Spring 2020
A Special Edition Sponsored by The North Carolina Association for Multicultural Counseling and Development

Official Newsletter of the North Carolina Counseling Association
ANNOUNCEMENTS

· 2020 Annual NCCA Conference a Great Success!

· 2019 Award Winners Announced

· This is a Special Edition Sponsored by The North Carolina Association for Multicultural Counseling and Development

Inside This Issue

From the President  3

Branch News  8

Diversity and Advocacy  10

Division News  25

Higher Education in NC  26

Perspectives from the Field  37

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Email your submission to: nccounselingassociationweb@gmail.com

We're on Social Media
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What strange and unprecedented times we are experiencing. I hope all of you and your families are healthy and well. I wanted to share that the Governing Council of NCCA is thinking of all of you and your clients and students at this time. I have been so proud of our community of counselors and students during this time of crisis. I have heard of and seen acts of kindness, selflessness, and compassion from all over the state. I am honored to serve this association.

While COVID-19 has placed many things on hold, NCCA is continuing to work for our members. On Friday, March 27, NCCA members Drs. Dominique Hammonds and Christina Rosen conducted a training on best practices in telemental health work. Over 140 of our members attended that training. This training will allow counselors to continue to provide quality services to clients who desperately need them now more than ever.

Additionally, NCCA President-Elect Dr. John Nance will begin a weekly community meet up for our members. See Dr. Nance’s message below:

“NCCA leadership is aware the Covid-19 pandemic impacts us all in different ways. To provide space for us to join together, support, and strengthen our community of counselors, a virtual gathering will be held each Friday from 2:00 pm - 3:00 pm starting this
week. Please join us, as you are able, for conversation, Q & A, and encouragement. At this time, we have no agenda other than to support and provide community for our members. We’ll work to match the needs of our membership as the crisis unfolds.”

I hope you will join each Friday to talk, share, and discuss strategies for coping. We will continue to bring information and events to you that will benefit your work and hopefully, your well-being. Again, please feel free to reach out to me at schwarzem@appstate.edu if you have questions or an idea as to how NCCA can be of help during this time.

Finally, I want to thank the North Carolina Association for Multicultural Counseling and Development division for sponsoring this Spring 2020 edition of the Carolina Counselor. In this edition you will find valuable information about ways to incorporate our shared values of inclusion, social justice, and diversity into your work with clients.

Stay well and remember to take care of yourself and each other.

Mark Schwarze
President of the North Carolina Counseling Association
Carolina Counselor Sections

Branch News:
News about the North Carolina branch of the American Counseling Association

Campus Happenings:
News concerning student projects and student work in professional organizations such as local chapters of CSI and/or state, regional, and national counseling organizations

Diversity and Advocacy:
Discussion of issues related to diversity, multicultural competency, and advocacy; may address the helping professions directly or indirectly

Division News:
Any news related to NCCA division projects

Higher Education in NC:
Comments on the state of higher education in North Carolina and tips for effective teaching/learning.

Legislative News:
State and national news concerning enacted and proposed policy changes related to professional counselors in any setting

Member Spotlight:
NCCA members who deserve the spotlight! Please provide a photo of the nominee, a short summary of the member’s accomplishments, and contact information/photo of your nominee

Perspectives from the Field:
Professional and ethical issues in counseling, counseling theory/practice, and/or reflections on work as a student, professional counselor, counselor supervisor, and/or counselor educator
Latonya M. Graham, PhD, LCMHC-S, NCC is a Board Certified Counselor, Licensed Professional Counselor Supervisor, and National Board of Certified Counselors Fellowship recipient. She is currently Interim Director and clinician for the campus counseling center at Fayetteville State University, where she also serves as Substance Abuse Prevention Coordinator. Dr. Graham earned her Ph.D. from North Carolina State University and was named a Wilkinson Graduate Ethics Fellow. Dr. Graham has extensive counseling experience serving children and adults, as well as couples and families in various public and private settings. However, her most rewarding professional experiences have been providing counseling, consultation, programming, mentoring, supervision, and instruction to diverse student and staff populations in the university setting. Her research interests include ethics, aging population, and racial disparities in mental health.

Natalie Spencer Gwyn, PhD, LCMHC, NCC is and adjunct faculty member at Walden University, educator, author, and speaker. She was previously a high school counselor and student assistance counselor (SAP) for many years before moving into higher education. Dr. Gwyn received her undergraduate and master’s degrees from the University of North Carolina at Chapel Hill. She later earned her Ph.D. in Counselor Education and Supervision from North Carolina State University. Dr. Gwyn is currently the president of the North Carolina Association of Multicultural Counseling and Development. In addition to her service to NCCA, Dr. Gwyn is the author of Mindful Practices for Helping Troubled Teens. She is also a licensed mental health counselor (LHMC) in the state of North Carolina, and owns her own private practice, Gwyn Counseling and Wellness. Dr. Gwyn has presented her research on the local, state, and national level.
Nicole Stargell, PhD, LCMHCA, LSC, NCC, BC-TMH is the NCCA Director of Information and Technology and the 2019-2022 Carolina Counselor editor! Nicole is an Associate Professor in the Department of Counseling at the University of North Carolina at Pembroke (UNCP). She serves as the Clinical Mental Health Counseling Field Placement Coordinator, the Counseling Programs Testing Coordinator, and Chapter Faculty Advisor for the Phi Sigma Chapter of Chi Sigma Iota at UNCP. She is a member of the UNCP Institutional Review Board, the ACA Practice Brief Advisory group, and the editorial boards for Counseling Outcome Research & Evaluation and Teaching & Supervision in Counseling.

