July 2025

Virginia Mental Health Counselors Association

The state representative for AMHCA – American Mental Health Counseling Association

VAMHCA has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6130. Programs that do not qualify for NBCC credit are clearly identified. VAMHCA is solely responsible for all aspects of the programs.

Contents

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President's Corner

BY MIKI SAVAGE, LPC – *VAMHCA President* – president@vamhca.org

As we move through the heart of summer, I want to thank you—our members, partners, and supporters—for your continued commitment to VAMHCA. July offers a time for our board to reflect, realign, and recommit to the work that brings lasting value to our profession. This season marks a period of thoughtful growth and renewed purpose.

We've been actively preparing for another successful year—one that will strengthen VAMHCA's impact and create meaningful connections for our community. We're excited to share what's ahead!

As we gear up for the 2025–2026 year, you can look forward to:

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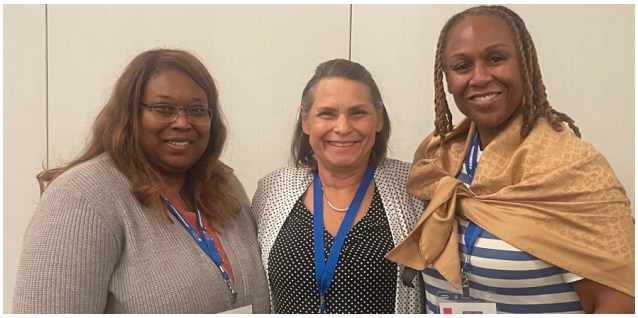
VAMHCA at the AMHCA Annual Convention

In our ongoing effort to remain active and engaged as a state chapter, several VAMHCA board members proudly represented our organization at the AMHCA Annual Convention this June in Las Vegas, Nevada.

The convention was an incredible opportunity to connect with mental health professionals **and** state chapter members from across the country, collaborate on emerging trends, and gain insights from powerful, thought-provoking presentations.

We are excited to bring back fresh perspectives, innovative ideas, and renewed energy to strengthen our chapter and better serve our members in the year ahead.



Left to Right, Miki Savage–President, Sharon Watson– Advocacy & Education Director, Dr. Lenese Barnes–Past President/Events Director

Staying Balanced in a World of Information and Labels

BY ISABEL KIRK, LPC

In today's fast-moving world, one of the greatest challenges is navigating the overwhelming amount of new information. While it can expand our understanding of ourselves and the world, it can also overload us and lead to confusion. In the mental health field, tools like the DSM are essential for understanding and treating conditions (and for insurance purposes), but over-reliance can reduce complex human experiences to oversimplified labels.

Terms like *neurodiversity* and *ADHD* have brought welcome compassion and flexibility into the conversation. Yet, sometimes they pathologize natural human differences. Take, for example, a parent who gives their child time to decompress "because they might be on the spectrum." While that grants the child needed rest, it also introduces a label where perhaps there was simply a basic, healthy human need—especially in a culture of overstimulation and unrealistic expectations.

A key theme here is **balance**. Diagnosing has always been a double-edged sword. Why? Because it serves only one of two essential thinking processes: deductive reasoning.

We need both:

- **Induction** helps us stay open-minded, observe patterns, and stay curious in complexity.
- **Deduction** helps us apply structure, frameworks, and tested theories for clarity and action.

As therapists we use induction to observe patterns in a client's stories and behaviors to understand root causes. Then we use deduction to apply theoretical models (like CBT or attachment theory) to guide treatment. We are also humans so we tend to lean more into one of these styles or processes so this is another opportunity/gentle reminder to practice a balance. The brain seeks safety, and labels can feel like safety—"If I can name it, I can control it." But that same mechanism can also box us in. As therapists, we must resist black-and-white thinking and lean into both processes to foster deeper, more human-centered care.

Our Role as Counselors in the Age of Neurodiversity

So, using both processes, we can use ADHD spectrum disorder diagnosing as a **flexible and empowering tool** rather than a rigid label by approaching it through a **client-centered, strengths-based, and contextual lens**. We can also help to continue to see these as traits rather than a label that loses the humanity context. Here is how to do that effectively:

1. Use Diagnosis as a Framework, Not a Definition:

- **Helpful:** ADHD criteria can illuminate patterns of behavior (inattention, impulsivity, executive dysfunction) that clients may not have understood before.
- **Flexible:** Emphasize that the diagnosis is **a lens**, not an identity or destiny. It's one of many tools to understand functioning, not a final answer.
- **Avoid Overuse:** Refrain from reducing a person's experience to "because you have ADHD." Instead, ask: *How does this pattern show up in your life?*

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President's Corner

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- **Engaging Friday Webinars**
- **Fall and Spring Professional Development Workshops**
- **Dynamic Membership Recruitment Efforts**
- **Valuable Networking Events**

Your voice matters, and your involvement will shape what comes next. Whether you're a long-time member or newly connected, there's a place for you at VAMHCA. Let's grow, support, and lead—together. Enjoy your summer!

Staying Balanced *continued from page 2*

2. Normalize Neurodiversity

- Frame ADHD as part of the **neurodiversity spectrum** rather than a defect.
- Help clients explore **how their brains work** rather than focusing solely on what's "wrong."
- Encourage self-compassion by explaining that many traits (e.g., high sensitivity to stimulation, divergent thinking) can be both strengths and challenges.

3. Use Diagnosis as a Jumping-Off Point for Self-Inquiry

- Explore **how ADHD-related traits affect emotional regulation, relationships, work, and identity**.
- Help clients notice **intersections**: trauma, anxiety, sensory issues, learning styles.
- Ask open-ended questions like:
    - "What do you notice about how you focus under different conditions?"
    - "How do your energy levels fluctuate throughout the day?"
    - "When do you feel most in control or aligned with your values?"

