ANNOUNCEMENTS

Mark Your Calendars!

2018
LPCANC Conference
Raleigh, NC
Oct 25-27 2018
2018 Theme:
Counseling & Integrative
Medicine: Enhancing
Outcomes through
Collaborative Care

2018 NCAA Award
Winners!

SAVE THE DATE!
NCCA 2019 Annual Conference -
Feb 20-22 – Durham, NC

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2018 Annual Conference – Durham NC
Hello NCCA members, and happy Spring! As always, we are excited to bring you this latest edition of the Carolina Counselor! As professional counselors, the climate we are working and living in continues to be a challenging one. It seems as though there are new and bigger stressors facing us, our clients, students we teach, neighbors, family, and friends every day. Our professional associations have responded to this and are working hard to advocate for us, our profession, and our clients. Today I wanted to share more of what our professional organizations are doing, in hopes that counselors can continue to fight for ourselves and the clients we serve. One such effort is from The National Board for Certified Counselors. Last week, I spent some time looking at their “Grassroots Action Center” website. It’s full of pertinent information for counselors and has so many ways that counselors can advocate for one or more of the important advocacy issues facing counselors. Topics such as Medicare coverage of counselors in the opioid crisis legislation, opposing Arizona House Bill 2406, and Medicare coverage for professional counselors are all addressed, and with a click of a button or quick phone call, a pre-written script, or personalized message can be sent to senators and representatives to make our voices heard. For anyone who hasn’t seen this resource, I encourage you to use it today and help advocate for ourselves and our clients: http://www.nbcc.org/GovtAffairs. We are all in this together and every letter, email, and phone call makes a difference. We can’t do it alone!

Sincerely, Allison

Allison Crowe, PhD, LPC, NCC, ACS
President, North Carolina Counseling Association 2017-2018
NCCA 2018 Annual Conference

“Integrating and Accelerating: The Future of Professional Counseling”

See what attendees are saying about the 2018 conference!

Loved the vendors – got lots of good contacts
Sessions were wonderful
Great presentations in all content sessions
Variety of topics was fabulous
Great sessions and opportunities to connect
Sessions addressed current issues affecting the populations we serve

A welcoming, comfortable environment
Career Connect was awesome
Very beneficial to my professional development
Awesome keynote speaker
As a first-time attendee, this was a great experience – it was perfect
The 2018 Annual Conference was a great success!

Division Recognition Awards:

- **Most Improved Division** – North Carolina Association for Spiritual, Ethical, Religious and Value Issues in Counseling, Dr. Christina Rosen, President.
- **Most Effective Membership Drive/Recruitment** – North Carolina Association for Multicultural Counseling and Development, Dr La Vera Brown, President

**The Administrator of the Year Award** - Ms. Sarah Dunagan

**The Special Citizen’s Merit Award** - Ms. Sara Christenbury

**The Innovation/Creativity in Counseling Award** - Dr. Angie Smith.

**The Professional Writing and/or Research Award** - Dr. Loni Crumb

**The Devoted Service Award** - Ms. Angela Brooks Livingston

**The Ella Stephens Barrett Award** - Dr. J. Scott Glass.


Thank you to our sponsors and exhibitors!

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**Silver Sponsors**

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**Exhibitors**

Ace Recovery for Men
Animal Assisted Therapy of the Triangle
Carolina House / Structure House
Carolina Partners in Mental HealthCare, PLLC
ECU Sanford Harmony Collaborative
George E. Miller II, Child Advocacy Artist
Holly Hill Hospital
ISO of SAA, Inc.
Mirror Lake Recovery Center
NC Problem Gambling Program
Timberline Knolls Residential Treatment Center
Fall Conference – LPCANC:

Licensed Professional Counselors Assoc of NC
2018 Conference - Presenters Needed!
Counseling & Integrative Medicine: Enhancing Outcomes Through Collaborative Care

When: October 25 - 27, 2018
Where: Raleigh, NC
Deadline for Proposals is April 30th, 2018!