Vanessa Doran, LCMHCA, NCC currently works at Jodi Province Counseling Services, PLLC in Wilkesboro, NC serving a rural community with an array of mental health needs. As a Licensed Professional Counselor Associate and National Certified Counselor, she works with children as young as 2 years old to adults ages 40+, and everyone in between. Vanessa thoroughly enjoys working with middle and high school age kids, and utilizing CBT, Person Centered, and Existential Theory in her counseling office. She graduated with a MAEd in Clinical Mental Health Counseling from the University of North Carolina at Pembroke (UNC-Pembroke) in 2016, and her BA in Psychology with a minor in Sociology from the University of North Carolina at Charlotte (UNC-Charlotte). Vanessa enjoys learning about Expressive Arts therapy, Animal Assisted Therapy, and Play Therapy.

Happy New Year!

Stay Well in 2020
2020 NCCA Annual Conference—A Success!
Congratulations!
2019 winners recognized at the 2020 Conference!

The Ella Stephens Barrett Award – Angela Brooks-Livingston

Don C. Locke Multicultural & Social Justice Award – Jennifer Joyner

Jane E. Myers Wellness Counseling Award – Gigi Hamilton

Innovation/Creativity in Counseling Award – Raymond Ting

Beginning Counselor Award – Mecca Waller

Professional Writing and/or Research Award – Janeé Avent Harris

Devoted Service Award – Jonathan Ricks

Administrator of the Year Award – Noreal Armstrong

Special Citizen’s Merit Award – Andrew Freeman

Most Improved Division – NCGSA

Most Effective Membership Drive/Recruitment – NCAADA
Stepping Up and Into Our Advocate Identities: Liberatory Practices for Serving Intersectional Queer and Trans Youth
Whitney Akers

“Caminante, no hay puentes, se hace puentes al andar. (Voyager, there are no bridges, one builds them as one walks.)” — Gloria Anzaldúa

Gloria Anzaldúa’s (Anzaldúa, 1983, p. v.) words offer both challenge and promise to each of us. In our professional counseling voyages, we will undoubtedly confront seemingly impassable rivers and walls appearing too towering to scale. Often, these obstacles will present as we walk beside our clients through the forest of their stories, steadily holding a lantern to illuminate the rocky terrain of their journeys of exploration, excavation, and deep healing. These impeding barriers are not theirs alone; rather, they stifle breath, movement, and thriving for us all. As professional counselors, we have the tools to join clients not only in their healing voyages, but also in their building of bridges toward empowerment and liberation.

The American Counseling Association (ACA) endorsed advocacy as a central pillar to the 2018-2021 strategic plan (ACA, 2018), calling for counselors to fully step into our advocate identities. Advocacy is defined as the “promotion of the well-being of individuals, groups, and the counseling profession…to remove barriers and obstacles that inhibit access,

Dr. Whitney P. Akers, PhD, LCMHC, NCC, ACS is an Assistant Professor in the Department of Counseling and the Director of the Clinical Mental Health Counseling Program at the University of North Carolina at Pembroke. Dr. Akers’ clinical and research interests center on the ways in which people who identify as LGBTQ+ experience outness, how intersections of queerness and race, class, ability, spirituality, and ethnicity influence mental health and wellness, and how these intersectional lived-experiences are impacted by the current sociopolitical climate in terms of access, perceived levels of safety, and identity pride.
growth, and development” (ACA, 2014, p.20). Within an inherently heterosexist and cissexist society (Infanti, 2016), counseling professionals must develop nuanced understanding of the unique, systemic barriers facing intersectional queer and trans youth and cultivate practices grounded in radical affirmation.

**Intersectionality**

Intersectionality, coined by Black, feminist, scholar, Kimberlé Crenshaw (1989), offers an approach to counseling that recognizes the systemic impact of power and oppression on the multiple social identities that constitute one’s lived experience; and furthermore, considers how these identities relate to and inform one another (Collins, 2015; Shields, 2008). Intersectionality theory honors the experiential realities of how structural inequality shapes queer and trans youth’s access to resources, safety, survival, and personhood. For example, when counseling a 13-year-old who identifies as trans, lower socioeconomic status, and Latinx, we must understand how the client’s age, ethnicity, gender identity, and class intersect and interact to inform their lived experience as a minor within a cisnormative, racist, classist, and xenophobic society. This client may need access to puberty blockers to delay the development of primary and secondary sex characteristics. Due to their age, however, they must gain guardian consent to begin treatment, and due to transphobia, their guardian might judge their identity as immoral, thus barring access. Furthermore, their access to insurance and financial coverage for medications might be limited due to financial repercussions of racism and xenophobia on people of color and Latinx populations in the United States. Thus, their experience of their trans identity is inextricably linked to their other identities—they cannot be separated, because they mutually constitute and reinforce one another (Shields, 2008). Counselors working with this client through an intersectional approach can recognize layered barriers and offer holistic support through engaging in advocacy within their family system and community.
The Need for Advocacy

Williams and Chapman (2011) found that queer youth were approximately twice as likely to experience anxiety and depression, contemplate or attempt suicide, and have unmet mental health needs than their heterosexual peers. Trans youth were found to be 2.5 times more likely to experience anxiety and depression and 3 times more likely to contemplate or attempt suicide as compared to cisgender peers (Reisner et al., 2015). In school settings, 87.3% of LGBTQ+ youth experienced verbal, physical, or sexual harassment or assault based on their sexual/affectional orientation, gender identity and expression, (dis)ability status, perceived/actual race and ethnicity, or religion (Kosciw et al., 2018). Additionally, 56.6% of LGBTQ+ students heard homophobic remarks and 71.0% heard transphobic remarks from teachers or staff (Kosciw et al., 2018). Considering these statistics, it is unsurprising that LGBTQ+ students had lower grade point averages and self-esteem and were less likely to pursue college after graduation as compared to cisgender and heterosexual peers (Kosciw et al., 2018). Alarmingly, LGBTQ+ youth were 120% more likely to report being homeless (Morton et al., 2017); while LGBTQ+ youth compose approximately 7% of the youth population, 40% of homeless youth are LGBTQ+-identified and homeless due to identity-based familial rejection or abuse (Choi et al., 2015; Durso & Gates, 2012).