4. Tailor Interventions to Individual Strengths and Context

- Collaborate with clients to design **personalized coping strategies**, not just generic "ADHD hacks."
- Consider how **culture, gender, socioeconomic status, and environment** impact how ADHD presents and is managed.
- Use ADHD as a way to **reclaim agency**: "You're not broken; here's how you can work with your unique brain."

5. Deconstruct Shame and Build Narrative

- It is an opportunity to embrace diversity. Traits of temperament or neurodivergence aren't things to be fixed but embraced and be included in people's life experiences and styles. Many clients come with internalized narratives of being lazy, careless, or "too much." Schools have begun to do that…so can we.
- A flexible diagnosis can help **rewrite that story**:
    - "You're not lazy—you've been trying to use strategies that don't work for how your brain operates."
- Invite clients to **co-author a more compassionate, integrated self-understanding**.

6. Transparency in the Process

- Explain the diagnosis collaboratively:
    - "Here's what the criteria say; do these patterns resonate with your experience? How much?"
    - "What parts feel helpful or not helpful to you?"
- Allow space for **ambivalence, grief, and relief** that can come with diagnosis.

7. Keep It Dynamic

- Avoid labeling clients as *"ADHD"* — describe ADHD as something they may **experience**, not something they **are**.
- Reassess how it fits over time: *"Does this framework still feel helpful?"*

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Call for Proposals

Are you looking to share your expertise with Clinical Mental Health Counselors across the country?

AMHCA is looking for new presentations to add to our upcoming webinars!

Submit your proposal today at using our Call for Webinar Proposals form!

For more information, please contact AMHCA's Office of Credentialing and Continuing Education at 703-548-6002 Option 2 or education@amhca.org.

Events

Our events for the 2025-2026 calendar year can be found on our website. We are excited to host these presenters and support them with adding to the growing counseling field of knowledge. If you are interested, or know of someone who would be interested in presenting on a counseling topic please feel to contact me at events@vamhca.org.

Therapist vs. AI: Who Wins?

BY STEPHANIE LAMA, LPC

As a therapist, I have relied on my extensive years of practice and education to provide what I believe to be quality care to those I serve. Throughout the years, I have been quite certain that the individuals I see in my warm, dimly lit, and "safe" room have benefited from the compassionate, empathetic feedback and insights that I have shared. This belief held true until I heard the unsettling statement from one of my clients: he had turned to ChatGPT for advice during a break between our sessions, detailing how it offered him an insightful, thorough, and research-backed breakdown of his presenting concerns—something we have been working through exhaustively in therapy.

This left me with a pressing question: Was I being replaced? Is AI taking over the therapy space? Instantly, a slight insecurity took over. How can I possibly outsmart the immense cognitive power of AI? In a time where people are highly reliant on technology, what lies ahead for the future of mental health?

This led me on a quest to find out. While I have used AI in various capacities, I never got close and personal with it. This was my chance—I turned to ChatGPT, this time, as a vulnerable client seeking therapeutic advice. Through my intentional emotional conversation with "it", I realized something: ChatGPT did not want to let me down! The reassurance it provided felt nice, as it walked me through several scenarios and reasons why the worries and concerns I presented were not going to occur.

The "Bot", let's call it, provided me with useful insight into my situation, although it did little to challenge me in a way that I was hoping for. Aha! There it was! ChatGPT, while impressively astute and superhuman, was still not a human. The nuanced elements of human interaction—such as minor slip-ups, spontaneous laughter, sneezes, or personal anecdotes shared by a therapist to build connection and ease tension—are elements that ChatGPT simply can't replicate. That is, the beautiful imperfections that we humans possess cannot be matched by the precision of AI, and I am not mad about it. In fact, I am relieved to know that the human element is still very much an important component of mental health, if not, the most important. It is the bond formed between therapist and client that can serve as a powerful catalyst for healing—something AI cannot replicate.

But with all that, did I still want to wrestle with ChatGPT on the mat, or did I want to shake it's hand and incorporate it as a useful tool when necessary, and within legal and ethical guidelines? Instead of feeling like a replacement, I began to think that the Bot and I could be friends with boundaries.

The truth is, we can't escape AI—in fact, more people are becoming reliant on it, using it as a helpful tool aimed at significantly simplifying their lives and potentially reducing the stress and anxiety often associated with meeting deadlines or solving complex problems that the Bot can handle in a matter of seconds.

As therapists, let's not be intimidated by AI or scared of it's potential, for the reality is- it will just never replace us to the extent that is necessary for true therapeutic healing. Unless I am proven wrong, it will not provide specialties that are often seen with trauma-work, including somatic and experiential modalities involving touch, bi-lateral stimulation, or other interventions that extend beyond typing.

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Staying Balanced

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- Encourage clients to view it as another chapter in the journey of accepting what we can't change and continuing work on the aspects that we can. It is just another part in a broader story of self-discovery and healing.

The Bottom Line

Our brains seek certainty—but relying too heavily on labels and rigid frameworks can limit growth. Good therapy balances **induction** (observation, curiosity) with **deduction** (structure, theory).

A healthy mind, like a healthy treatment, doesn't function in only one direction. It zooms in and out, breathes in and out. Over-labeling stifles. Over-questioning drifts. Balance is the way forward.

Therapist vs. AI *continued from page 4*

This also leads me to another important point: while typing is faster and more efficient, it may not engage the brain as deeply as handwriting. Typing often leads to more superficial processing of information, potentially resulting in lower retention and understanding. The act of handwriting, on the other hand, involves complex motor skills and sensory engagement, which lead to better retention and comprehension of information. This is backed by multiple studies, including research from the Norwegian University of Science and Technology, which found that handwriting engages a wider network of brain regions— enhancing memory formation and the encoding of new information.

Additionally, a study published in Psychological Science revealed that students who took notes by hand performed better on conceptual questions requiring deeper understanding, while those who typed excelled at factual recall. This suggests that handwriting facilitates a more holistic grasp of information. Shouldn't that say something?

