ANNOUNCEMENTS

- 2021 NCCA Annual Conference
  February 24-27, 2021
- The North Carolina Counseling Association rejects racism, systemic oppression, and white supremacist ideologies.
- Happy Holidays!

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

Campus Happenings:
News concerning student projects and student work in the department, university, community, and/or 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/counseling

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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

NCCA membership is required for all Carolina Counselor authors.
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2021 NCCA Annual Conference  
February 24-27, 2021

*Stronger Together: Building for the Future of Professional Counseling*

Exciting plans are in the works for our 2021 Virtual Annual Conference!

NCCA is excited to announce that our 2021 Annual Conference will be virtual! You will need a device that can support either the Whova web app (computer, laptop) or mobile app (smartphone, tablet).

Visit our [Conference Page](#) for the latest information and to register.

Session Tracks:
- Child / Adolescent / Play Therapy
- Clinical / Agency
- Addictions / Substance Use
- Supervision / Ethics
- Advocacy / Social Justice
- Telemental Health

If you have any questions about this historic counseling event, contact Dominique Hammonds, President-Elect, at: [hammondstds@appstate.edu](mailto:hammondstds@appstate.edu) or conference chair, Mecca Waller, at [mwallerncca@gmail.com](mailto:mwallerncca@gmail.com).

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Reflections of a Zoombombing: Addressing Anti-Racist Action
Malaika Edwards, Brittany M. Wake, Helen Lupton-Smith, Erik Messinger, and Marc A. Grimmett

During a virtual conference last month, the attendees, including a team of research colleagues, were targets of Zoombombers using base hate speech, primarily attacking African Americans. As colleagues, we opted to share our individual experiences of this hate crime to illustrate how unique worldview impacts perspectives of the same event and to offer our reflections for counselors addressing racialized trauma, social justice, and anti-racist action.

Process the Experience
I am a White female professor and I attended the conference with three doctoral students. The Zoombombing occurred during the keynote speech. First, there was a loud noise, and I thought I heard the racial slur, “n-----” out loud. Next, the assailants bombarded the chat box with despicable racial slurs, while we were told by the keynote to ignore the chat. From that moment on, I could not hear a word of the keynote address, and I went from having an out-of-body type experience, to sobbing. It felt like I was in a crime zone. For the next week, I barely had a conversation without mentioning what happened. Besides feeling shocked and somewhat traumatized, I also felt responsibility and guilt for bringing the students...
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into an unsafe environment. I wondered about the level of anxiety and disappointment they might feel, but I have an awareness that the shock I felt might not have been experienced by the two Black students. It is sickening to know that these types of incidents were not new to them.

Approach Obstacles as Opportunities
As a white male, I acknowledge my experiences and reactions may be different from my peers. This was my first personal experience with a Zoombombing. It was shocking and appalling to see such language, slurs, and hate being spread in a space designated for university-community collaboration. Unfortunately, I was not shocked to see this attack handled poorly. The keynote speaker could have had a profound impact by abandoning the discussion at hand and focusing on how we, as university and community leaders, could acknowledge and discuss ways to rise above hate; rather than asking attendees to simply ignore what was happening in a space designated for learning and growth. From my perspective, this was a chance for us to model and provide a learning opportunity so others can be active agents to fight hatred.

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Fill the Void
As a Black woman, this event was not the first time I have been the target of a racialized verbal assault. However, this was the only instance when I was surrounded by professionals and purported allies who stood silent. It was incredible to observe the keynote express pride in his university’s social justice, anti-racist activism, while he simultaneously instructed the attendees to ignore the hate crime we were actively experiencing. I was very conflicted about whether to leave or stay; I opted to stay and present, later recognizing this was largely a result of the numbness I feel about being the target of overt racism... again. I hoped the conference organizers would address it, even if the keynote did not. I am still uncertain as to why I was surprised when my hopes were shattered as they continued the program without a word about what happened. As a result, my colleagues and I used our breakout session to address it. Once again, the intended victim(s) of such an attack labored to initiate the collective healing process. Ultimately, the lack of response by the organizers and experts who engage in this work only exacerbated the trauma of being targeted for a hate crime.

Make an Exit
Although being the target of racial slurs and epithets is not a novel experience to

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me as a Black woman, encountering Zoombombing, in which assailants hurled slurs and openly mocked the extrajudicial murders of Black people by police, was jarring. Adding insult to the injury of abuse and mimicry, conference organizers and the keynote presenter, failed to intervene or acknowledge that the event had occurred. Given the conference’s focus on: well-being and equity; the self-professed identity of the conference organizers as “agitators” to juxtapose the passivity of allies; and the keynote’s celebration of his university’s anti-racist action, the remarkable irony and trauma of the experience prompted my immediate exit. For me, to be both traumatized in my own home, then gaslit by self-proclaimed authorities on equity and anti-oppression was intolerable. Equanimity is not a virtue I wish to embody in the revolution to supplant White Supremacy. The imposition of this supposed virtue on marginalized communities who are asked to endure brutality daily, must cease.