The Counseling Relationship Explored

These statistics evidence a need for support that is holistic, affirming, and liberating from oppressive systems impacting intersectional queer and trans youth. Joining clients in liberation requires counselors engage in reflexive exploration of our own access to power and privilege and our experiences of oppression. We must acknowledge the ways power manifests within the counseling relationship, both due to the interaction of ours and our clients’ intersectional identities, and the power inherent in our roles as adults and counselors. Considering the homophobic
or transphobic interactions between many LGBTQ+ youth and adults (Kosciw et al., 2018), counselors have the opportunity to present differently—to affirm client identities and facilitate their empowerment. Moving beyond a framework of mere support and into one of liberation requires keen awareness of how we can use our power to shift oppressive practices and structures within and beyond the counseling relationship.

Diagnosis
While working to eradicate harmful practices, counselors must also recognize the impact of institutionalized violence within the mental health field on queer and trans communities. For example, the inclusion of Homosexuality in the Diagnostic Statistical Manual-I (DSM-I) in 1952, and maintenance of this diagnosis in the DSM until 1987, evidences the relationship between social constructs and the medicalization of identities (Baruth & Manning, 2007). Relatedly, Gender Identity Disorder (GID) surfaced in the DSM-III, remained in the DSM-IV, and now appears as “Gender Dysphoria” in the DSM-5 (American Psychiatric Association, 2013). Though not all trans clients experience gender dysphoria, insurance companies often require this diagnosis to cover any type of medical transition. When assigning this diagnosis, liberatory counselors include clients by collaboratively reviewing diagnostic criteria, as well as prioritizing client consent with full awareness of the relative opportunities and challenges of this diagnosis.

Visibility and Intake Paperwork
Before the initial counseling session, we can communicate our dedication to liberation by including queer- and trans-positive material in our lobbies, making available intersectional resources, and employing diverse professionals. Additionally, liberatory counselors maintain awareness of the implicit bias within intake questionnaires and create affirming paperwork. Instead of using boxes and

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predetermined identity labels (e.g., race, gender, sexual/affectional orientation, etc.), counselors use blanks to facilitate clients using their own language to describe identities, state names, and their preferred pronouns.

Confidentiality
Our adherence to confidentiality is of particular importance when working with LGBTQ+ youth who may be out to us, but not in other contexts. Though guardians can request clinical records or session information, it is critical that counselors recognize our duty to refrain from outing clients to anyone to whom they have not yet disclosed their identity. We must honor the client’s vulnerability and autonomy by recognizing the circumstances on informing how and with whom they have chosen to be out. A breach in confidentiality that results in nonconsensually outing a client can damage rapport and expose the youth to victimization, violence, and danger.

Liberatory Advocacy
In preparing to advocate, we must first explore barriers to advocating, such as feeling afraid of controversy, intimidated by policy makers, uncertain of resources or expectations, and overwhelmed by heavy workloads and too little time (De la Paz, 2011; Myers & Sweeney, 2004). We can also find facilitating factors like accessing internal support for advocacy, engaging in coalition building with intersectional community groups, and using our voices, creativity, and bodies to take a stand for and beside queer and trans youth. In effect, we must be open to becoming learners, and step into our own vulnerability as we navigate new terrain. Our professional advocacy-related competencies (e.g., ALGBTIC Competencies Taskforce, 2013; Burnes et al., 2010; Goodrich et al., 2017; Griffith et al, 2017; Ratts et al., 2015; Toporek & Daniels, 2018) paired with trainings and continuing education can become roadmaps as we deepen our knowledge and practice.

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Conclusion
Stepping away from this article, we might reflect on our current or past advocacy and explore how it might translate to serving intersectional queer and trans clients in our communities. We might construct an advocacy plan by asking ourselves: 1) Which advocacy roles will I occupy?; 2) Which communities will I serve?; 3) With whom might I engage in coalition building to enhance the impact of our advocacy?; 4) What resources will support successful advocacy outcomes?; 5) How will I know my work is successful?; 6) What self-care will foster longevity in advocacy work?; and 7) How will I celebrate my success? We might look further into the future, answering these questions across the next five years to build a layered advocacy plan that moves in scope from small community changes to systemic shifts.

The future of counseling poses a call-to-action for counselors to serve beyond our clinical work—to become compassionate harbingers of community and systemic change. Through integrating a power-informed lens, to advocate for and with intersectional queer and trans youth, we hold great potential to facilitate client access to empowerment in the movement toward collective liberation.
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Shared Passion, Diverse Approaches: Counseling and Social Justice Considerations When Working With Immigrants
Arna Erega and Claire Cronin

Experiences of the Authors Working with Immigrants in Diverse Settings
Responsibilities of Counselors

The number of immigrants and refugees has increased considerably since 1970, resulting in over 22.6 million immigrants residing in the United States (U.S.). Between 2007 and 2012, the overall number of international students increased by 30% in the U.S. In the 2017-2018 academic year, there was a total of 1,094,792 international students enrolled in U.S. education institutions; and 382,953 were graduate students (IIE, 2018). Included in the international student population are those attending CACREP accredited programs, with 53.3% reporting having at least one international student enrolled. The U.S. is accelerating in its diversification of its population, which means counselors are more likely to encounter foreign born clients now more than ever before.

Claire Cronin has always been passionate about working with children and adolescents from resilient communities. Upon moving to Charlotte in 2018, she had noticed a distinct shift in public discourse becoming increasingly negative and hostile to refugee and immigrant children. Alarmed by this rhetoric, she felt a call to learn more about this population, become an ally, and advocate for the community. In the Fall of 2018, she began volunteering with the non-profit OurBridge in their after-school program. OurBridge is the only non-religiously affiliated free after-school program in the Charlotte area especially designed for English language learners. Claire has felt honored to become part of the vibrant

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community at OurBridge, and is excited to bring their stories of resilience to the world.