For conference information: https://lpcanc.site-ym.com/page/2018ConferenceInfo?
If you are looking for ideas for your submission, suggested presentation categories are as follows:

· Advancements in Clinical Counseling Practice · Brain Function and Neuroscience
· Couples/Marriage/Family Counseling · Special Populations i.e. Elderly, LGBTQ, Veterans
· Collaboration With Other Clinical Disciplines · Integrative Expressive and Creative therapies
· Innovations in Substance Abuse Counseling · Private Practice/Small Business/NPO Development
· Clinical Supervision · Ethical Concerns
· Complementary Health Approaches · Student/New Professional Topics
· Innovative Evidence Based Practices · Needs of Retiring Counselors
· Treatment Team Planning
I realize when I drive across the Qualla Boundary to go to work at Analenisgi Behavioral Health, I am crossing into a sovereign nation. The Eastern Band of Cherokee (ᏣᎳ ᎩᏱ ᏤᏣᏓᏂᎸᎩ) has its own laws, government, elections, institutions, habits, and language. Very little of what I am learning about how to be a clinician in this community can be found or explained through a multicultural textbook. Most counseling textbooks have some sort of vague reference about clinicians incorporating Native American spirituality and being cautious about eye contact. Since every tribal community has a unique footprint, very few of these generalizations about Native Americans hold true and must instead be learned by spending time with the community.

Just like white cultures are diverse, there are many ways of being Cherokee and a clinician cannot assume that all enrolled members of the tribe think or feel similarly because of their Cherokee DNA. Some children and adolescents I work with are deeply invested in learning the Cherokee language and traditional skills. Others are less interested or even actively disinterested in traditional culture. Neither choice makes any enrolled person more or less Cherokee. The tribe is actively working to invest in cultural and language preservation, and there are invaluable ways in which cultural knowledge positively affects mental health. It can be appropriate for a clinician to work alongside tribal resources to incorporate some of these traditional cultural practices. I’ve also heard many enrolled tribal members express frustration at dressing up western approaches to mental health care in beads and feathers and call it culturally sensitive counseling.

When I first started doing assessments at Analenisgi, I frequently encountered community members who seemed to volunteer very little information and it was difficult for me to map what clients were telling me about themselves onto an assessment form. I wasn’t sure what the barrier was or how to cross it. I now realize that clients could tell the references they were making were lost on me and it wasn’t worth their time to talk about things I wouldn’t be able to put in context. It took time and work on my part to learn to become fluent in local references.

Clients needed to know that I knew what the different neighborhoods in Cherokee are, and what it means to come from Big Cove or live in Paint Town. I needed to recognize family names and appreciate the long, rich histories of extended families and relations. I needed to understand that when the high school football team won the division championships this year, they won not just for the town but also for their nation. I needed to understand and feel the impact when a beloved community elder dies and to know how the tribe’s community members mourn. When I can make a comment about who won the last stickball game or recognize a well-known traditional craftsperson’s work, I am showing the kind of respect for a community that can only come from time invested in being there.

Joseph P. Gone is a Gros Ventre Native American and PhD psychologist whose research investigates cultural embeddedness in white western clinical practices and how potentially damaging cultural assumptions are
pervasive in evidence-based practices (EPB). Gone's academic work influenced my conceptualization of working in a Native American community, helping me be curious about how to avoid trivializing either professional knowledge or substantive cultural difference. I ask myself frequently how I might enter into the narrative of this person in the way that best supports their well-being, without using clinical assumptions as a crutch to explain or justify my own perceptions.