**Practice Love and Accountability**
Racist Zoombombing is disheartening, yet hardly surprising to a 47 year-old, Black, male counselor educator, originally from Tuskegee, AL. I was unable to attend the conference where my students and colleagues presented on my behalf; however, in hearing their accounts, I am upset and hurt that they had to experience racism and misogyny at a conference that should have been safer. At the very
least, the organizers needed to respond in a way that acknowledged the hateful rhetoric provided in the chat, validated the immediate hurt experienced by participants, and sought to quickly remedy the problem. Such insensitive ignorance is acutely misaligned with any conference that claims to value community engagement and social justice. The lasting effects of these hateful behaviors and dismissive responses augments experiences over the lifetime, where people and institutions do not acknowledge or comprehend the depth of the trauma caused by oppressive practices. Terms such as anti-racist, multicultural, social justice advocacy, white supremacy, white privilege, and the like, are not solely intended for theoretical musings. These labels describe the culture in which we live and/or outline ways to operate in that environment. If nothing else, this occurrence demonstrated the importance of directly broaching the impacts of racism and other forms of oppression in the moment. Educators, researchers, and other experts may philosophize about being anti-racists, but it is an entirely different matter to muster the courage for anti-racist action when the moment requires. The counselor education community has to continue holding each other in love, as well as holding institutions and people accountable for respecting the identities, cultures, and life experiences of all its members.

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Reflections

Clinical Supervision is considered the signature pedagogy of the counseling profession (Bernard & Goodyear, 2014). In the fall semester of 2020, I began my clinical supervision experience and was assigned two graduate student counselors. I was assigned one White woman and one White man as my supervisees. Upon starting the supervision process, I quickly realized my salient socio-political identities as a Black woman over 50 years of age meant I would be supervising from the margins. My identities are my starting point in everything I do; my praxis if you will, and it is a praxis of oppression. Therefore, my reflections emerge from an emic perspective informed by Black feminist epistemology and ontology; they are a result of my organic personal lived experiences. Reflecting upon my supervision experience with the two self-identified White graduate student counselors, who were at least 2 generations younger than me, was an enlightening experience filled with numerous opportunities of self-discovery and critical inquiry.

In general, supervision felt “new,” and I experienced a bit of imposter syndrome as I am learning to embrace my successes as unconditionally as I do my failures. I began the supervision process with both supervisees by broaching salient socio-
political identities, with the expressed intention of establishing an early foundation of trust and safety. While broaching my identity as a Black woman supervisor, and the power and privilege dynamics at play with supervisees identifying as White, I experienced what I can only describe as privileged invisibility. As a Black woman, I am situated in a society whose interlocking systems of oppression consistently challenge the validity of my existence; thereby producing an invisibility that is inheritable and not easy to overcome. I say privileged invisibility not to imply something helpful or positive, but to accurately categorize this invisibility as unearned; which I did not ask for, nor do I deserve. Consequently, when it was time for me to become visible in the supervision space, it proved unexplainably difficult and elusive. Further exacerbating the distress brought on by this phenomenon of invisibility, was me realizing the temporary nature of my power and privilege; defined by, and chained to, my role as clinical supervisor.

Critical Inquiry and Beyond
Upon completing the supervision process and engaging in further critical inquiry, I made several notable reflections. First, I recognized that any power and privilege I possessed as a supervisor was actually earned, but narrow and limited to the supervision process. Subsequent to this, I had to remind myself that the Power and Privilege gifted to individuals of the dominant culture were maintained by racism, systemic oppression, and white supremacy ideology; and were Unearned. This was particularly enlightening for me since my previous experience with discussions of power and privilege relating to multicultural and social justice competency lacked this kind of contextualization and dimensionality in the explanation. When I am in the supervision space with a White supervisee, my praxis of oppression and their praxes of unearned power and privilege do not change because we are in an arbitrary professional relationship labeling my supervisor position as one wielding power and privilege. Moreover, my supervisor

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power and privilege does not carry the permanency, or the characteristics, of property being passed down from generation to generation, as experienced with the construct of Whiteness referenced in critical race theory (Delgado & Stephancic, 2017).

The goal of this reflection is not to allege that my White colleagues in the counseling profession do not work hard or earn their titles; I am certain many of them do. The purpose of my labor is to illuminate the relevance of the distinction between earned and unearned power and privilege operating within the counseling profession, and made invisible by colonialist ways of knowing. This reflection also demonstrates how systemic and institutionalized oppression act to passively silence and paralyze the voice of marginalized populations; even those who are so-called privileged enough to have access to higher education.

During my critical inquiry process, I immediately thought back to my experience as a new counselor in training with a White man as my supervisor. The supervision process was void of any multicultural competency or social justice principles. Retrospectively, the magnitude of the power differential I experienced with my White male supervisor felt exponential and, I now realize, was a product of the earned and unearned power and privilege he possessed across several contexts. No matter how long I supervise or how competent I become, my power and privilege will never equal the magnitude of his as a supervisor or a citizen in this society. Lastly, this reflection is intended to serve as evidence that critical pedagogy and inquiry along with different ways of knowing and being must be employed to challenge the status quo. Simply banking knowledge and skills (banking is a term referring to accepting and implementing knowledge and skills as is, without critical inquiry) will only ensure that progress remains an intangible talking point that is strived for but never realized (Freire & Ramos, 2019).
I will continue challenging the current systems within the counseling profession through critical inquiry using an intersectional lens (Collins & Bilge, 2016). In order for real change to happen, systems of oppression must be dismantled and destroyed not modified, reformed, or accepted.