Arna Erega has been in the U.S. as an international student for the past 12 years. Originating from Croatia and coming to the U.S. on an athletic scholarship, she has experienced firsthand many of the hardships we read about in literature today. Arna has a passion for working with the international student population, and can easily relate and empathize with the many challenges and obstacles international students face on an everyday basis. Combining her personal and professional counseling experiences of working with international students, Arna was able to identify the areas most in need for further development of multicultural competencies for counselors, counselor educators, and supervisors who work with immigrant populations. Through our very different, but also shared experiences, we will explore the various counseling and social justice considerations all counselors should consider when working with this heterogenous group.

Multicultural and Social Justice Counselor Competencies

The multicultural and social justice competencies laid out by the American Counseling Association (ACA) encourage counselors to explore their attitudes and beliefs, to further develop their knowledge and skills, and to be able to take action that is both relative and appropriate. The goal for all counselors is to develop a level of awareness that will guide them in identifying their own social identities, group statuses, and challenging their position of privilege. When working with immigrant populations, it is extremely important to recognize the level of their privilege, the marginalized status of immigrants, and how they both coexist in our society.
Simply realizing there is discrepancy is not enough; counselors ought to be aware of how these statuses influence their worldview, as well as their chosen approaches to providing assistance. One of the most important things we want to highlight is the need for counselors to acknowledge the constant change in the socio-political climate that immigrants experience, and to be open to learning about immigrants’ cultural backgrounds in the light of their own privileged and marginalized status.

**Building Holistic Knowledge of the Immigrant Experiences: Differences in Status**

Language around immigrants is often manipulated in order to increase misunderstanding. It is important for counselors to understand the unique, but sometimes overlapping, distinctions among immigrant groups. The term “immigrant” refers to a person who has migrated willfully; often for economic reasons. The term “refugee” refers to involuntary migrants who are forced to flee violence, war, personal or political persecution. However, the distinction between the two is blurred, with many immigrants moving due to crushing poverty, political instability, and gang violence. The term “international student” refers to an individual who has migrated for the sole purpose of pursuing education in the U.S. and has obtained a F-1 or J-1 visa. “Undocumented” may refer to the status a person holds in the country in which they reside; they may lack the legal paperwork to prove themselves as having residency in that country.

**Diverse Migration Stories and Unique Experiences**

Immigrants, refugees, and international students all face significant challenges in managing their transition to the U.S. (Guarnaccia & Lopez, 1998). They must leave familiar people and routines, adjust to new social and academic norms, and navigate intersecting cultures. Since immigrants are a minority group in the U.S.,
they face similar challenges to other minority groups, including discrimination and oppression. This population also faces substantial economic hardship related to employment; international students on a F-1 or J-1 visa are allowed to work only on campus and part time, up to 20 hours per week.

Another stressor for this population is achieving or maintaining legal status within the United States. Immigration to the U.S., on a temporary or permanent basis, is generally limited to three different routes: employment, family reunification, or humanitarian protection. International students must meet a litany of requirements in order to acquire and maintain their F-1 or J-1 status; including entering into the I-901 Student and Exchange Visitor Information System (SEVIS), and obtaining the Certificate of Eligibility for Nonimmigrant Student Status, also known as I-20. For other immigrants their legal status may depend on employment with a specific business, and loss of the job could mean they lose their ability to stay in the country legally. For most immigrants, there is no clear path towards citizenship, with a complex immigration system difficult to navigate.

This population also experiences trauma at a higher rate than native born Americans. The immigrant story can be broken down into three distinct experiences: pre-migration, migration, and post-migration (Patel & Reichert, 2016). At any point in this process immigrants, refugees, and international students can experience high levels of stress.

Acculturative stress, related to the psychological impact of adapting to a new culture, impacts every person who has moved to a new country. Berry (2005) identified acculturation as “a dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members” (p.698). Li et al. (2016) discussed how acculturation
happens at the group level as well as at the individual level with attention specifically given to intercultural interactions within social structures and personal behavior. Acculturative stress varies based on the differences between cultures, the person’s social capital, and their perception of acceptance in their new home country (Smart & Smart, 1995). When the new home country adopts a position of welcoming new citizens, through supportive social programming and clear pathways to citizenship and legal status, new immigrants reported having lower acculturative stress. Also important in building resilience is a sense of identity and community in a new country; where one learns the new culture and language, while also retaining their own unique cultural markers. Language difficulties seem to have the biggest impact on international students. Li et al. (2016) addressed how one’s level of comprehension affects the way they interpret psychological stressors and therefore act upon them.

"Socio-political atmosphere" is constituted by the social and political context in which international students live, work, and study. Royall (2017) conducted a study and discovered that currently the biggest impact on international student enrollment in the U.S. is presidential administration, followed by travel restrictions, concerns about personal safety, and the cost of studying in the U.S. Mitchell et al. (2017) studied students’ reactions to 2016 presidential elections and discovered three general themes: increased emotional distress, actual or anticipated identity-related impacts, and fear.

In the context where xenophobia, racism, and religious hatred are prevalent, international students and other immigrants have been targets of physical and symbolic violence as well as implicit and explicit discrimination. The current socio-political atmosphere is charged with tension, so violence and discrimination are becoming increasingly normalized. This population is exposed to everyday
forms of microaggressions including violent hate crimes (Rose-Redwood & Rose-Redwood, 2017).

**Practical Counseling Skills and Application**

Approachability and accessibility are key to working with this population. For immigrant and refugee youth, school-based interventions allow for children to receive support within the natural community of their school. Family therapy is also strongly recommended, as there is an emphasis on the existing strong ties to family and community (Pacione, Measham & Rousseau, 2013). Play therapy has also been validated as an effective intervention for immigrant and refugee children. Creative modalities like art and music therapy allow for immigrants to integrate their own cultural identity into therapy using the expressive arts. Regardless of therapeutic approach, counselors should consider the intersection between trauma and acculturative stress when supporting immigrants, refugees, and international students. A strengths-based approach honoring the natural resiliency present in this population is key.