Yes I'll admit it- I was initially a bit jealous of the Bot, and genuinely concerned for the future of my profession. But after doing some research, I owe it to my fellow therapists to calm those fears and provide reassurance that despite the rapid evolution of technology, therapists of all kinds remain an essential, irreplaceable resource. Human connection, empathy, and understanding can't be replicated by algorithms at least not in any meaningful way. Well… unless the Terminator series becomes a reality… and at that point, what's left?

P.S. Any imperfections in this article are welcome, since the Bot didn't help me this time ;)

Navigating Mom Rage: Supporting Mothers Through the Hidden Terrain of Maternal Overwhelm

BY MEGAN MACCUTCHEON, LPC, PMH-C

Motherhood in our society is often placed on a pedestal. It's described as a joyous privilege, the most important job in the world, and a sacred responsibility. Mothers are expected to be attentive, self-sacrificing, endlessly patient, emotionally composed, and constantly available. In this cultural ideal, the "good mother" serves as the cornerstone of her children's emotional, physical, and psychological wellbeing.

But what happens when the experience of motherhood doesn't feel like a privilege? What if instead it feels exhausting, overwhelming, or even enraging?

For many mothers, especially those in the thick of early parenthood, "maternal rage" is a silent but powerful undercurrent. As mental health professionals, we must be prepared to hold space for this experience, recognize its roots, and help clients explore the deeper needs it reveals.

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Membership

We are also excited to announce that we are extending the exclusive discount for new members!

We are currently offering a 15% discount for first-time members who join VAMHCA before December 31, 2025. You would simply need to enter the code VAMHCA15 during registration to receive this special offer.

To learn more about our membership options and to sign up, please visit https://vamhca.org/.

Bulletin Announcements

All members are welcome to submit 25 words (or less) announcing a workshop, group or other news. For inclusion in the next Newsletter (October), please send content to communications@vamhca.org by September 15.

Navigating Mom Rage *continued from page 5*

Understanding Mom Rage

Mom rage isn't just about being angry. It's a visceral, often explosive emotional response that can take even the most grounded parents by surprise. It may manifest through yelling, stomping, swearing, or slamming doors. Alternatively, it may be deeply internalized—mothers might visualize harm, clench their jaws, or berate themselves internally while maintaining an outward sense of control. Either way, the emotional aftermath is heavy: shame, guilt, sadness, and feelings of inadequacy are common.

Mothers experiencing mom rage often ask themselves: *What is wrong with me?* But instead of pathologizing their emotions, we can help them see rage as an invitation to explore unmet needs and unresolved dynamics.

The Weight of Unrealistic Expectations

Motherhood today is often a "24/7 job with no pay, breaks, vacation time, or freedom to resign." It is rife with powerlessness. Women often feel isolated in their roles and bound by gender norms that frame them as the default parent—responsible for everything from packing lunches to managing doctors' appointments, all while holding down careers and relationships.

Minna Dubin, author of *The Rage Mothers Don't Talk About*, writes, "Mothers are supposed to be patient martyrs, so our rage festers beneath our shame." Many mothers have internalized the idea that expressing anger is unacceptable, especially toward their children or partners. When this emotional reality clashes with the idealized image of motherhood, it creates a dissonance that leads to shame and emotional suppression.

Identifying Triggers and Sources

Mom rage often arises from three core experiences:

- **Violated expectations**: One parent carrying the lion's share of childcare or housework can lead to feelings of injustice, especially if parenting roles are not equitably negotiated
- **Compromised needs**: Basic human needs—sleep, alone time, social connection—often go unmet.
- **Mental overload**: The "invisible load" or "mental load" refers to the never-ending to-do list in a mother's mind. This silent cognitive burden contributes to chronic stress and overwhelm.

Clinical Implications and Interventions

As therapists, we can help our clients shift the narrative around anger. Rage is not the problem—it's a signal. When mothers feel safe enough to talk about their anger, we can help them get curious instead of ashamed. What unmet needs does this rage reveal? What boundaries need to be set or renegotiated? How might this emotion be a catalyst for positive change?

Therapeutic goals might include:

- **Normalizing the experience**: Reassure clients that anger is a valid and human emotion—not a sign of failure.
- **Identifying triggers**: Help clients track when rage shows up and what precedes it.
- **Reframing anger**: Encourage clients to see their anger as a signal, not a flaw.
- **Building coping tools**: Support clients in developing strategies that align with their values—whether through mindfulness, assertive communication, self-care rituals, or systemic changes at home.

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Resident and Student Counseling Support

VAMHCA offers one Resident and Student Counseling support group each month to provide support for counselors transitioning from graduation to licensure and provide an opportunity for participants to share information about licensure requirements, discuss how to find a supervisor, how to prepare for supervision, how to prepare for the licensure exam by identifying study techniques, resources, and possible study partners. **The group is open to students and residents. This group will resume in the fall.**

For more information click the link below or email residentsupport@vamhca.org.

https://vamhca.org/page/ResiSupport

Counseling Across State Lines

BY JACK CHILDERS, LPC

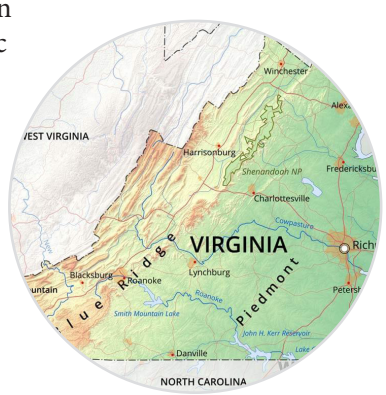
The covid pandemic ushered in an explosion in the use of videoconferencing in the counseling field, and ever since the issue of licensing rules regarding counseling clients across state lines has, in my experience, been a frequent source of confusion for counselors. In this article, I will do my best to clarify the situation, as I understand it.

In my analysis, there are two key concepts to understanding the situation:

Key #1: The Mission of State Licensing Boards

Simply put, the primary mission of any state licensing board is to protect the public.