References
Counseling and Support for Foster Youth During Challenging Times
Regina Gavin Williams and Twanna Monds

Counselors working with children and adolescents in foster care must recognize that these youth need more than their basic needs met during difficult times. As communities across the nation experience crises related to a global pandemic, racial injustice and economic inequality, keeping the needs of foster youth in context is especially pertinent during a crisis (Gavin Williams, 2020). For instance, the novel coronavirus (COVID-19) proved to have a negative impact on the well-being of individuals currently in foster care or who have aged out foster care as it relates to their mental health, financial, food, and housing insecurities (Greeson, et al., 2020). Thus, if counselors understand what the varying needs of foster youth are, they can continue to help them toward the path of adult self-sufficiency upon exiting the foster care system. This includes recognizing how to best facilitate the mental health needs of foster youth amid challenging times.

Mental Health Barriers of Foster Youth
Foster youth have experienced various forms of physical, medical, and emotional neglect. The Adoption and Foster Care Analysis and Reporting System (AFCARS, 2019) reported that the majority of children removed from the home was due to neglect (63%), followed by parental drug abuse (34%), caretaker’s inability to cope (14%), and physical abuse (13%). In this regard, studies indicate that

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approximately 80% of youth in foster care display severe mental health or behavioral issues requiring intervention (Pecora et al., 2009). Furthermore, youth aging out of foster care are two to four times more likely to suffer from mental health disorders either in the past year and/or lifetime as compared to other transitioned-aged adolescents (Havlicek et al., 2013). Foster youth are also more likely to use multiple psychotropic medications, with 41% having received three or more psychotropic medications all within the same month (Zito et al., 2008). This level of usage should include screening, assessment, and continual monitoring by a physician (Zito et al., 2008). Yet, the lack of early identification and treatment for the mental health and medical concerns of foster youth has exacerbated these concerns (Sprang et al., 2009). Thus, counselors must recognize the mental health needs of foster youth in an effort to support them during challenging times, such as counseling them amid or after a crisis or trauma experience.

Impact of Crisis and Trauma on Foster Youth
Experiencing a crisis and/or trauma can have a significant impact on the physical, social, emotional, behavioral, and mental health of foster youth. The four commonly recognized classifications of crises are: (a) developmental (e.g., birth of

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a child, career changes, retirement); (b) situational (e.g. job loss, sexual assault, sudden illness or death of a loved one); (c) existential (e.g. failure to fulfill a life-long dream, not forming significant relationships); and (d) systemic (e.g. natural disasters, school shootings, terrorist attacks; James & Gilliland, 2005). To this end, situations causing the removal of a child from the home, such as physical and sexual abuse, neglect, parental drug abuse, parental incarceration, death of a parent, or abandonment can result in a situational crisis for a child or adolescent (Craft, 2020).

Foster youth may experience a crisis resulting from exposure to an adverse childhood experience (ACE). Over 50% of youth involved in the child welfare system have experienced four or more ACEs (Brandon-Friedman & Fortenberry, 2019). Exposure to ACEs have resulted in a negative impact on foster youths’ psychosocial functioning such as experiencing mental health issues, unemployment in adulthood, emotional and cognitive developmental delays; poor physical health, chronic medical issues, substance use, and lowered family functioning (Brandon-Friedman & Fortenberry, 2019). Additionally, children in foster care exposed to ACEs are at increased risk of attachment issues, which may result in other mental health concerns (Lehmann et. al, 2013).

The World Health Organization (WHO, n.d.) described a disaster as, “a serious disruption of the functioning of a community or a society causing widespread human, material, economic, or environmental losses which exceed the ability of the affected community or society to cope using its own resources.” In this regard, many youth in and aging out of foster care have recently experienced various crises related to the disaster caused by the coronavirus pandemic (COVID-19). For instance, the Field Center for Children’s Policy, Practice, and Research found that foster youth surveyed in April 2020 reported COVID-19 had adversely affected
their mental health; with 56% reporting clinically significant levels of anxiety or depression (Greeson, et al., 2020). Of the respondents, 52% also noted that COVID-19 has a negative effect on their physical health and mental health; which included 15% having issues receiving medical care, and 10% having issues accessing their medication. As counselors attempt to provide support for youth, who are working to achieve adult sufficiency and/or those impacted by the pandemic, they must recognize the impact of the various crises they may have experienced.

Many foster youth have experienced high rates of trauma exposure at upwards to 90% (Stein et al., 2001). Among the types of trauma, foster youth are significantly more likely to have experienced violence such as abuse and/or neglect (Burns et al., 2004; Garland, et al., 1996). Research has also shown childhood trauma exposure increases the risk of developing neuropsychiatric issues (e.g. conduct disorders) and social issues (e.g. failures in school) in adulthood (CDC, 2014). Early childhood exposure to trauma can also cause increased risks for multiple dysfunctional pathways (Bollens & Fox, 2019). Therefore, foster youth with trauma experiences are more susceptible to long-term physical, mental, and emotional issues that can continue into their adult lives.