**Implications for Future Practice**

Understanding the unique challenges and resilience within the immigrant, refugee, and international student population is only the first step. Counselors and counselor educators should take active steps advocate for this marginalized group. Ensuring counseling programs are accessible and supportive to international students will help create a more diverse workforce of future counselors. Working within local communities to support programming for this population, along with advocating on the city, state, and federal level for equitable policies, helps to fight systemic level oppression. Finally, working within professional organizations like ACA to ensure our professional voices are united to battle xenophobia, racism, and religious hatred.
References


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Congratulations Jeffrey M. Warren  
2020 NCAARC Exemplary Practices Award Recipient

Dr. Warren strives to promote excellence in assessment, measurement and evaluation in counseling through professional programs, research and development. Dr. Warren holds licensure as a Licensed Clinical Mental Health Counselor-Supervisor (LCMHC-S) and School Counselor (K-12) in North Carolina. He is an Approved Clinical Supervisor (ACS) and a National Certified School Counselor (NCSC). He holds a Rational Emotive Behavior Therapy Advanced Certificate and is a National Certified Counselor (NCC). He is a Past President of NCCA.

Dr. Jeff Warren is an exemplary professional in our division.
‘Bout That Action: Recruiting Men of Color into the Counseling Profession
Felix Morton IV

For years, there has been an ongoing stigma around men and their receptiveness to discussing and receiving mental health and/or counseling services. Men of color are underserved and underrepresented not only as clients, but also as counselors and counselor educators (Bradley & Holcomb-McCoy, 2002). With the most common race/ethnicity of counselors being White and over 70% of counselors being women (Data USA, 2019; Jones, 2019), there is a critical need for an increase of men in the counseling profession; especially men of color. While literature and statistics suggest this need is critical and vital in providing equitably diverse mental health and counseling services, there is a lack in research and recruitment initiatives to help resolve this need. I believe the vision for the future of the counseling profession will focus on more action towards closing the gap regarding diverse representation. Because there is a significant need for men of color as counselors and counselor educators, my vision entails the establishment of recruitment initiatives to acknowledge the need and demonstrate visible action to help resolve it.

Students of color on predominantly White college campuses struggle with underrepresentation, social isolation, academic challenges, and racial and cultural stereotyping from peers, professors, and student affairs personnel. After enrolling in college, some of the challenges impacting these students’ success, particularly at predominantly White institutions (PWIs), have been campus climate (Brooms, 2018; Strayhorn & Devita, 2010), social isolation (Harper, 2013), and the lack of institutional support agents (Palmer, Wood, Dancy, & Strayhorn, 2014). Some research suggests that students of color face a higher prevalence of mental health challenges and are less likely to seek counseling and psychological services than their White peers (The Steve Fund, 2019). Many of the challenges these students face have focused on the lack of minority faculty members and higher education administrators on college campuses, with much attention on counseling...
and psychological services. Research shows many people of color prefer access to care in more racially diverse settings, with individuals who they believe can “more easily empathize with the sociocultural aspects of their concerns” (New, 2016). The Multicultural Social Justice Counseling Competencies (MSJCC) believe that “it is critical to help clients develop networks with caring individuals who share a similar privileged or marginalized identity and with whom they identify” (Ratts et al., 2016). Many research studies around counseling men of color suggest a need and increase in men of color who provide counseling services in their implications and recommendations, but very few have directly studied the issue.

This being said, my vision for the future of the counseling profession involves two things: more research and more action toward establishing a more visible response to this need. I believe that more research studies will examine the motivations of men of color currently practicing as counselors to better understand what led them into counseling as a profession. More action will occur from the utilization of this research to establish more recruitment programming to increase the amount of men of color in the counseling field as well as on college campuses. Recruitment programming will strengthen bridges to the counseling profession for men of color, increase the number of men of color counselor educators, and be seen as proof that we, as a profession, acknowledge the void in our field and are working towards filling this void.

Felix Morton IV, MEd, MA, LCMHCA, NCC
References


Creating Collaborative Career Interventions for Autistic College Students

Wesley Jackson Wade

Creating Collaborative Career Interventions for Autistic College Students

Despite a notable increase in autism awareness and related services over the past 20-years (Lord, et al., 2020; Nevison et al., 2018), misconceptions about autism are still widely held (Gillespie-Lynch et al., 2017). Autism is a normal variant of the human brain (Jaarsma & Welin, 2012). It is the combination of highly heritable neurological traits typically used to describe a construct defined as Autism Spectrum Disorder, which applies to a diverse group of individuals (Lord, et al., 2020). Autism has always been a part of the human condition, and people within the autistic community have made numerous contributions to society. Currently, more people from this community are attending college (Cox, et al., 2017). However, when these students reach college, they are experiencing a series of obstacles impeding them from achieving graduation and employment rates comparable to their neurotypical peers. In 2011, it was reported that graduation rates for autistic students were estimated to be below 40% (Newman, et al., 2011), and that 45% of autistic students who did graduate from college were underemployed with the vast majority being unemployed (Baldwin, Costley, & Warren, 2014).

Wesley Jackson Wade is a doctoral student in counseling and counselor education at NC State University and serves as the career counselor for the College of Sciences. Wesley also leads the Students Moving Forward program in the Career Development Center, which is dedicated to helping autistic students obtain paid, degree-related work experience.

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Few studies center autistic voices, and when autistic voices are centered, it becomes clear how neurotypicals carry a lot of stigma and misconceptions about autism; creating systemic barriers for autistic people. These systemic neurotypical barriers (SNB) represent cultural problems, not neurological issues. One example of a SNB is the ownership over language. Overwhelmingly, autistic adults and students, have clearly voiced a desire for identity-first language (IFL) over person-first language (PFL) through scholarly studies and social media (Kenny, et al., 2015; see also Abel, Machin, & Brownlow, 2019; Brown, 2011). Yet, most autism-focused organizations and studies still use PFL, which is also the preference of the medical community, i.e. “a person with autism.” To stand in solidarity with the autistic community, and to affirm their voices, this article will use IFL.