In the case of counseling licensing boards, of which every state in the US now has one, the primary purpose is to protect the public from harm related to the practice of counseling. So, all those things we have to do for the counseling board: the CEU's, the licensing process, renewing, the rules, etc: it's all ultimately for the purpose of protecting the public.



Key #2: Protecting Which Public?

State licensing boards aren't charged with protecting everybody in the world, however.

Licensing boards are charged with protecting people physically within the borders of that state. If a person is physically within the borders of Virginia, for example, they are within the Virginia board of counseling's responsibility to protect from harmful counseling. Simple enough?

Let me illustrate how this works. I live in Shepherdstown West Virginia. Lets say I get in my car and drive east on Route 9 to the Keys Gap Appalachian Trail parking area which is on the border of West Virginia and Virginia. Let's say I pull into that parking lot, park on the Virginia side, open up my laptop and receive counseling via videoconferencing. In this case, I am the responsibility of the Virginia board of counseling to protect me from harmful counseling.

However, if I move across the parking lot to the West Virginia side, I have left the responsibility of the Virginia board, and come under the responsibility of the West Virginia board.

One of the primary ways licensing boards try to protect persons within their borders from harmful counseling is by licensing providers. So if I'm sitting on the West Virginia side of the parking lot, the West Virginia counseling board wants to protect me by prohibiting anyone from giving me professional counseling they haven't licensed. Same for Virginia if I'm on the Virginia side of the parking area.

So let's transfer this to the perspective of you, the counselor. You are subject to professional counseling licensing regulations of the state your client is physically located at the time you provide the service. Plain and simple.

Things that Don't Matter:

1. Where the client resides.
A residence is defined as a person's home; a domicile. This one trips up a lot of people. I've even seen it stated in the professional literature that counselors are subject to the rules of the licensing board in the state of the client's residence.

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Navigating Mom Rage

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- **Addressing systemic issues**: Where appropriate, explore family dynamics, gender roles, and social expectations that contribute to imbalance.

A Call for Compassion and Change

Mom rage is not just about individual regulation—it's a cultural issue. We must validate mothers' emotional realities, help them reestablish agency, and offer a therapeutic space that honors both their vulnerability and strength.

As clinicians, when we meet mom rage with compassion and curiosity, we not only support emotional healing but also invite transformation. Rage, after all, is not the end of the story—it can be the beginning of a more authentic, empowered motherhood experience.

Counseling Across State Lines *continued from page 7*

But it's wrong. A client's residence is absolutely irrelevant to counseling licensing considerations. What is relevant? Where the client is physically located at the time of the counseling service.

2. Whether the client is on vacation.
I hear this one a lot. "Well the client is on vacation but they live in Virginia." The Virginia board has no responsibility to protect its residents when they are not in Virginia. The state in which the client is vacationing in has that responsibility. So whether a client is vacationing is absolutely irrelevant. What is relevant? Where the client is physically located at the time of the counseling service.

3. Where the counselor is.
You could be in your office in Leesburg. You could be vacationing in Key West. You could be out of the country. You could be circling the earth in a satellite. Absolutely irrelevant tocounseling licensing rules. What is relevant? Where the client is physically located at the time of the counseling service.

4. What your board thinks about you counseling a person in another state.
I hear this advice given sometimes when a Virginia licensed counselor asks for guidance about

providing counseling to a client when they are physically in another state: "Ask the Virginia board what it thinks about you doing this." However, it's irrelevant what the Virginia board thinks of it. What is relevant? Where the client is physically located at the time of the counseling service.

The Thing that Does Matter

You got it!

The one thing that matters is: where the client is physically located at the time of the counseling service, and the rules regarding counseling in that state.

Counseling a Client who is out of the Country

Just like counseling a client standing in another state, the legality of counseling a client physically located in a foreign country depends on the laws of that country.

In many countries counseling is not a licensed activity, and in those countries there would presumably be no authoritative body to tell you what you can or cannot do regarding providing counseling services. To be absolutely safe before counseling a client standing in another country, you would need to consult with somebody familiar with such matters in that country.

Thanks for reading! Please share comments or questions, kudos or criticisms, at JackChildersLPC@yahoo.com.

Check the online calendar for updates!
https://www.vamhca.org/events/event_list.asp

Calendar of Events

Friday Webinars will be back this fall! Check the online calendar for updates. Below are the tentative dates.

2025	
September 12th	Friday Webinar
September 26th	Friday Webinar
October 10th	Friday Webinar
October 24th	**Fall Workshop**
November 7th	Friday Webinar
November 21st	Friday Webinar
December 5th	Friday Webinar
December 19th	Friday Webinar
2026	
January 9th	Friday Webinar
January 23rd	Friday Webinar
February 6th	Friday Webinar
February 20th	Friday Webinar
March 6th	Friday Webinar
March 20th	Friday Webinar
April 3rd	Friday Webinar
April 17th	Friday Webinar
May 1st	Friday Webinar
May 15th	**Spring workshop**
June 12th	Friday Webinar
June 26th	Friday Webinar

VAMHCA 2025 Student Scholarship Essay Winners!

BY CHRISTA BUTLER, LPC, RPT-S

Congratulations to Our Essay Contest Winners!

We would like to extend our heartfelt thanks to the students who participated in our annual essay contest. Each submission reflected unique insights and personal reflections, and we truly appreciate the time and effort each student put into their work.

First Place goes to **Nikki Curry**, a student at the Chicago School of Professional Psychology, who has been awarded **$1,000**!

Second Place goes to **Nia Hutson**, a student at Marymount University, who has been awarded **$500**!

Great job to all participants — your voices and perspectives matter. We're proud to share your essays below!

ESSAY

Embracing Sexuality Across the Lifespan: Advocacy for BIPOC Older Adults

BY NIKKI CURRY

Sexuality is a fundamental part of human identity, yet it remains one of the most stigmatized topics, especially when it comes to aging. Society often ignores or diminishes the sexual experiences of older adults, reinforcing the false belief that aging and intimacy cannot coexist. This erasure is even more pronounced within Black, Indigenous, and People of Color (BIPOC) communities, where cultural taboos, systemic inequities, and a history of medical neglect create additional barriers to sexual well-being. These challenges are not just academic concerns for me; they are personal. As a woman of color, a counselor-intraining, and an educator, I am passionate about ensuring that older adults especially those in marginalized communities have the right to embrace their sexuality and receive the care and validation they deserve.