Implications for Counselors
To better understand how to improve the mental health needs of youth in foster care, counselors must become knowledgeable of legislation being enacted to support the well-being of these youth. The National Conference of State Legislatures (NSCL) created a database allow individuals to search enacted child welfare legislation from 2012-2019 (National Conference of State Legislatures, 2020). Database topics of interest for counselors to learn about the support provided to foster youth within their state include: health and mental/behavioral

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health, kinship care, child protection, services for older youth in foster care, and reporting of child abuse and neglect (National Conference of State Legislatures, 2020). Furthermore, Vulin-Reynolds et al. (2008) suggested the following methods as an effort to improve the mental health care of children in foster care:

1. Establish cross-training among systems involved in providing services;
2. Conduct thorough mental health assessments and screenings on a yearly basis for all children and youth in foster care;
3. Improve coordination across systems of care; and
4. Increase accessibility to and continuity of mental health care (Vulin-Reynolds et al., 2008).

As it relates to these methods, counselors are encouraged to learn more about the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351); which pushed for stronger collaborations between child welfare systems and health care systems during all of the phases of a youth’s child welfare case. This includes state child welfare systems being required to have a plan for the screening, assessment, and treatment of the health care needs of foster youth, including their mental health and dental care (Zlotnik, et al., 2014). Furthermore, the Child and Family Services Improvement and Innovation Act of 2011 (P.L. 112-34) required state child welfare agencies to develop a health plan in order to identify and respond to both the physical and mental health needs of foster youth. This included monitoring and treating emotional trauma connected to child maltreatment, and overseeing psychotropic medications given to foster youth (Zlotnik, et al., 2014). Herein, counselors must be aware of the various trauma-informed assessments and interventions that can be useful in their work with foster youth who have had a trauma experience. These include using Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT); the Trauma Symptom Checklist for Children (TSC-C); the Trauma-Based Relational Intervention (TBRI); or Child and Family Traumatic Stress Intervention (CFTSI), to name a few.
The Child and Family Services Improvement and Innovation Act further encouraged states to meet requirements of the coordination of health care and child welfare systems through staffing, funding, and planning. Herein, counselors can serve as an integral part of the service plan coordinated by child welfare and healthcare systems by providing appropriate mental health screening, assessment and treatment to a youth in foster care. In noticing disparities to mental health care provided to foster youth, counselors are encouraged to advocate for their continued treatment by connecting with patient care coordinators and social workers who may be involved in the youth’s treatment plan.

Counselors are encouraged to be involved in the wrap-around services that should be provided to youth in foster care. Wrap-around services are described as community-based care consisting of individualized services designed to maintain a child within a community setting (Dore, 2005). Such services advocate for stabilizing the child within their home, school, and community environments in order to avoid the child being placed in either residential treatment centers or within psychiatric hospitals (Dore, 2005). Wrap-around services are developed through the collaboration of a team; which can consist of the child, the caregive(s), the care manager, mental health providers, school personnel (such as teachers, administrators or school counselors), and other community stakeholders (Dore, 2005). To this end, counselors in communities and schools can serve as key members within wrap-around services to ensure the support and stabilization of youth in foster care.

Counselors can serve a vital role in the training of foster caregivers who desire to provide mental health interventions via treatment foster care (childwelfare.gov., n.d.). Treatment foster care, also known as therapeutic foster care, requires specialized mental health training, clinical support and consultation of which
mental health counselors could be of great expertise to foster caregivers seeking to provide a licensed therapeutic foster home. Counselors working with youth in foster care can truly work towards better facilitating the mental health needs of these youth during challenging situations. Through gaining a better understanding of the barriers they experience regarding their mental health, the impact of crisis and trauma on their mental health outcomes, and understanding pertinent legislation, counselors can provide appropriate services to foster youth, while serving a vital role in their health plans.
Counseling and Support for Foster Youth During Challenging Times

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Counseling and Support for Foster Youth During Challenging Times

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For people in intimate relationships, sexuality can be connected with the stability and maintenance of the relationship (Lieser et al., 2007). For many individuals who experience same-sex attraction, heterosexual marriage can still be an expected life choice (Hopwood et al., 2020). When one spouse experiences same-sex attraction and the other spouse experiences heterosexual attraction, the marriage can be defined as a mixed-orientation marriage (Kays, et al. 2014). In marriages such as these, challenges can occur within the marriage because of both internal and external influences. Research is indicating internalized homophobia and compulsive heterosexuality can arise in men who are same-sex attracted within a heterosexual marriage (Daly et al., 2018); and the suppression of the same-sex attraction reportedly causes existential distress and mental health disturbances such as anxiety and depression (Hopwood et al, 2020). Similarly, wives who learn their husband experiences same-sex attraction report social isolation (Hernandez et al., 2011). Wives also report perceived loss of femininity (Adler & Ben-Ari, 2018), grief and despair, bewilderment, disorientation, and a lack of direction as they attempt to navigate their experience (Hernandez et al, 2011).

Despite which spouse is heterosexually or same-sex attracted, a prominent theme seen throughout the existing literature is isolation for both spouses. When
disclosure of sexual orientation occurs, couples who want to remain married report experiencing ambivalence from friends and family regarding the validity of their marriage. This can be a challenge for the couple’s marriage stability (Adler & Ben-Ari, 2020). Counselors are then tasked with the complex need to support both spouses for individual and marital growth. Coping strategies are needed for both men and women as they navigate this reality (Adler & Ben-Ari, 2018).