Counselors are uniquely qualified to help autistic students address issues related to SNB. The professional values of counselors include honoring diversity, enhancing human development at all stages of life, and promoting social justice (American Counseling Association, 2020). In this article, I will (1) expand on SNB experienced by autistic students; (2) identify counselor-driven efforts in North Carolina supporting the career development of autistic students; and, (3) discuss implications and further areas of action-oriented study.

**Systemic Neurotypical Barriers**

Autistic students in college and university settings report high rates of isolation, anxiety, and being misunderstood (Cox, et al., 2017). In multiple studies, autistic college students expressed experiencing various levels of stigma from other students, professors, academic staff, and employers recruiting on college campuses (BoLOURIAN, Zeedyk, & Blacher, 2018; see also Chen et al., 2015; Gillespie-Lynch et al., 2017). When trying to engage in social interactions with neurotypicals,
autistic students voiced these encounters as “stressful,” “isolating,” and commented how neurotypical students “always [gave] a weird look” when approached by an autistic student (Bolourian, Zeedyk, & Blacher, 2018). In workplace settings, the perceived social awkwardness some autistic interns exhibited was interpreted as immaturity and often resulted in their termination (Chen et al., 2015).

Autistic students have described these experiences as self-defeating confirmation that they do not belong in college (Bolourian, Zeedyk, & Blacher, 2018). None of these examples display intellectual deficiencies, but rather lament the reality of SNB. In addition, gaining paid, degree-related experience while in college is one of the best determinants for positive academic and mental health outcomes for autistic students (Walsh, Lydon, & Healy, 2014).

**Counselor-Driven Interventions for Autistic Career Development**

Currently, in North Carolina, there are two interventions solely dedicated to removing SNB and helping autistic college students obtain paid, degree-related work experience. Out of these two career interventions, I will predominantly focus on the Students Moving Forward (SMF) program at NC State University, which I currently lead (Wade, 2020). The other intervention is the LiNC-IT internship program, where I currently serve as a member of the planning committee (LiNC-IT, 2020).

In addition to SMF and LiNC-IT, there are a host of other initiatives specifically for autistic college students in North Carolina. Some of these programs include the Duke University Neurodiversity Collaborative, the Autism Advisory Council at Fayetteville State University, and the Pirate Academic Success Center (PASC) at East Carolina University. The TEACCH Autism Program at the University of

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North Carolina at Chapel Hill is a comprehensive program which has been in existence for over 40-years, and serves the entire state of North Carolina (TEACCH Autism Program, 2020).

**Students Moving Forward**

During the 2017-2018 academic year, I co-created SMF at NC State University in the Career Development Center (Wade, 2020). Together, with a biological sciences advisor, we established the initial format, focus, and execution of the program. Neurodiversity was, and still is, the philosophical centerpiece of SMF, i.e. autism is viewed as a natural variant of the human brain and autistic students are hindered by SNB within society (Jaarsma & Welin, 2012). In addition, due to the impact paid work-experience for autistic students and the dramatic rate of underemployment within this community, the primary focus of SMF is to help autistic students attain paid, degree-related work experience.

SMF conducts five meetings each semester for a total of 10 meetings each academic year (Wade, 2020). During these meetings, students are able to connect with local recruiters who help familiarize students with the recruitment process; this, also, allows recruiters to gain experience with autistic students. Allowing recruiters to directly connect with autistic students can help reduce stigma and misconceptions neurotypicals hold about autism (Gillespie-Lynch et al., 2017). Since the founding of SMF, over 17 students have been able to attain paid, degree-related internships and/or full-time work experience (Wade, 2020).

**Structure and Topics of SMF Meetings.**

Each academic year, SMF meetings vary according to the needs of the students. Always included is a mock interview component with recruiters from local organizations in addition to an informal employer panel where SMF students ask

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questions about recruitment. Meetings are held in the evenings, and last for 90-minutes. It is critical for the meetings to align with the philosophy of neurodiversity because, just like any group of students, when autistic students feel affirmed and supported they also feel comfortable being their authentic selves (Bolourian, Zeedyk, & Blacher, 2018; Ward & Webster, 2018).

Meetings have featured topics such as, but not limited to, resumes and cover letters, mock interviews, recruiter panels, networking best practices, disclosure, and understanding personal strengths. Focusing on strengths in a neurodiverse space is believed to beneficial because many autistic students have expressed frustration and low self-esteem over the extended focus on their deficits during primary school years (Bolourian, Zeedyk, & Blacher, 2018). The personal strengths meeting incorporated a Gallup-Certified Strengths Coach, who led SMF students through the CliftonStrengths assessment, helped the students identify and practice articulating their strengths.

**Autistic Professional Mentors.**

An additional feature of SMF is the Autistic Professional Advisory Board (APAB). Gillespie-Lynch et al. (2017) determined autistic adults can serve as critical experts in autism and there would be a “benefit from [the] inclusion of knowledgeable autistic adults as program mentors.” Therefore, SMF incorporates the APAB as mentors for the SMF students. The APAB currently consists of five local professionals who are openly autistic and work in a range of fields (one APAB member is also a former SMF student). This aspect of SMF is still relatively new, but has already increased the breadth and depth of dialogue at the meetings as well as to the knowledge-base of SMF as a whole.

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Creating Collaborative Career Interventions for Autistic College Students
Page 6 of 8

The Autism Career Summit.
During October 2019, SMF hosted a statewide career summit for any college student or recent graduate who identifies as autistic. In total, there were over 110 attendees with 67 students representing 17 different institutions including, four high school seniors (Wade, 2020). The summit’s theme was “Connecting North Carolina’s Workforce” and featured a keynote speaker (the director of LiNC-IT), an “#ActuallyAutistic Career Panel” featuring seven autistic professionals and students, and a career fair with 11 different organizations (Wade, 2020). The next autism career summit will be held on October 10th, 2020.

Discussion
As counselors, we have professional and ethical obligations to help clients develop healthy, fulfilling lives. An autistic student, who has made it through primary school and earned entry into college, has already overcome more obstacles than most of their neurotypical peers. Practitioners and researchers can have a notable impact on this population of students by focusing on action-oriented research interventions centering on autistic voices.