My interest in this field grew from a deep curiosity about how identity, culture, and life experiences shape our understanding of sexuality over time. Through my studies, I became increasingly aware of how aging and sexual health are often treated as separate issues, despite their profound connection. I was drawn to research that challenges stereotypes and uplifts the voices of older adults, particularly within BIPOC communities, where these conversations are often overlooked. The more I learned, the more I recognized the urgent need for inclusive and culturally competent approaches to sexual health counseling.

Through my research and future practice, I aim to challenge the dominant narratives that paint older adults as asexual or uninterested in intimacy. These misconceptions do more than perpetuate stigma and they prevent people from seeking necessary information, medical care, and emotional support. Within BIPOC communities, these issues are compounded by historical medical racism, cultural expectations, and limited access to inclusive healthcare. I want to

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Would you like to get involved in VAMHCA?

Join us!

Volunteer: We have several volunteer opportunities available.

- Communications Director
- Resident in Counseling Support Group Committee Chair
- Events Support Chair

If you are interested, please contact: president@vamhca.org

Articles: All members and interested non-members in the counseling community are invited to submit 700-900-word articles for publication in our quarterly newsletter and on our social media. Contact: communications@vamhca.org

Embracing Sexuality *continued from page 9*

change this by advocating for a more compassionate, culturally competent approach to sexual health counseling.

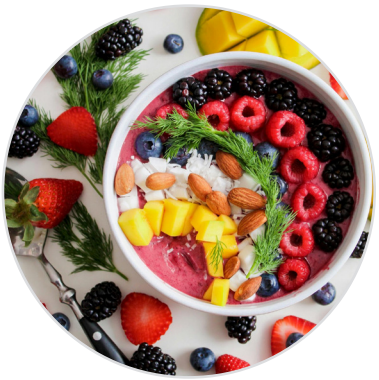
My goal is to become a counselor who not only acknowledges but actively affirms the sexual well-being of older adults. I plan to develop interventions that provide safe spaces for discussions about intimacy, self-expression, and identity. This work is not just about addressing challenges, it is about celebrating the resilience and richness of sexuality across the lifespan. By integrating culturally relevant perspective and community strengths, I hope to foster an environment where aging individuals feel seen heard, and empowered in their personal journeys.

Beyond one-on-one counseling, I envision expanding my impact through work hope, support group, and advocacy initiatives that elevate the voices of BI POC older adult. By collaborating with healthcare providers, educators, and policymakers, I want to contribute to ystemic changes that prioritize sexual health as an essential component of overall well-being. My ultimate aspiration is to dismantle the barriers that have long silenced older adults and replace them with pathways to connection confidence, and joy.

At its heart, my work is about restoring dignity ensuring that every person, regardless of age or background, has the right to experience intimacy, pleasure, and love without shame or fear. I am committed to shifting the narrative, one conversation at a time, and creating a world where sexuality is celebrated as a lifelong journey, not a phase that fades with age. Through research, counsling, and advocacy, I will work to make that vision a reality.

ESSAY

Nourishing the Mind: The Role of Food in Mental Health Counseling



BY NIA HUTSON

The first time I learned about the gut-brain axis or gut-mind connection, I was incessantly scrolling through Reddit, desperate to understand what was wrong with my body. After taking a round of antibiotics, my gut microbiome was wrecked, and my entire digestive system was nearly ruined. A single paragraph from a random Reddit user changed everything—it explained how antibiotics don't just affect digestion but can also disrupt mental health. Invested and intrigued, I researched more and found This Is Your Brain on Food by Dr. Uma Naidoo, a professional chef, nutritionist, and psychiatrist. Her work ignited a passion in me, revealing how deeply our food choices impact not just our physical well-being, but also our minds and emotions. As a future counselor, I am committed to integrating nutrition into accessible therapeutic spaces to foster healing and connection.

Dr. Naidoo simplifies the gut-brain axis and its mental health effects by explaining how the vagus nerve links the digestive system to the brain. She illustrates this connection with a simple example: when someone swallows a pill for a headache, it

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Bulletin Board

KS Services seeks a fully licensed clinician (LPC, LCSW, or LMFT) in Springfield, VA. Flexible schedule, supportive team, competitive rates. Apply: counseling@keystoneservices.biz.

Kami Patton, LPC, RPT Provides individual and group supervision for residents working toward licensure. Freedomcounselingcenterva.com Please call 703.828.5526 for more information.

Sharon Watson, LPC, LMFT, LSATP, NCC, ACS, provides virtual supervision for all licenses/certifications & supervision of supervision; 703-350-5002 sharonhazwatson@hotmail.com

Miki Savage, LPC Provides individual supervision for residents working toward licensure. www.journeytoserenity.org Call 703.910.5222 for more information.

Nourishing the Mind *continued from page 10*

reaches the gut, releases chemicals into the bloodstream, and signals the brain to relieve pain. Food works the same way, influencing neurotransmitters like serotonin and dopamine. One of the most compelling facts she shares is that 90% of serotonin receptors are found in the gut. Understanding this link clarifies why gut-healthy nutrition should be a core part of mental health treatment.

After my antibiotic experience, I suffered from nausea, bloating, and dysbiosis—an imbalance in gut bacteria that left me weak and depleted. But the most alarming effect wasn't physical. My quiet, underlying anxiety surged into full force, consuming my daily thoughts. A consuming sense of hopelessness set in, and I found myself crying unexpectedly. I barely left my bed, but with all that time, I read everything I could about gut health, nutrition, and mental well- being. Equipped with new knowledge, I rebuilt my microbiome—and with it, my sense of self. The better I ate, the better I felt. Healing my gut meant healing my mind, and I realized that no one should have to navigate that journey alone.