Counseling research is grossly underrepresented for this population, along with the needs associated with the challenges of counseling those in mixed-orientation marriages. Challenges can become complex and hard to determine at times. Legerski and Harker (2018) identified a couple’s idea of gender and sexuality is greatly linked to how satisfied the couple is in their marriage; yet, other studies have highlighted resiliency factors that allow the couple to have a highly stable and satisfying relationship (Kays & Yarhouse, 2010; Yarhouse, et al., 2009; Yarhouse & Seymore, 2006). Additionally, although heteronormative expectations can cause strain on the mixed-orientation relationship, some couples see the disclosure of sexual differences as an opportunity to reshape their notions of sexuality together, fostering greater unity and family balance (Kays & Yarhouse, 2010; Legerski & Harker, 2018).

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Even though only one-third of couples choose to remain married after disclosure, there is a lot counselors can learn from the existing literature. For example, most couples who wish to remain married cite reasons similar to other couples, such as love for their spouse, loyalty to family, and the trust in the relationship (Edser & Shea, 2002; Yarhouse et al., 2009; Yarhouse et al., 2003). How, then, can counselors help couples to gain marital satisfaction?

Kays and Yarhouse (2010) reviewed the existing literature and highlighted key characteristics fostering resilience for those couples who desire to remain married. Based upon the authors’ analysis, the first theme in fostering resilience for the couple is that of strong communication. Honest, empathetic, and frequent communication allowed couples to enhance their intimacy with each other and trust within the relationship. Secondly, the authors identified the theme of cohesion and commitment. When two people are able to bond emotionally, cohesion emerges and couples tend to focus more on their commitment to their family than the challenges that have been experienced. The third theme was negotiation and flexibility. Couples who were able to redefine relationship rules, particularly around the sexual relationship, allowed emotional closeness that heightened marital satisfaction. Additionally, Lashua (2018) identified sexual intimacy as a

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byproduct of the emotional experience, contributing to the individual’s satisfaction of the relationship. Consequently, both men and women express this connection between emotional intimacy and sexual satisfaction (Yoo et al., 2014); however, emotional and sexual intimacy can be impeded by marital stress, causing couples to cope separately to each other (Randall & Bodenmann, 2009). Other factors such as sexual identity (self-labeling), religious coping, and outside support were also seen among couples who were able to remain married. Kays and Yarhouse (2010) suggest that counselors help couples find social support in their local communities while highlighting these resiliency factors in treatment.

Considering much of the literature only reviews protective and resiliency factors related to mixed-orientation relationship satisfaction, future research is needed where counselors develop treatment protocols assisting in strengthening the relationship based upon these factors. Yarhouse and Kays (2010) developed the P.A.I.R model, that requires counselors to (P)rovide sexual identity therapy, (A)ddress (I)nterpersonal trauma, and lastly, (R)ecover through moving on. Furthering this model, the authors propose a more comprehensive framework, gleaning from previous work, including treatment for the (1) authentic sense of self (Legerski & Harker, 2018), (2) religious coping (Keys & Yarhouse, 2010), (3) relationship vision and communication (Doolin, 2014), (4) psychoeducation (Legerski & Harker, 2018), and (5) sexual coping (Doolin, 2014; Lashua, 2018). Each of these five components are impactful for couples who face the challenges of two sexual orientations within the marriage. Counselors are tasked to competently engage with these couples to enhance both resiliency and relationship satisfaction.
References


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Milk Chocolate: A Counselor’s Perspective About Racial Disparities in Breastfeeding
Zakiyyah E. Omar

Oftentimes I’m overwhelmed being in this oppressed skin,
Like I can never rest skin,
All I want to do is be a good mom and breastfeed my baby and her pretty brown skin,
And have mental health counselors who care and actually listen.
I’m truly saddened by all of the mortality statistics of Black babies and that has fueled my mission,
To advocate and bring awareness to Black breastfeeding and protect mothers from postpartum depression.
The time is now to empower, encourage, and embrace our Black mothers as we breastfeed our babies through the past trauma of wet nursing that we were given,
And watch our babies grow in their beautiful, magnificent, and exquisite brown skin.

This poem describes the historically complicated and traumatic history African American mothers experienced with breastfeeding. Wet nursing was a common practice during slavery in the United States when African American women were assigned to White women and forced to breastfeed White babies instead of their own children.

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own children (West & Knight, 2017). During slavery, African American mothers were separated from their babies after birth to become wet nurses. Consequently, African American babies died from the separation and lack of breastmilk from their mothers (West & Knight, 2017). The painful historical trauma of African American mothers breastfeeding, White supremacy, medical racism, and heteropatriarchal violence against Black mothers and their children affect current breastfeeding rates. The 2015 CDC reported 64.3% of Black women initiated breastfeeding compared to 81.5% percent of White women and 81.5% percent of Latina women.