In addition, racial and ethnic diversity among autistic college students is low, which might be an indicator of the compounding effect of systemic racism and SNB. More action-oriented research targeting autistic black, indigenous, and Latinx populations, such as Dr. Jamie Pearson’s FACES program, is recommended (Pearson et al., 2020). It is strongly recommended for organizations to include efforts toward educating neurotypical staff and to incorporate diverse autistic professionals to help strategize programmatic initiatives.

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Creating Collaborative Career Interventions for Autistic College Students

References
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Creating Collaborative Career Interventions for Autistic College Students

Page 8 of 8


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As the world and counseling profession enter 2020, many are focused on delivering on promised goals, ideas, and initiatives. The American Counseling Association (ACA) developed a 20/20 vision for the future of counseling. The 20/20 vision included seven principles deemed important to moving the profession forward (Granello & Young, 2019). The principles were sharing a common professional identity, presenting ourselves as a unified profession, working together to improve public perception and advocate for professional issues; creating a licensing portability system, expanding and promoting our research base; being student focused to ensure the ongoing health of the profession, and promoting client welfare through advocacy efforts (Granello & Young, 2019). Embedded within these seven principles is the idea of connection. Connecting to each other, our current and future students, our clients, and the public is what has allowed some of these principles to be met and others to remain in progress.

Benefits of Connection
Connection is the basis for how we grow, learn, and pass information forward. To connect means to bring together or into contact so a real or notional link is established (Merriam-Webster, 2020a) and connection is defined as a relationship...
in which a person, thing, or idea is linked or associated with something else (Merriam-Webster, 2020b). The seven principles of the 20/20 vision require a connection of ideas, action, and connection with people. Freud’s Oedipus’s complex refers to the stage where young boys desire the full love of their mothers (connection) and begin to resent or wish death on their fathers (Ahmed, 2012). Erikson believed we develop by conquering various tasks at different stages and three of those stages have a component of connection; trust versus mistrust, identity versus role confusion, intimacy versus isolation (Corey, 2017). Vygotsky believed cognitive development is a socially mediated process where social interaction (connection), specifically cooperative dialogues with more knowledgeable members of society, is necessary for children to acquire ways of thinking to develop a communities culture (Berk, 2014). The components of these theories are not only influential to what we learn and teach, but also in how we operate as a profession to meet the goals of propelling counseling forward.

Relational Cultural Theory (RCT), directly focuses on growth through connection. RCT posits that humans grow through and toward connection throughout the lifespan and culture has a huge impact on that relationship (Jordan, 2013). In its initial development, RCT was believed to focus on how women grew through connections and relationships. Over time, the theory has evolved to address growth in all people. By building relationships and meeting the conditions of connection, people are able to experience the five good things: zest, empowerment, clarity, increase sense of worth, and a desire for more connection (Harling & Sparks, 2002). Conversely, when there is chronic or severe disconnection, this can lead to isolation and negative outcomes such as: energy drained, confusion, disempowered, alienation, and burnout (Harling & Sparks, 2002). Connections and disconnections can occur in all facets of life. Engagement in the conditions of connection; mutual empathy, authenticity, responsiveness, and
and mutual empowerment can increase the likelihood that, as a profession, we can accomplish principles five through seven of the 20/20 vision.

**Connection through Research**

Participatory Action Research (PAR) allowed a connection with the participants that was unexpected. When conducting PAR, the researcher understands they are joining in with the participants to become the collective and, through everyone’s shared stories, they aim to improve the world by changing it (Baum, MacDougall, & Smith, 2006). My research study was an investigation on what African American women with natural hair in the professional workplace experienced. I was able to speak with and join together with 22 African American women from around the United States and hear their hair stories. While listening, discussing and sharing ideas we were able to assess the issue, develop ideas for solution, and establish what resolution would look like. On a larger scale, I was able to see how experiences from childhood, peer and parental relationships, and romantic relationships either fostered growth through connection or hindered growth through disconnection. Some of the participants shared how they found happiness within themselves and who they were, but it was a hard journey that took years to overcome shame, blame, and disconnection developed over the years. Then moving into the working world to experience the same issues led to rise of new battles to conquer.

In working on this research, I became more aware of just how much I and the 22 women have been affected by this unnecessary issue we face. The women became less of participants and more of an extension of myself. Since PAR’s aim is to develop solutions and assess when resolution has occurred, the active participation of the study can be ongoing (MacDonald, 2012). This study was started in Summer 2018 and has continued to the present day. We reach out to one another

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with success stories, with continued trials, and wonderful triumphs. As the collective, we have supported one another through the passing of the CROWN Act (Crown Coalition, 2019) and states beginning to ban hair discrimination to the advocating for the young man in New Jersey who had to cut his locks to wrestle and most recently the two young men who have been suspended and told they can’t graduate because of their hair in Houston, Texas.

Through all this, we have been connected and strengthened. We have the courage to speak up and speak out because we have grown stronger with each other. The strength that is present in a collective of 22 women can be the strength needed to propel counseling into the realization of its 20/20 vision.

**Connecting to Social Justice and Action**

How can connection be the key to the future of counseling? Connection is the bridge that places all the pieces together to make one puzzle while providing the path forward. Connection is growing from the first force of counseling to the fifth force and with each new force learning more about ourselves. In conducting research, counselors are able to expand and promote our efficacy towards the public while connecting with potential clients and advocating for the needs of the populations we serve. In all facets of our profession, teaching, supervising, counseling, and researching, we are connecting. We are connecting thought to processes, connecting social interaction to cognitive development, connecting one life to another life and making a difference as we forge on into 20/20 and beyond.