As I near the final stretch of my graduate program, I often imagine the space I want to create for clients. I see floor-to-ceiling windows bathing light oak floors in warmth, woven rugs softening the space, and a cozy café where clients can sip tea before their sessions. Counseling rooms feel safe and inviting, but beyond them lies something revolutionary—a communal kitchen. Here, therapists and clients prepare gut-nourishing meals tailored to support their mental health, translating discussion into action. Food isn't just fuel; it's therapy, connection, and empowerment. This vision isn't just about one-on-one healing—it's about fostering a community where wellness is accessible to all, regardless of background or income.

This isn't just a dream; it's a movement. Mental health care should nourish both mind and body, embracing holistic healing that prioritizes connection. The path to wellness begins from within, and I am dedicated to making that journey one of nourishment, empowerment, and care—for everyone.

Resources for Members

VAMHCA hosts an **email group / listserv** just for members who are current in their paid membership. Request to join our **VAMHCA listserv** https://groups.io/g/vamhca

Looking for support, camaraderie, and connection with fellow therapists? Consider joining a **Peer Support Group**. Sign up here!

Additional resources are available on the members section of the website.

ESSAY

Women's Rights

BY KATHERINE FRAZE

A topic about which I have been passionate for many years is women's rights. One evening, as a fifteen-year-old falling down an internet rabbit hole, I discovered feminism. My life was changed forever. I immediately began consuming as much feminist literature and theory as I could, carrying The Feminine Mystique throughout the halls of my high school. I naively believed that the only thing holding back my peers from identifying as feminists was a lack of knowledge. I believed if I openly discussed how the issues our working-class community faced as the result of capitalistic patriarchy, I could grow a community of feminists. As any feminist can tell you, it takes much more than a couple conversations to get a person to unpack their prejudices against women and feminism.

For being willing to openly identify myself as a feminist, I was called all sorts of degrading names and slurs, I constantly had my sexuality interrogated and was questioned about why I hated men and if I shaved my body hair. By my senior year, I had become desensitized to this treatment; I had managed to build a thick skin of feminist armor. I worked with a new, young, female teacher to create the Women's Leadership Club, a space where I invited any student to come discuss their experience as being othered or oppressed due to white supremacist, capitalistic, patriarchal forces.

I went to The New School in New York City for Undergraduate School, where I studied Psychology and Literature. My first semester marked the election of Donald Trump to his first Presidential Term, and my last semester marked the beginning of the Covid-19 Pandemic. My time in New York allowed me to openly identify as a feminist without

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Women's Rights *continued from page 11*

criticism; I walked in theWomen's March, I took Women's Studies Courses, I volunteered at a Feminist Bookstore. The need for feminism, the need to work towards the dismantling of oppressive, bigoted forces, has only grown and deepened since the beginning of my Graduate Schooling at George Mason University in 2023.

American women have lost the national right to abortion care; undocumented women are being detained, deported, and divided from their families; working women are losing their jobs and income in anti-DEI efforts. Queer people are being actively targeted; the most vulnerable of whom being trans women of color.

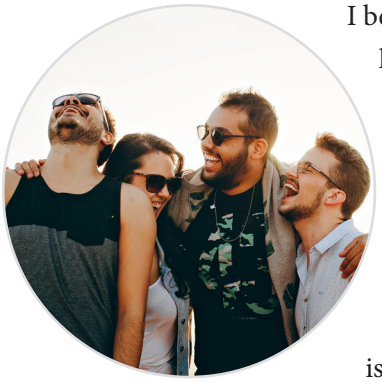
As I work toward my LPC and am in the process of obtaining a Graduate Certificate in Women's and Gender Studies, I want to dedicate my Mental Healthcare Practice to the betterment of all types of women, wherever I may be. Many women have deeply rooted, generational trauma tied to their gendered experiences under patriarchy. I am the first woman of my family to be in pursuit of a master's degree unwed and child-free, I am the first woman in my family to have ever paid my own rent without the support of a husband, I will be the first woman in my family to have a master's degree before age 30. My great-grandmother told me once, "You're lucky, you can go to college. The only way I could leave my house was to get married."

I will use my education and my profession as an LPC to help women take steps towards healing the wounds with which we are expected to live. Women are expected to withstand the violent abuse of patriarchy with poise and a graceful smile. I feel it is my duty as a future counselor to help women sit with this trauma, to work through these feelings, and to forge a new path, if that is their goal.

ESSAY

Gen Z and Friendship

BY MARIELLE O. DJAMOU



From the age of six, I can remember asking my parents, "Can I sleep over at [redacted]'s house?" The question was always met with, "What is at their house that you don't have at home?" The answer was simple: companionship. Friendship has always been a foundational part of my life, largely due to my longing for sibling-like bonds. Though I have five half-siblings, I was raised as an only child, which left me yearning for deeper connections. As a result, every close friend became like family to me.

While this deep attachment to friendships was meaningful, it also led to emotional challenges. I have always viewed friendships as just as vital as romantic relationships, yet I have seen how easily people walk away rather than work through conflicts. It is disheartening to witness individuals rekindle short-lived romances but abandon friendships that spanned years. Many cite a lack of "capacity" or say they "can't deal with what doesn't serve them," reflecting a broader shift in how relationships are maintained.

Why is Gen Z, the most digitally connected generation, often the loneliest?

I believe the internet and the COVID-19 pandemic played significant roles. During lockdowns, people had access to Zoom, FaceTime, and social media, yet many friendships still faded. Social media trends encourage detachment, with phrases like "Just because I'm at home doesn't mean I'm available" or "Some people aren't worth an explanation" justifying ghosting and avoidance rather than honest communication. Vulnerability is sometimes labeled as "trauma dumping" instead of being seen as a natural aspect of human connection. It is concerning how basic empathy, listening and being present has become something rare rather than expected.