The well-known parenting model Love and Logic should be adjusted significantly to fit a community like Cherokee where nuclear families are not the norm. Substance abuse treatment should be flavored for a community where poverty and strong family ties frequently preclude a person leaving for extended treatment far from home. A competent clinical team investigates the depth of current research on historical trauma in Native American communities and will adjust their approach to accommodate that reality. The trauma a community member is working with personally always has a story that extends past their individual lifetime, quite far into the past and few clinical models or diagnoses accommodate that reality. For some very traditional Native Americans, speaking is a sacred act and clinicians who assume that talking directly about feelings and events is necessary may find themselves in conflict with that client's needs and values. Somatic approaches that do not require a client to speak their story directly to a stranger may be a more culturally respectful approach in many of these cases.

It's been a gift and an honor to work with the children, adolescents, and families of the Eastern Band of Cherokee. On one of my first days at work, an administrator from the hospital told me that the children were the tribe's most precious resource and firmly let me know that it was a privilege for me to be allowed to work with them at all. I took her words quite seriously. I understood through her words that I am not there to fix or help or save these children but instead allow them to teach us all how best to love them into adulthood.

About the author: Ms. Verena Wieloch

Verena Wieloch, LPC-A, NCC, MA is a Licensed Professional Counselor in Asheville & Cherokee, North Carolina. Verena's background includes wilderness therapy, expressive arts therapy, and experiential work as well as task-oriented group work to further intergroup dialogue.
Feminist Supervision in Counselor Training

Supervision is a process in counselor training that is grounded in providing a scaffolding system of support and challenge to amateur counselors, through various mediums such as role plays, tape reviews, and live feedback. Holloway (1995) noted that “supervision provides an opportunity for a student to capture the essence of the psychotherapeutic process as articulated and modeled by the supervisor and, subsequently, to recreate this process in an actual counseling relationship” (p.1). Even as the recommendation on modeling is provided, Holloway reminded amateurs to improvise the principles and techniques supervisors present to them. The flexible dialogue on challenge and support is intended to encourage supervisees to expand on their skill sets and frames of reference.

To aid supervisors in this complex process, two dominant models of supervision are available— the discrimination (Bernard, 1979) and developmental model (e.g., Loganbill, Hardy, & Delworth, 1982; Stoltenberg, 1981). Although both have their unique strengths in guiding supervision, supervisors usually blend them with various theoretical orientations, such as psychoanalytic, cognitive approaches, and humanistic-existential. The amalgamation of process variables and theoretical frameworks influences the skills discussed in supervision, client conceptualization, power structure in supervision, and other important variables. Feminist theory is another theoretical orientation supervisors have explored in their work with counselors in training. Although feminism began as a movement focused on equality of the sexes, today it encompasses issues of inequality and oppression across race, sexual orientation, socio-economic status, ethnicity, and religion, often known as intersectionality feminism(Allen, 1999; Spender, 1983).
Feminist supervisors are thus focused on addressing issues of power, oppression, and inequality in counselor training, counseling supervision, and counseling (Enns, 2008). At present, research on feminist supervision is limited. Although, several researchers have attempted to describe the experiences and challenges of feminist supervision, the studies reflect several conceptual and procedural limitations. The dominant theme in most feminist research is on exploration of position of women in the supervisory dyad. Researchers have explored experiences of feminist supervision in exclusively female samples without elaborating on the rationale for this focus. For instance, Nelson et al. (2006) explored feminist supervision by studying a two-day focus group of women at the Advancement of Women conference. The rationale for including only women was not shared. At a time when feminists strive to include the voices of all marginalized communities, it is an important limitation the researchers should acknowledge. In another qualitative study, Burnes, Wood, Inman, and Welikson, (2013) focused on only three female supervisors, to explore what issues typically came up in group supervision and analyzed them from a feminist perspective. By not including the voices of males, and gender nonconforming individuals, an inaccurate message of feminist supervision being exclusively for women is communicated to readers. The focus on women translates into focusing excessively on gender as part of supervision. Although gender is important, and a source of great oppression in our society, other dimensions of oppression, such as race, socio-economic status, sexual orientation, etc., also are vital, and should be included. Wheeler, Myers Avis, Miller, and Chaney (1986) explored the oppressive nature of current family system theories in feminist supervision setting, to further explore the systemic oppression of women. They provided examples of theoretical concepts borrowed from structural and strategic therapy that problematize the position of women without considering the societal expectations around traditional gender roles, and hold women accountable for their inferior position in family. The researchers recommended specific measures to counter this issue, and provided a supervision model better suited from a feminist perspective, that empowers women. Even as the researchers focused on these variables in supervision, gender was seen as a binary concept, with male and female being the only two categories included (Schoenholtz-Read, 1996). This is in contrast with feminists, which, strives to break socially constructed categories into a more fluid continuum. Using a binary division of gender in a study grounded in feminist theory weakens the theoretical foundation of their research.