Rural residents face numerous challenges when seeking mental healthcare services. Nearly 90 million Americans live in areas designated as Mental Health Professional Shortage Areas (MHPSA), with rural communities encompassing most of these areas (United States Department of Health and Human Services, Health Resources and Services Administration, 2011). Mental illness stigma, geographical isolation, and the dearth of specialty mental healthcare providers in rural locales all culminate to make it difficult for residents to receive quality, prompt assistance for their mental health concerns (Crumb et al., 2019). This is especially true for active-duty military service members, their families, and veterans who face the same hurdles, with additional complications inherent in the military culture; such as, the mission first mindset, deployment cycle, combat exposure, frequent relocation, separation from supportive family members, and the expectancy of 24/7 availability (Adler & Castro, 2013). Accordingly, the purpose of this article is to address the general concerns related to mental healthcare services faced by military-affiliated individuals and their families residing in rural communities across North Carolina (NC).

In rural NC towns with nearby military bases, active duty service members and their families seemingly have the most access to mental healthcare resources. They can seek services via direct military entities, or go off base to use Tricare insurance coverage to illicit services through private mental healthcare providers. However, the dilemma these individuals may face is the existence of the warrior culture. Bryan and Morrow (2011) described the warrior culture as “one that values strength, resilience, courage, and personal sacrifice.” Although these characteristics are noble, researchers (Bryan & Morrow, 2001; Coker, 2007) suggested this may imply that soldiers and their families should never show signs of vulnerability (e.g., emotional pain distress; Jameson & Curtin, 2012). Historically, if service members were to seek psychological services openly,
they risked losing rank, promotion, security clearances, and the trust of unit members (Stebnicki, 2017). Hence, maintaining a warrior ethos is perceived as a normative way of thinking and acting in the military culture, and can become an ingrained mindset for military-affiliated individuals (Redmond et al., 2015).

Furthermore, this mindset may transition over to spouses and close family members, who are also expected to maintain a particular image of strength in the face of hardship; especially during deployment periods or cases of injury (Coker, 2007). Because of these personas, service members or their spouses may be less likely to seek mental health services on base or report any mental health concerns to their commanding officers or family members (Bryan & Morrow, 2001). If military-affiliated individuals decide to push past stigma and seek professional help for psychological concerns, they may ultimately face another barrier of not being able to locate a qualified mental healthcare provider in their rural communities.

In discussing the mental health-seeking behavior of military-affiliated individuals, we should also acknowledge the experiences of veterans residing in rural communities. According to the American Public Health Association (2014), veterans are by in large the most neglected military-affiliated group who could benefit from comprehensive mental healthcare services. Veterans in rural areas who have access to the benefits of Tricare, who retired from military service or those who were medically or honorably discharged from the military, often have the most direct access to mental healthcare resources. However, rural veterans who served equal time in the armed forces, were domestically or internationally deployed, may have experienced combat facing physical and emotional turmoil, may not qualify for Tricare benefits because their service time does not meet retirement requirements. This results in less access to mental health care.
services in MHPSAs. Consequently, this leaves a large population of rural veterans with no or limited access to mental healthcare services. There has been an increase in Veterans Affairs healthcare facilities in rural areas; however, there are several rural, remote towns who do not have this resource. More often, rural veterans have to travel great distances to visit a Veterans Affairs facility or to follow up with specialist in medical or mental healthcare services. Given the concerns discussed presented here, we propose ideas that may enhance mental healthcare services for military-affiliated individuals and families residing in rural areas: (1) increasing private specialty practices focusing on military mental health, and (2) university-community partnerships.

**Increasing Private Specialty Practices**

Private practices are an effective and helpful option for military members and their families; as it allows for therapeutic work with the protection of confidentiality (Hamlett, n.d.). Military members may be apprehensive about reporting mental health-related concerns to anyone on base because they may be viewed as weak or compromised (Fenell, 2015). Furthermore, they may be hesitant to seek help off base due to the desire to keep their issues private. Military-affiliated individuals who choose to seek help through providers in private practice may benefit from having a therapeutic relationship removing the personas or expectations of work and duty related to the military. Collaborations and direct referral networks can be facilitated between military and civilian providers to improve mental healthcare access for military-affiliated individuals in rural areas, and private providers can explore innovative ways (e.g., telemental health and consultation; Wicklund, 2017) to provide military-affiliated individuals with adequate mental healthcare and resources. In recent years, the wars in both Iraq and Afghanistan have raised these concerns to a new level, as rural soldiers are represented disproportionately high in terms of casualties, as compared to their nonrural
counterparts (O’Hare & Bishop, 2007). According to Jameson and Curtin (2012), this data suggests that soldiers returning to their rural home areas will likely have a greater need for mental health services in the coming years; a factor that rural private service providers should begin to consider. For instance, treatment for military trauma, loss, and injury is a needed specialty area of interest by several practitioners (Coker, 2007; Lacoursiere, 2017).

**University-Community Partnerships.**
Universities are a great recruitment resource as they institutionally foster growth, research, and opportunity while simultaneously creating a community of passionate, driven, ethical, open-minded individuals who are eager to learn and gain new experiences. Recruiting and sustaining enthusiastic, motivated, and qualified mental healthcare providers, knowledgeable of the idiosyncratic mental health concerns of military-affiliated individuals, is essential. Internship experiences through counselor education, or related behavioral healthcare programs, could provide opportunities for universities to form connections with the military and local mental health providers on behalf of students interested in working with rural military populations. Partnerships between university graduate programs and behavioral health providers on rural military bases may encourage stipend-based or paid internship experiences for students. Being able to earn money, while completing internship requirements for a master's level program, may be a significant motivator in recruiting professionals to rural, military towns. An added benefit of this initiative would be the potential for interns to seek permanent employment within these organizations after their graduation; promoting an increase in providers in rural, underserved areas. Graduate-level counseling programs are beginning to offer specialty military and trauma training; indicating a need for qualified mental health providers for military individuals and their families. The opportunities for providing mental health services in
rural NC towns have the potential to expand dramatically. By identifying the various barriers to care within rural military communities, we can take active steps towards eliminating them. Increasing private specialty practices, training civilian therapists to operate competently within the military culture, and fostering military-university partnerships are just some of the strategies to bring necessary mental healthcare to these communities.
Enhancing Mental Healthcare Services for Military-Affiliated Individuals in Rural Communities

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