As I navigated my early twenties, I reflected on the support systems available for relationships. Couples therapy and family counseling exist, but friendship therapy is rarely discussed. Friendship is often treated as secondary, despite being central to emotional well-being. Community and connection are essential, and friendships should be recognized as a fundamental part of that support system.

Now, in my mid-twenties, I have come to understand that life transitions affect friendships in profound ways. As environments change, perspectives evolve, and people grow, it is natural for friendships to shift. However, rather than

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Calling All Speakers, Workshop Presenters and Subject-Area Experts!

VAMHCA is looking for new, exciting, and engaging clinically trained presenters for our 2025 Friday webinars starting this fall.

Our events take place on Zoom Meeting or Zoom Webinar. These events are 1.5 hours in length, for which VAMHCA will grant 1.5 Counseling CE's through NBCC. Below are needed content areas and topic suggestions.

If you are selected as a potential speaker, we will need more information to comply with NBCC requirements.

Please note: Presenters for the breakfast seminars will receive $100 stipend, CE hours, and a voucher toward a free breakfast seminar valid for a year from date of their event.

Students may present with a licensed co-presenter.

To be considered, your topic must fit into at least one of the nine (9) NBCC the Content Areas / Categories (NBCC Continuing Education provider Policy, November, 2014):

1. **Counseling Theory/Practice and the Counseling Relationship**
2. **Human Growth and Development:**
3. **Social and Cultural Foundations**
4. **Group Dynamics and Counseling**
5. **Career Development and Counseling**
6. **Assessment**
7. **Research and Program Evaluation**
8. **Counselor Professional Identity and Practice Issues**
9. **Wellness and prevention**

You may offer any topic that fits into the above content areas. To submit an application click below:

https://www.vamhca.org/page/EventProposal

Other suggested topics:

- **Multicultural issues**
- **Court-related work**
- **Treating Trauma**
- **Treating Chronic Pain**
- **Business Practices**: Billing/Codes, Claims, Collections, etc.
- **Suicide Prevention**
- **Pharmacology**
- **Assessments**
- **Motivational Interviewing**
- **Military and Veterans**
- **Play Therapy**
- **Rehab and Disability Issues**
- **Child Protective Services/Adult Protective Services**
- **Upcoming and New Evidence-Based Practices**
- **Technology/Distance Counseling**
- **Creativity and Counseling**
- **Counselor Wellness**
- **Spirituality and Counseling**
- **Mindfulness**

For any questions or concerns please contact Events@vmhca.org

Gen Z and Friendship

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suppressing feelings of loss or disconnection, we should acknowledge and process them. It should not be seen as "too sensitive" to care deeply about friendships.

In my future career as a therapist, I aim to help young adults navigate these challenges. I want to create a space where individuals feel comfortable discussing friendship struggles without fear of being dismissed. Through one-on-one counseling, support groups, or research on the psychology of friendship, I hope to integrate friendships into the broader mental health conversation. Connection is not a luxury; it is a necessity. With awareness, communication, and intentional effort, we can foster friendships that are not just surface level, but deeply fulfilling and lasting.

Friendship is not just an aspect of life; it is essential to our well-being. Just as we seek therapy for romantic and family relationships, we should also learn how to nurture and sustain friendships. I am passionate about dedicating my career to this often overlooked but crucial area of human connection.

Olida

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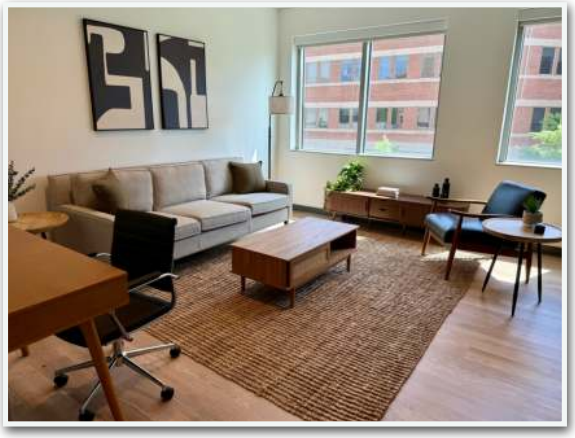

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The Supervision Corner

BY SHARON WATSON, LPC, LMFT, LSATP, NCC, ACS – *Supervision Chair* – supervision@vamhca.org

I've been made aware recently of more poor behavior of Supervisors. So, these are additions to my previous articles (April 2024 & Jan 2025) regarding Supervisors' actions that are not in accord with the regulations that can cause serious consequences for their residents:

- One of my residents (now licensed) wanted to have more supervision hours at the end of her residency by joining a group supervision with another supervisor. She shared with me that the other supervisor (OS) gave her a contract that included me by name as her "primary" supervisor and the OS would be her "secondary" supervisor. I had never heard anyone mentioning designations like this. There is no such thing! That OS also said she would not take responsibility for the resident's work because as the "primary" supervisor I would be responsible. First, my name as a supervisor for this resident should not be in another supervisor's contract especially as I'm not one of the signatories. Second, the LPC regulations clearly state on page 10 that "The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency." The OS had to be aware of this requirement since she was using the sample supervision contract available on the Board of Counseling website and had removed the statement that the supervisor has full responsibility for the clinical activities of the resident from her contract. It's important to know that even if she removed that from the contract it would not supersede the regulations and that the OS would be equally responsible for the resident's work. To be absolutely sure of this I verified this with the Board of Counseling.

  One caveat to this is that when I prepare a supervisory contract for a potential resident, if they are working at a site (i.e. not their own private practice), the expectation is that they will notify their on-site clinical supervisor and then immediately inform me. The purpose of that is to fulfill the requirements of their work-site and doesn't mean that the on-site supervisor is primary.

- Just last week I had another supervisor contact me with the same issue. She said they were hiring on a new resident for their practice and the resident wanted to keep her previous supervisor from her previous work-site. The resident showed her what the OS wrote in her updated contract with the resident, which was that the OS would be the "secondary" supervisor and in addition to naming the new supervisor in her contract with the resident, she wanted the new supervisor to also sign their contract. I have never heard of two supervisors jointly having a contract with one resident, especially one that would designate one supervisor to have more vicarious liability for the resident's work than the other. Where is this coming from?