The limitations in feminist supervision literature extended beyond women-centric sampling and conceptualization. On reviewing the existing literature in feminist supervision, the author noted that there was limited
discussion on the differences between “feminist supervision” and “feminist multicultural supervision”. For instance, Arczynski and Morrow (2016), in their study on power dynamics in feminist multicultural supervision did not justify or explain the specific choice of the term “feminist multicultural supervisor”. Limited literature supporting the use of this term is provided. In their literature review, the researchers differentiated between multicultural and feminist approaches, solely focusing on the importance of power dynamics in the latter, as compared to the former. This distinction draws artificial differences between feminist theory and multicultural theory that both to include a diverse range of power inequalities, ranging from gender to ethnicity. This study, too, suffered from limited diversity in its sample, focusing exclusively on the experiences of women.

Another term found in the feminist supervision literature was “rational/theoretical approach to feminism.” (Szymanski, 2003). Szymanski attempted to develop a supervision scale, measuring (a) collaborative relationships, (b) power analysis, (c) diversity and social context, and (d) feminist advocacy and activism in the supervisory relationship. The term “rational/theoretical” was not explained or grounded in the feminist literature. Readers were not provided a justification for the choice of this approach to the scale development. Since feminism is rooted in its challenge to a positivist approach to research and data collection, the term seemed counterintuitive. However, despite the ambiguity around its theoretical approach, the author provided a reliable and valid scale to assess the above-mentioned subscales. It can be especially useful for amateur feminist supervisors, who could benefit from specific feedback from supervisees on incorporation of feminist practices. The researchers also used participants who varied considerably in their gender, age, race, and supervision experience, in the development of the scale.

Another domain in which feminist supervision research is lacking is methodology. The author identified several drawbacks in the methods used in current literature. Most research on this topic is qualitative, with interviews being the popular data collection strategy. Qualitative research is grounded in bringing the researcher’s personal values as part of the inquiry. Researchers are encouraged to reflect on their identity and positionality as they seek to explore the experiences of participants. However, the subjective nature of qualitative research was neglected by most researchers. For instance, in Arczynski and Morrow (2016), the first author maintained a reflexive journal to record her thoughts and emotions during the research study. However, little to no information was provided regarding how reflexivity contributed to the researcher’s data collection procedure and analyses. Reflexivity and bracketing is an important part of
qualitative research. Pillow (2003) encouraged researchers to engage in “uncomfortable reflexivity,” to include sharing not just personal struggles that we experience as researchers, but also the political struggles in this process.

The author also noted lack of evidence-based theoretical framework, in feminist supervision literature. Schoenholtz-Read (1996), when providing their 8 tenets/guidelines recommended for feminist supervision, did not ground these recommendations to any current literature. Their recommendations were not based on previous studies, or their professional experience, consequently impacting the rigor of their recommendations. In another study, Wheeler et al. (1986) provided well-defined statements under three distinct categories: conceptual, perceptual, and executive skills. This model is greatly beneficial for all clinical supervisors, irrespective of their theoretical foundations, when training new counselors. The focus on perceiving, conceptualizing, and using skills when working with clients can be immensely helpful as new counselors/supervisees attempt to integrate multiple aspects. As mentioned before, the feminist supervision scale also can be another tool supervisors employ as they train new counselors. These advances highlight that some important development in feminist supervision have indeed been made, yet the methodological issues remain glaring.