Racial disparities in breastfeeding is a major mental health and healthcare concern that negatively affects African American women (Friesen et al., 2015). Currently, African American women living in the United States lag behind all racial/ethnic groups; despite the positive outcomes of breastfeeding. The long-term positive effects of breastfeeding for the mother include a lower risk of: breast cancer, ovarian cancer, rheumatoid arthritis, lupus, diabetes, hypertension, and cardiovascular disease (Cleveland Clinic, 2018). In addition, breastfeeding helps mothers by lowering the risk of postpartum depression, anemia, urinary tract infections, postpartum bleeding, and stimulates the uterus to contract to its original size (Moreno et al., 2011). Research also found breastfed babies had fewer upset stomachs, fewer respiratory infections, and reduced risk of virus (American Academy of Pediatrics, 2012). Additionally, the benefits of breastfeeding are linked to reducing infant mortality, fewer ear infections, lower rates of sudden infant death syndrome (SIDS), fewer colds, fewer hospitalizations, and overall less illnesses for babies (Cleveland Clinic, 2018). As a result, breastfeeding among African American mothers is a significant, complex, and important issue to understand and explore.
Black feminist thought by Patricia Hill Collins (1990, 2000, 2009) is a theory mental health counselors can use when conducting research and when working with African American mothers. Black feminist thought is a theoretical framework positioning the lived experiences of African American women as truth in a society that has historically devalued Black women (Collins, 2009). Black feminist thought has five central themes that include the inherent worth of African American women’s experiences, constant struggle to overcome racism/negativity, and the intersecting oppressions of gender, race, and class in the experiences of African American women (Collins, 1990). This theory is important to infuse in treatment as counselors bear witness to the experiences of African American women in a safe, collaborative environment.

Conclusion and Implications for Policy and Practice
As counselors, it is vital to be informed of social justice issues for advocacy, conducting research, and implementing interventions to close the gaps in breastfeeding. Counselors are tasked with bearing witness to African American women’s lives and honoring their experiences as recommended by black feminist thought (Collins, 1990). Inviting African American women to talk and share their experiences about breastfeeding can help close the current gap. An increase in African American women breastfeeding can yield positive mental health outcomes, societal outcomes, and positively affect the trajectory of infants’ lives as they transition from childhood to adulthood. Consequently, it is vital to understand this phenomenon from the experiences of African American mothers to advocate for change in policy and practice. As counselors, we need to validate the experiences of African American mothers as knowledge to counter the dominant hegemonic narrative as explained in black feminist thought (Collins, 2000). Additionally, information about African American breastfeeding can be a topic infused in counseling curriculum, discussions, conference presentations, and

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explored in research classes to increase breastfeeding rates and lower postpartum depression.

References

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Association for Child and Adolescent Counseling (ACAC) of NC is growing, and hopes to continue growing! The division exists to support all counselors working with children and adolescents. The division, although still rather new, was created to promote greater awareness, understanding, and advocacy for professional counseling services that aim to improve the educational, emotional, and social functioning of children and adolescents. If you are a counselor working in schools, agencies, hospitals, and/or private practice, we welcome you to join!

The mission of the division is to promote best practice. Due to increased use of Telehealth counseling in the age of COVID 19, the division encourages counselors to seek training in telehealth best practices… particularly associated with children and adolescents. One example of a free training is: Parent-Child Teleplay Therapy Webinar (free)

https://www.sfbayplaytherapy.com/trainings-for-therapists.html?fbclid=IwAR2GPnPQ3qko2uIZWTgETh62o2vkvWzDqxQujTDZ9Bdaxt48Q_hekPwqicM

ACAC is excited to announce we are formulating several webinars on topics related to child and adolescent counseling. We will be pre-recording these webinars and offering them in the near future. Please stay tuned for information on how to access these.

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North Carolina Association for Assessment and Research in Counseling Awards

The North Carolina Association for Assessment and Research in Counseling (NCAARC) strives to promote excellence in assessment, measurement and evaluation in counseling through professional programs, research and development.

NCAARC Exemplary Practices Award
NCAARC, will recognize a person who best exemplifies the mission of the NCAARC. Find more information on our website at https://nccounselingassociation.org/ncaarc-award/ If you would like to nominate yourself or a deserving colleague for the NCAARC Exemplary Practices Award, please send your nomination to nastargell@gmail.com by January 1, 2021.

NCAARC Student Research Grant Award
NCAARC will recognize a master’s or doctoral student whose research best aligns with our mission. Find more information on our website at https://nccounselingassociation.org/ncaarc-grants/ Budget Maximum $500. Please send your application to nastargell@gmail.com by January 1, 2021.

NCAARC Professional Research Grant Award
NCAARC will recognize a professional counselor or counselor educator whose research best aligns with our mission. Find more information on our website at https://nccounselingassociation.org/ncaarc-grants/ Budget Maximum $500. Please send your application to nastargell@gmail.com by January 1, 2021.

Awards will be announced at the NCCA Annual Conference in February.
North Carolina Association for Counselor Education and Supervision
Theresa M. Kascak

The North Carolina Association of Counselor Education and Supervision (NCACES) would like to introduce its Board Members, theme, and Mission Statement for 2020-21. We would also like to highlight two university programs, Appalachian State University’s Professional School Counseling program and Capella University. Please visit our website for more information https://nccounselingassociation.org/ncca-divisions/ncaces/.