- I was contacted by a supervisor who said she was thinking about opening her own practice and was wondering if she needed a business license. She had asked this question on an on-line forum and another supervisor offered to talk with her off-line. That supervisor told her she didn't need a license and that having one gives the impression she's "uppity". Did she mean arrogant? What does that have to do with a business license? The answer is that one must have a license in the locality in which one has a business, whether or not one forms an LLC. Misinformation is rampant so be sure to get information from a trusted source.

- I had a supervisor who had been looking for ways to find residents to supervise. She shared with me that when she asked about this on social media, one response was from a supervisor who said she had signed up with a company that matches residents with supervisors. The contract with the company is that the supervisor continues to see the resident through that platform. However, this responding supervisor said she essentially games the system by taking the residents off their platform and puts them into her own practice because the company doesn't track it. Unethical?

Please be careful with advice you get on any social media platform because there's a great deal of misinformation out there. Always verify any information you get from social media or, in fact, from anyone (including a supervisor). Always confirm the information with the Board of Counseling or a trusted source.

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The Advocacy & Education Corner

BY SHARON WATSON, LPC, LMFT, LSATP, NCC, ACS – *Advocacy & Education Director* –
advocacy.education@vamhca.org

Counseling Compact update:

There are no notable changes. In February's annual meeting, new Board officers were elected. Compact states who have passed the legislation remains at 37 plus DC. Legislation has been filed in five states but not passed (OR, NV, MI, PA, NY) and has not been introduced in the remaining states. If you've been monitoring the Compact map and a state has turned from blue to gray, it means the legislation did not pass but may be re-introduced in the future.

The reason for the delay in implementation of the Compact per the website continues to be: "The Compact Commission is developing a complex website and database from scratch to issue privileges. No other compact has ever had to do this and make the system interface with 37 states. The Commission is taking the time to make sure it is done right the first time, hoping to avoid issues when we start accepting applications." The latest updates on the database and website build can be found at: https://compactconnect.org/.

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Petition Updates:

Petition #410: On 6/18/24 the petitioner requested that the Board amend 18VAC115-20-52(D) to require supervisors to report the total hours of residency and evaluate an applicant's competency within a set timeframe. The comment period began 7/15/2024 and ended 8/14/2024. The agency decision was made at its meeting on October 4, 2024, when the Board voted to initiate rulemaking to implement the request (despite there being no public comments) and for the action to go through the normal Executive Branch Review process.

On 5/28/25 an email was sent to Virginia Regulatory Townhall subscribers that this petition was at the NOIRA stage (Notice of Intended Regulatory Action) after multiple reviews spanning several months, including a review by the governor (who approved) and then was again open for comment until July 2nd. This is an example of how long it takes for a regulation to be changed or amended. Now we'll see when the regulations are actually updated to include this requirement.

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As the Advocacy & Education Director representing VAMHCA, I joined meetings held by BHPC, the Behavioral Health Providers Coalition. They are supported by multiple mental health organizations and they asked for our support as well. Our Board agreed to be added. Here is a summary of their work provided by Rebecca Kaderli, Chair of Virginia Behavioral Health Providers Coalition:

Behavioral Health Providers Coalition News Brief:

The Behavioral Health Providers Coalition was established in 2022 to unite all members of the behavioral health profession—regardless of discipline or orientation—in a shared mission to rise above turf battles and amplify our collective voice on behalf of both clients and providers. Since its founding, the Coalition has prioritized advocacy for mental health parity, a federal and state law requiring insurers to cover mental health and substance use disorder (MH/SUD) services on par with medical and surgical (M/S) services. We represent the eleven largest MH professional organizations across the Commonwealth of Virginia.

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The Supervision Corner

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Regarding getting answers from the Board: I'm often asked about information residents and supervisors have received from the Board when they've asked a question because they weren't sure what the answer meant or that the answer was confusing. My experience with this over many years interacting with the Board for myself and on the behalf of others is that they may not be getting the answer they need or want because they didn't ask the right question. When you write to the Board, be sure to ask your question in a simple and succinct way; that will help in getting the right answer.

The ideas and suggestions expressed here are my own and not those of VAMHCA and should not be construed as such or as legal advice. If you have any questions about this article or any of my previous articles or if you have ideas for future supervision topics, please email me. I'm happy to research any topic related to the Board of Counseling regulations for all licenses and certifications regarding supervision and residency. You can email me at supervision@vamhca.org.

The Advocacy & Education Corner *continued from page 16*

Despite the law, there is substantial evidence—both statewide and nationally—that many insurance carriers remain noncompliant. This noncompliance has harmed clients through inappropriate denials of care, imposed excessive administrative burdens on providers, and contributed to disproportionately lower reimbursement rates for behavioral health professionals compared to their medical counterparts. As a result, increasing numbers of behavioral health providers are opting out of insurance networks, further limiting access to care.

The Coalition has made significant strides by educating legislators, mobilizing providers, and shaping policy proposals that aim to enforce the law. But more must be done.

Make your voice heard! Contact your state legislators today and urge them to enforce parity laws. Ask for fair reimbursement, greater transparency, and real accountability.

Every parity violation means a person with a mental health or substance use disorder is harmed.

For additional information, visit https://www.behavioralhealthcoalitionva.com/ or contact Behavioral Health Providers Coalition Chair Rebecca Kaderli at rebeccakaderli@gmail.com.

The ideas and suggestions expressed here are my own and not those of VAMHCA. If you have any questions or comments about this article, please email me at advocacy.education@vamhca.org.

Our next quarterly newsletter will go out in October with articles or advertisements due by September 15. In between each newsletter we plan to post new articles on our social media sites and through email blasts. If you are interested in writing an article to post on VAMHCA social media or for the next newsletter please contact. communications@vamhca.org.

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