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EXEMPLAR

Chi Sigma Iota Counseling Academic and Professional Honor Society International

IN THIS ISSUE

Welcome to the Spring Issue

Madelyn Duffey, MS, MA, NCC, LPC
CSI Exemplar Editoral Assistant, 2023-2024

On behalf of our editorial team, Dr. Mary Chase Mize, Dr. Peeper McDonald, and Dr. Ashlei Petion, I am delighted to introduce the newest volume of the Chi Sigma Iota *Exemplar*. As a 2023-2024 CSI Intern, I have been privileged to witness counselors from diverse clinical and educational settings advocating for our profession and the clients we serve. Our profession has had much to celebrate this year, including expanding Medicare coverage!

As we applaud recent advocacy efforts and successes, we also look toward the future of the counseling profession. In this issue, which focuses on professional counselor identity and mental healthcare access, our contributors provide valuable resources, share experiences and CSI chapter efforts, and highlight advocacy efforts. We hope this *Exemplar* issue sparks meaningful conversations and inspires action in advancing professional counseling identity and mental health care for all!

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Chi Sigma Iota Headquarters Update

by Dr. Holly J. Hartwig Moorhead

CSI Chief Executive Officer

Spring brings so many celebrations within Chi Sigma Iota! Thousands of new initiates are presented with their CSI membership certificates and pins in hundreds of chapter initiations all over the country. Many chapters host special events to coincide with graduations as well, and we delight in seeing pictures of members proudly wearing their CSI honor cords during these special celebrations. CSI's fiscal year runs between May 1 and April 30, so spring also is a time for wrap-ups and new beginnings within our Society as well. As we close out this 2023-24 year on April 30, 2024, we look back on a very productive year thanks to thousands of CSI members who have generously dedicated hundreds of hours of service to advancing our shared mission to promote excellence in counseling. Simultaneously, we welcome in new leaders who will serve during the new 2024-25 year ahead and prepare for some changes.

2023-24 CSI Days at the 2023 ACES Conference

Usually in spring, we've celebrated our annual CSI Days events. However, this year's 2023-24 CSI Days were held in fall 2023 and in-person for the first time since CSI transitioned events online during the COVID-19 pandemic. A big thank you to ACES for welcoming CSI Days to the October 2023 ACES Conference that was held in Denver! We appreciate all of the members who attended and brought terrific energy and generous spirits to two full days of events!

We are grateful for many leaders who facilitated 11 events, starting on Saturday, October 14, 2023 with the early morning CSI Executive Council Meeting, followed by CSI Leadership Fellows and Interns Orientation and Training, the *Journal of Counseling Leadership and Advocacy* Editorial Board Meeting, and CSI Poster Sessions.

We also celebrated CSI's 2022-23 award recipients prior to the CSI Graduate Student Networking Reception during which hundreds of counselors connected with one another in the evening. During the day, CSI was proud to sponsor three educational sessions: Professional Counselor Leadership Training: Editors' Panel, moderated by Dr. Cassie Storlie with Drs. Michael Brubaker, Spencer Niles, and J. Richelle Joe as panelists; Implementation of CSI's Principles and Practices of Leadership Excellence (PPLEs) in Counseling Leadership presented by Dr. Edward Wahesh, Dr. Derron Hilts, Dr. John Harrichand, and Madelyn Duffey; and, Clinical Supervision for Master's Level Interns, moderated by Drs. Nancy Sherman and Lori Russell-Chapin with Dr. Rebecca Michel, Dr. Melissa Fickling, Dr. Dilani Perera, and Julie Williams as panelists.

On Sunday, October 15, 2023, chapter delegates convened for the 2023-24 CSI Annual Delegate Business Meeting in the morning. Special thanks to the CSI Chapter Faculty Advisors and Chapter Development Committees for facilitating valuable discussions and connections during leadership trainings that followed. It was inspiring to see members enjoying new and old connections and casting visions for collaborations to come during the leadership trainings. Chapters can check the recorded list of delegates to confirm their chapter's representation at the meeting.

Although CSI Days were held this past fall, 2023-24 award recipients will be celebrated again during 2024-25 CSI Days events that will be held online in October 2024.

2024-25 CSI Days Online Schedule

Members have shared so much positive feedback about hosting CSI Days in the fall as well as strong support for offering CSI Days events in both in-person and online formats year to year. In response, the Executive Council will host next year's 2024-25 CSI Days events online during the week of October 7, 2024. More information will be forthcoming as the new year begins. For now, mark your calendars to attend these online events that have been posted on the CSI website already – with more to come! The 2024-25 Annual Delegate Business Meeting will be held online, giving every chapter the opportunity to have a delegate attend and fulfill one of the requirements to remain an active CSI chapter and eligible to earn a chapter rebate.

2024-25 CSI Days Online Schedule

Monday, October 7, 2024

12:00-1:00 PM EDT *Journal of Counselor Leadership & Development* Editorial Board Meeting

Wednesday, October 9, 2024

1:00-2:00 PM EDT CSI Poster Sessions

2:00-3:00 PM EDT Chapter Leaders Training

3:00-3:30 PM EDT Break

3:30-4:30 PM EDT CSI Poster Sessions

Thursday, October 10, 2024

1:00-2:00 PM EDT CSI Poster Sessions

2:00-3:00 PM EDT CSI Chapter Faculty Advisors Training

3:00-3:30 PM EDT Break

3:30-5:00 PM EDT Poster Sessions

Friday, October 11, 2024

1:00 – 3:00pm EDT CSI *Annual Delegate Business Meeting* ** and Awards Ceremony (recognizing 2023-24 award recipients)

Newly Chartered & Reactivated CSI Chapters

During the 2023-24 year, CSI warmly welcomed eight newly chartered chapters.