To conduct effective research, it is vital that researchers are guided by well-constructed research questions. In one study (Martinez, Davis, & Dahl, 2000), the researchers explored ethical challenges in feminist supervision. However, a research question was not formally stated, communicating a limited sense of direction in the research. It is widely recommended that researchers use their research question to guide the methodology, which in turn impacts interpretation of results. In this study, without a formally stated research question, it is hard to evaluate the method employed to analyze data, and the implications of the findings.

Thus, the need at present is to revisit feminist supervision with stronger methodological approaches. The predominant trend in feminist supervision seems to be qualitative research, using interview technique for data collection. Given the ambiguity around “feminist supervision” as a term, it might be better suited to first define this term. To define “feminist supervision”, techniques such as consensual qualitative research, and Delphi technique could prove useful.

Another gap in the literature seems to be that power is the most commonly analyzed construct within feminist supervision. It might be worthwhile to explore what aspects of feminist supervision supervisees find most helpful. Although researchers have explored ethical challenges, power dynamics, and gender stereotypes, supervisees may have a
different priority in what they wish to gain in feminist supervision. This is especially important, since limited research has been conducted from the supervisees’ perspective. Knowledge of supervisees’ perspective can be used to further train feminist supervisors to provide effective training for supervisees. The feminist ecological model provides strong foundations for training marriage and family therapists. The model is well defined, and the recommendations provided are specific, and highly practical. Feminist supervisors can use this model to train supervisees, and explore the strengths and limitations of the same. This study, on evaluating the effectiveness of feminist ecological model for counselor training, also can contribute towards developing training modules for feminist supervisors. Although these studies will potentially add to our knowledge of feminist supervision, studies in supervision are difficult to conduct. Given that supervision often involves session tape reviews, live observation, etc., getting IRB approval and participant consent can be challenging. Most studies in supervision are conducted at training institutes, leading to limited social validity for practitioners and supervisors in hospitals, community health centers, and private practice. Feminist supervision is thus an important topic that is in need of rigorous research. However, despite challenges associated with research in supervision, some important advances have been made, both empirically and conceptually.

References:


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**About the author: S. Anandavalli, MA, LPC, NCC**

S. Anandavalli is a second year doctoral student in counseling and counselor education, at the University of North Carolina at Greensboro. Her current research interests include international students in higher education, feminism and social justice in counselor education. She is passionate about multicultural and social justice oriented teaching and supervision, and was recently recognized for the Teaching Assistance Award (March 2018) for her work as an instructor in the School of Education. She is also an active member of Chi Sigma Iota, and uses this platform to build stronger relationships within the graduate students in counseling program. In the future, she aspires to teach graduate level counseling courses, with a special focus on multicultural counseling.

S. Anandavalli, MA, LPC, NCC
Doctoral Candidate, Counseling & Counselor Education
Department of Counseling & Educational Development
The University of North Carolina at Greensboro
Around NC Campuses

The NC Mental Health Counselors Association & NC A&T University present:

African Americans and Mental Health: A Symposium

North Carolina Mental Health Counseling Association (NCMHCA), a branch of the North Carolina Counseling Association (NCCA), Department of Counseling at North Carolina A&T State University

Dr. Angel Dowden, LPC, NCC, ACS
North Carolina Mental Health Counseling Association President - Email: amdowden@ncat.edu

Please join us in supporting National Mental Health Month through discussions concerning mental health among African American individuals and communities and practical evidenced based interventions and strategies

Friday, May 4, 2018
9am to 3pm
Proctor Hall
NC A&T State University

Featuring KeyNote Speaker: Dr. Brendan Hargett, PhD, LPC, LCAS, NCC

The Role of Religion and Spirituality in African American Mental Health Help-Seeking

