Gerontological Counseling
- Graduate Student Issues
- Group Work
- Human Development Across the Lifespan
- Individual Trauma and Disaster Mental Health
- LGBTQ Issues
- Military Issues
- Multicultural and International Issues
- Private Practice
- Professional Issues
- Psychopharmacology
- Rehabilitation Counseling and Disability Issues
- Research
- School Counseling
- Sexuality
- Social Justice
- Spirituality and Religion
- Technology and Social Media in Counseling
- Wellness
Tracks not your style? No worries. You can still "freestyle it" and attend a wide variety of education sessions from multiple tracks.

While you're here, take a moment to review our Pre-Conference Learning Institutes. Earn 6 CE hours per daytime session, 3 per evening session (separate rates apply). Pre-Conference Learning Institutes take place March 11-12.

**Register now to take advantage of the lowest rates of the year!**

The 2015 Conference is more affordable than ever. With hotel rooms starting at $99 and hundreds of flights from low-cost airline carriers servicing Orlando each day, this Conference is a definite value. And the icing on the cake? All 2015 activities will be held in one venue - The gorgeous Hyatt Regency Orlando.

From the unique natural beauty of the Everglades and wildlife to the one-of-a-kind famous family-friendly attractions, there's truly something for everyone in Orlando. Join us.

2015 ACA Conference Keynote Speakers Announced

**Opening Keynote**
Actress Mariel Hemingway was the focus of the recent documentary Running from Crazy, which examined her personal journey to understand the Hemingway family history of suicide and mental illness. Watch the official trailer [here](#).

**Saturday Keynotes**
Dr. Richard Balkin & Dr. Jeffrey Kottler: The Power of Relationships in Counseling—and the Counselor's Life - What do you do to help people that matters most? What is it about your particular counseling style that leads to the best outcomes with clients, regardless of their background and presenting issues? Read full description [here](#).

ACA 2015 Conference & Expo: March 12-15; Pre-conference Learning Institutes, March 11-12. [REGISTER](#) by midnight on Sept. 15 to take advantage of the lowest (Super Saver) rates of the year.
Carolina Counselor

Meet the Carolina Counselor Editor

**Kathryn Kelly** is currently a Clinical Mental Health Counseling graduate student at the University of North Carolina at Pembroke. She holds a Master of Arts degree in English from the University of North Carolina Wilmington; she taught composition and literature courses at UNCW for three years before deciding to pursue a degree in counseling. In addition to holding the position of Carolina Counselor editor, she serves NCCA as Director of Information and Technology—maintaining the organization’s website and social media. Her professional interests include LGBTQ issues and advocacy, clinical hypnosis, mindfulness, and existential theory.

Meet the Carolina Counselor Section Editors

**Legislative News**

**Mishele Lockerby** is presently a graduate student at Montreat’s Clinical Mental Health Counseling Program. She has experience working in mental health as an Access Clinician with Foothills Area Program LME in Morganton, NC where she worked in this capacity for four years. She also worked as a Mobile Crisis Clinician for a local non-profit, Phoenix Counseling Center. Her goals post-graduation is to pursue licensure as an LPC and apply for doctorate study either at UNCC- Charlotte or USC Columbia's Ph.D in Counselor Education Program. Her research interests include PTSD with civilian and military populations and immigrant/Latino mental health and acculturation issues.

**Around Campus**

**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.

**Division News**

**Shanna Bell** is a Bronx, NY native who graduated in 2009 from North Carolina Central University with a BA 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. Her goal is to work with children and veterans.
NCCA Member Spotlight

**Saundra Burleson** is a Wake Forest University graduate student working toward her Master of Arts in Clinical Mental Health Counseling. She holds a BA in Psychology and currently works as a Behavioral Health Technician at a local hospital. She and her husband live in the Asheville, NC and enjoy spending time with their three grown children and granddaughter. Saundra runs a group called Appalachian Angels that provides hand knitted/crocheted “clothing items of warmth, made with love” to the local community centers and shelters. Saundra wants to work with women who have decided to further their education and career options at a later age than the traditional college student.

**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**

*Joy McNeil* is a North Carolina native and has spent over a decade answering the call to serve the community in various capacities. Joy graduated from the University of North Carolina at Chapel Hill in 2003 with a dual degree in Journalism and Mass Communication and Women’s Studies. While completing various journalistic internships for Teach for America, the District of Columbia, and the Sonja Haynes Stone Center for Black Culture and History, Joy decided to pursue her passion for empowering people by completing a Masters in Psychology at Fayetteville State University. While a Masters student at FSU, Joy worked with survivors of interpersonal violence and sexual assault, and she continued her work upon graduation within the military community as an advocate and educator. Joy is currently completing a Human Services and Counseling Studies doctorate through Capella University where she is writing her dissertation on the lived experiences of women of color who report an extended road to diagnosis with an autoimmune disorder. She is a Licensed Professional Counselor Associate in Fayetteville, North Carolina.
# NORTH CAROLINA COUNSELING ASSOCIATION

- MEMBERSHIP APPLICATION -

**JULY 2014 - JUNE 2015**

Toll free: 888.308.NCCA
Web Site: www.nccounselingassociation.org

(PLEASE PRINT)

☐ Miss  ☐ Ms.  ☐ Mrs.  ☐ Mr.  ☐ Dr.

Name: ____________________________________________

Last  First  Middle Initial

Mailing Address: ___________________________________________________________

No. & Street  City  State & Zip  County

Telephone: (H) (_____)(_____)(O) (_____)(______)  E-Mail: ___________________________

Employer/School: ___________________________________________________________

Primary Position: ☐ Counselor  ☐ Counselor Educator  ☐ Student  ☐ Other

Setting: ☐ Agency  ☐ Community College  ☐ K-12 School  ☐ Private Practice  ☐ University  ☐ 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

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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 non deductible 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 of professor and University/College Name  Date

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.

06/12/2014
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 through 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.

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