Board Members
President: Glenda S. Johnson, Associate Professor, Appalachian State University
President-Elect: Rachelle Barnes, Associate Professor, Winston-Salem State University
President-Elect-Elect: Andrea Barbian-Shimberg, Assistant Professor, Liberty University and owner of Life’s Journey Counseling Services
Secretary: Ki Chae, Associate Professor, University of North Carolina at Pembroke
Treasurer: Regina Williams, Clinical Assistant Professor, North Carolina Central University
Member-At-Large: Helen Lupton-Smith, Teaching Assistant Professor, NC State University
Student Member-At-Large: Brittany M. Wake, Doctoral Student, NC State University
Past-President: Sharon Webb, Associate Professor, Garner-Webb University

Theme: Radical Self-Care and Advocacy During Times of Crises
Mission Statement: The NCACES recognizes that many of our members are facing multiple crises this year. These crises include, but are not limited to, COVID-19, financial challenges, and racial injustices. We also recognize our members' positions to provide simultaneous services to others based on their

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positions of Graduate Student, Counselor Supervisor and/or Counselor Educator. We further acknowledge the full-time new roles many of our members are juggling (e.g., home-school educator, child and elderly adult care provider; technology expert, advocate). The NCACES Board wants to acknowledge and encourage the practice of radical self-care; taking extra measures and precautions regarding your own well-being. While this may look different for each of us, the fact remains that we cannot be all things to all people without first taking care of ourselves. We see you, we support you, and we are here for you!

Appalachian State University Professional School Counseling (PSC) Program

Program Highlights
The professional school counseling (PSC) program at Appalachian State is committed to furthering the department’s mission of educating “practitioner-scholars who serve with humility, reflect on their own identities and positionalities, embrace equity and inclusion, and navigate the complex realities of doing social justice-based work.” This has been especially important during our current context in the middle of the triple pandemics of COVID-19, racial violence, and widespread unemployment. To that end, the faculty are proud of the PSC students and alumni supporting K-12 students regionally and nationally with recent graduates working in Colorado, North Carolina, South Carolina, and Tennessee. The PSC program, along with the CMHC program, established a new partnership with Appalachian State’s lab school, The Academy at Middle Fork, to provide virtual school counseling services. In an effort to support increased trauma training, Dr. Jill Van Horne created a new elective course, “Trauma, Suffering, & Loss.” Dr. Glenda Johnson implemented a coffee talk style meeting for site supervisors to provide one another support during this time and to share ideas for supporting school counselors-in-training.

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The PSC faculty have been involved in several presentations and publications focusing on equity and anti-racist school counseling. Second-year student, Karla Katibah, and Dr. Jill Van Horne, presented, “From Pandemic to Protests: The Role of the School Counselor” at the virtual North Carolina School Counselor Association Conference in November. Dr. Lucy Purgason and recent PSC ’20 alumni, Robyn Honer, presented “Supporting Immigrant Students: A Strengths-based Framework” at the virtual American School Counselor Association Conference in June. A related article, “Capitalizing on Cultural Assets: Community Cultural Wealth and Immigrant-origin Students” co-authored with recent ’20 alumni, Robyn Honer and Ian Gaul, will appear in an upcoming issue of Professional School Counseling.

Faculty Highlights
Dr. Jill Van Horne was recognized as the recipient of the 2020 International Service Award from the European Branch of the American Counseling Association and the 2020 Mentoring Award from the Reich College of Education.

Dr. Glenda Johnson is currently serving as the president of the North Carolina Association for Counselor Education and Supervision. She is the co-recipient with Dr. Lucy Purgason of a Southern Association for Counselor Education and Supervision 2020 Research Grant Award. Drs. Johnson and Purgason are working on the research study, “Exploring the Collaboration Experiences of English as a Second Language Teachers and School Counselors” recently completing two rounds of focus groups with ESL teachers in our state.

Student Highlights
Second-year student, Allyson Murphy, is the NCSCA Scholarship recipient and first-place winner of the 2020 NCSCA Graduate Student Poster session. Alumni,
Calvin Craig ’19, published two articles on EdNC.org on equity driven school counseling.

**Upcoming Events**
The PSC program will host a virtual alumni event in honor of National School Counseling week during the week of February 1-5, 2021. Please stay tuned to our social media @asupscnetwork on Instagram and @AppStatePSC on Facebook for more information.

**Capella University**

Capella University is proud to announce our MS in Clinical Mental Health Counseling, MS in School Counseling, and PhD in Counselor Education and Supervision earned an 8 year accreditation this past July. We were pleased to share our expertise in curriculum design, delivery, and online supervision with our Transformation Tuesday Webinars in early summer to support our colleagues here in NC and elsewhere as they moved courses online for summer and fall. Closer to home, we worked to support our Practicum and Internship learners, who were impacted by site closures, with a transition to telehealth training and partnering with larger agencies to make site placement easier for our learners. As a very large program with learners throughout all 50 states, US territories, and international sites, we have learned it takes a very large village indeed. Our Chi Sigma Iota Chapter, Chi Upsilon Chi, continues to provide quarterly scholarships, leadership, and advocacy opportunities; and has waived Chapter Dues for our new inductees, in light of the economic impact associated with COVID-19. Within NC, we have approximately 200 learners across our three CACREP counseling programs and Addictions Studies.

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We are also privileged to have exceptional scholar-practitioners in our Core Faculty and Program Administration ranks, to include these NC colleagues: Nicole Arcuri Sanders, Angela Banks-Johnson, Clarrice King, Raychelle Lohmann (NCSU), and Teresa Smith (NCCU/Elon).