African American Male Masculinity and Mental Health

Dr. Marc A. Grimmett, PhD,
NC State University

African American Veterans Mental Health

Dr. H.L. Harris, PhD, LPC
Dr. Lynwood P. Abrams, PhD, NCC,
UNC - Charlotte

African American Women and Mental Health

Ms. Robin M. Campbell,
MS, NCC, LPC
Bennett College

Registration Fee
$30 for ALL participants
Lunch included

5 CEU Hours
Registration Deadline:
April 16, 2018

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Open to faculty, students, alumni, and mental health professionals

Click HERE to register
https://nccounselingassociation.org/ncmhmaa/
Behavioral health crisis center nears debut in east Winston-Salem

April 2018

Behavioral health services are set to debut at a dedicated 24/7 crisis- and urgent-care center in east Winston-Salem.

The Cardinal Wellness Center is scheduled to open by April 2018. It will feature community educational initiatives and support, as well as available work space.

DayMark Recovery Services’ emergency clinic will shift the weekend of April 23 from the county Behavioral Health Plaza to the Highland center.

The services represent the first fruits of a multi-year project for the 43,000-square-foot building at 650 Highland Ave.

The facility will be staffed by nurses and peer specialists and is open to the public for all urgent-care needs.


Daymark Recovery Services has various behavioral health positions in several NC counties – to see these vacancies, go to: [http://www.daymarkrecovery.org/careers/job-board](http://www.daymarkrecovery.org/careers/job-board)

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**Appalachian State University**

**Clinical Mental Health Counseling Program**

2018 Summer Institutes

[Expressive Arts Institute]: May 14-18, 2018

[Al Greene Addictions Institute]: June 4-8, 2018

[Clinical Supervision Institute]: July 5-9, 2018

[Child & Adolescent Expressive Arts Institute]: July 10-14, 2018
What: Cultural Immersion Trip – Hopi & Navajo Tribal Regions, USA
When: May 15, 2018 through May 26th, 2018
Trip Leader: Patience Perry, MA (Appalachian State Univ)
Costs: approximately $1300 or less (all inclusive, airline/transport purchased individually)
Trip focus: Immersion visits with Hopi & Navajo community members
Contact for more information: Sarah Moore, PhD, LPC-S

Here’s more from Sarah Moore who made this trip twice:

When I was an undergrad at ASU, I had the opportunity to go out west on a cultural immersion trip to visit and learn about the Hopi and Navajo tribes. It was a life-changing experience for me and one that I wanted my children to have. I contacted the Professor for the class (now retired) and he connected me with the professor that is now teaching it. Patience Perry (Appstate.edu) has a Masters in Counseling and changed the class some to focus on expressive arts. Last spring break, I was able to take my oldest daughter (who’s now 17), on the trip that I had taken 26 years earlier. This May, I am taking the trip again and bringing my younger child with me. I have had several people express interest in participating in the trip so I decided to share the information. In order to make the trip as inexpensive as possible, we do homestays as a group with Hopi and Navajo families where you can tent camp or sleep on the floor. We stay in hotels several nights as well. We do service projects in the communities and will be visiting mental health facilities this time. We have the opportunity to observe presentations on glass-blowing, pottery, basket-weaving, wood carving, silversmith/metal work and we eat local foods, visit historical sites, hike into Canyon de Shelly and more. If you are interested in participating, you’ll need to get your plane ticket soon. Email me and we can get the process started. The trip expenses are based on the number of people who participate because we share the costs of covering food and speaker fees. Last year, the fee was $1260 and was all-inclusive. This year the fee will be $1400 or less, depending on whether or not others decide to join us. We will leave on May 15th and return on May 26th.

sarahmoorephd@gmail.com
Sarah Moore, PhD, LPC-S – Appalachian State University
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NORTH CAROLINA COUNSELING ASSOCIATION
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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 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 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.

04/26/2018