Look for us at the next NCCA conference! Please do not hesitate to reach out if you have any interest in our CACREP programs and/or career opportunities at Capella. I can be reached at theresa.kascsak@Capella.edu and I am a proud UNCC alum - Go 49ers!
To further support the mental health needs of children and adolescents in Southeastern North Carolina, the Department of Counseling at UNC Pembroke has added a new play therapy graduate certificate program. The Department of Counseling is one of four units in the College of Health Sciences that was formed in 2018. Over a two-year period, the department conducted a needs assessment and surveyed mental health professionals in the region served by the university. Play therapists may obtain credentials from the Association for Play Therapy titled Registered Play Therapist (RPT), Registered Play Therapist – Supervisor (RPT-S), and School Based – Registered Play Therapist (SB-RPT).

The Department of Counseling at UNCP serves a large part of the state from Anson County to the west to New Hanover County in the Southeast. According to state data on child abuse, the region reports significantly higher rates of physical abuse, neglect, witness to violence, and sexual abuse than other areas of the state. Additionally, several families, children, and adolescents have been impacted by recent hurricanes that have destroyed many residences and resulted in high rates of homelessness and displacement. With such a need for child and adolescent mental health trauma support, the 15 county region only has twelve RPTs and no SB-RPTs.

Jonathan R. Ricks is an assistant professor in the Department of Counseling at UNC Pembroke and special projects trustee of the Association of Child and Adolescent Counseling – NC. He is a national certified counselor, licensed school counselor, licensed clinical mental health counselor, and registered play therapist.

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In response to this community need, the Department of Counseling launched the Play Therapy Graduate Certificate this fall and enrolled 24 students. Enrollment has grown to 40 students for the Spring 2021 term. Current students pursuing a graduate degree in a mental health-related field, such as counseling and social work, are eligible to pursue the certificate. Current counselors across the region can also enroll in the new program, which meets the educational requirements for RPT and SB-RPT.

The Play Therapy Graduate Certificate currently requires 12 credit hours and four courses: Introduction to Play Therapy, Play Therapy Theories and Techniques, Play Therapy for Specific Challenges, and Filial and Family Play Therapy. Each course is offered in a hybrid format including a combination of on-campus and virtual class meetings. Students may elect to complete the certificate at the main campus in Pembroke or at the department’s Wilmington site at Cape Fear Community College – North Campus.

Jonathan Ricks, assistant professor and field placement coordinator, and graduate of the Play Therapy Graduate Certificate at UNC Charlotte serves as the program’s director. As the College of Health Science’s mission is to respond to the holistic health needs of this community, faculty are hoping to grow the number of counselors prepared to help children, their mental health, and families. The program’s goal is to increase the pipeline of play therapists in schools and community settings across the state.

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With the current COVID-19 pandemic, many people are experiencing multiple stress symptoms, anxiety, and acute event and traumatic reactions. Such effects cut across all age ranges, affecting children and adults. The world as we know it has been immensely different; individuals and families have found themselves having to adjust to a new way of living.

When seeking to understand the experience of disturbing events (such as a pandemic like COVID-19) through an Adlerian lens, it is important to realize the phenomenological core of Adlerian theory. Adlerian theory (also referred to as Individual Psychology) stresses the importance of the meaning that is ascribed to events (Corey, 2013). In fact, Adler himself quoted: “No experience is in itself a cause of success or failure. We do not suffer from the shock of our experiences— the so-called trauma— but instead make out of them whatever suits our purposes. We are not determined by our experiences but are self-determined by the meaning we give to them” (Adler, 1992/1931, p. 24).

Using such a subject approach to counseling means an individual’s perception of reality and internal reference is valued by the counselor more so than what actually took place (Wedding & Corsini, 2014). As such, according to Adlerian theory, a counselor should pay attention to the way a client perceives life and the

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world around them (including their thoughts, feelings, values, beliefs, convictions, and conclusions). Social field theory is also an important tenet of Adlerian theory, highlighting the importance of examining the context in which an event took place and seeking to understand the effects on others in that context. Experiencing the direct effects of having COVID-19, a loved one having the virus, the media coverage, and/or even the new way of living itself can be perceived differently by each client.

From an Adlerian perspective, when working with clients during this time, it is immensely important to understand an individual’s lifestyle. The Adlerian concept of the lifestyle entails how a person’s past may be perceived in the present (Corey, 2013). Prior convictions are, as explained by Adler, related to both the way a person views the world and others (Anshacher & Ansbacher, 1979). As can be seen, such influences may also ultimately affect one’s experience of a disturbing event. Such principles are important and should be used by counselors when seeking to understand a client’s experience COVID-19 through an Adlerian lens.

References
Do you have a contribution for the Carolina Counselor? Would you like to discuss a potential idea for this newsletter?

email Nicole Stargell at nccounselingassociationweb@gmail.com

NCCA membership is required for all Carolina Counselor authors.
Vanessa Doran, MAEd, LCMHC, 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 Clinical Mental Health Counselor 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 an MAEd in Clinical Mental Health Counseling from the University of North Carolina Pembroke in 2016, and her BA in Psychology with a minor in Sociology from the University of North Carolina at Charlotte. Vanessa enjoys learning about Expressive Arts therapy, Animal Assisted Therapy, and Play Therapy.

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

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

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The North Carolina Counseling Association represents diverse interests of its membership through an Executive Council, geographically located members, specialty organizations, and committees.

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