- Alpha Chi Lambda chapter at Western Seminary-Portland
- Tau Chi Upsilon chapter at Texas Christian University
- Sigma Chi Alpha chapter at Wichita State University
- Nu Upsilon Omega chapter at Northwestern University-Online
- Kappa Alpha Tau chapter at Kansas State University
- Mu Mu Upsilon chapter at Mount Mary University
- Alpha Rho Upsilon chapter at Rutgers University
- Iota Delta Gamma chapter at Westminster University

We appreciate the CFAs who have worked diligently to establish new chapters and those who have committed to reactivating the following chapters.

- Phi Omicron Chi chapter at Idaho State University
- Delta Gamma Sigma chapter at Texas A&M University-Texarkana
- Beta Rho chapter at Arkansas State University
- Tau Delta chapter at Troy University-Dothan
- Rh Zeta chapter at University of Kentucky

Typically, spring is the busiest time of the time for chapter initiations. The Chapter Development Committee has developed the Best Practices Guide for Chapter Initiations and Ceremonies to help chapter leaders plan and host meaningful inductions of new members. Additionally, many chapters hold spring elections for incoming executive committee officers. The CSI Chapter Leadership Manual is an excellent resource to help orient new officers as well as to guide current officers in chapter functions. Find many more ready-to-use resources on the CSI website, especially developed for chapter leaders and CFAs.

This 2023-24 year comes to a close when Spring Annual Reports are due on April 30th. Chapters are encouraged to review the requirements to earn a chapter rebate and then check their chapter profile to see which requirements that have been met. CSI will mail 2023-24 chapter rebates to the Primary CFAs on record in fall 2024.

CSI Chapter Requirements Changing

As CSI continues to charter new chapters and welcome increased numbers of new members each year, in April 2024 the CSI Executive Council approved two changes to ensure that new member certificates and pins can be shipped to Chapter Faculty Advisors in time to be distributed during chapter initiations and applicants who pay CSI International dues are approved and initiated in the same year in which they apply.

For the new 2024-25 year (starting May 1, 2024), at least three weeks in advance of chapter initiations, the approved Chapter Faculty Advisor (CFA) must:

1. **approve new applicants in the online Member Management System (MMS);**
2. **assign each newly approved applicant an initiation date in the MMS; and,**
3. **respond to the confirmation email sent by CSI Headquarters to confirm the accuracy of the final list of new members.**

Once these steps are successfully completed, CSI Headquarters will place an order with the CSI Store for new member certificates to be printed and shipped, along with pins, to the CFA so that these items can be presented during chapter initiations. Once an order is placed for certificates and pins, it cannot be changed (i.e., additional new members cannot be added).

Unfortunately, the two-week timeframe previously used no longer provides adequate time for the aforementioned steps noted to be completed. Please visit CSI's website to find more information about CSI Membership Processing and Initiations, including resources like the Processing Steps and Checklist for Chapters and the Best Practices Guide for Chapter Initiations and Ceremonies.

Also during the 2024-25 year (starting May 1, 2024), all chapters are encouraged to begin hosting at least one initiation each year to ensure that applicants for membership are CFA-approved and assigned an initiation date in the same semester/term in which they apply for membership.

Starting in the 2025-26 year (May 1, 2025), the requirements to Maintain an Active CSI Chapter, including eligibility for Earned Chapter Rebates, will include hosting at least one initiation each year (instead of hosting an initiation at least once every two years).

The Executive Council approved this change to support CSI's expectation is that chapters invite qualified applicants to apply for membership and these applicants are CFA-approved for membership during the same semester/term in which they will be initiated. A member's active member status begins upon date of application when CSI International dues are paid; therefore, it is very important for CFAs to approve new members and for new members to be initiated in a timely manner and within the same semester/term in which an application is submitted. Chapters may host in-person and/or online initiations to meet this requirement each year.

We appreciate chapters making these adjustments so that certificates and pins can be delivered on time for chapter initiations and every applicant has an opportunity to be reviewed and initiated in a timely manner.

Committee & Review Panel Work

In addition to more than 500 counselor educators who dedicate their time to serve as CFAs for hundreds of CSI chapter, hundreds more volunteers serve on CSI International's committees and review panels, working together to fulfill their charges from the Executive Council for the 2023-24 year. We thank these dedicated members and highlight just some of the influential work developed out of countless hours dedicated to serving others…

- **The Awards Committee** conducted their first in person ceremony since 2019, recognizing the 2022-2023 award recipients during the 2023-24 CSI Days at the ACES Conference. The committee and review panel also completed their reviews of the 2023-24 nominees and selected recipients who will receive their plaques this spring and be recognized at a virtual ceremony immediately following the 2024-25 Delegate Business Meeting (Friday, October 11, 2024 at 1:00 PM EST).

- **CSI's Counselor Community Engagement (CCE) Committee** maintains a Facebook group and publishes an annual Community Connect newsletter that features recipients of the committee's CCE Recognition Award, which is given to chapters that have conducted outstanding CCE projects. During the 2023-2024 CSI Days, the committee presented a poster session and shared a trauma and disaster response resource list with members (the list can still be accessed here). The committee collaborated with the Chapter Development Committee to present a webinar about counselor advocacy identity on Wednesday, April 3, 2024 – the recording can be accessed on the CSI website.

- **The Chapter Development Committee** led an in person Chapter Leaders Training during the 2023-24 CSI Days, and they offered a virtual Chapter Leaders Training on Wednesday, March 20, 2024. The chapter also conducted Fall Regional Networking Summits on best practices for social media, and they offered a set of Spring Regional Networking Summits on Thursday, March 28. The committee maintains a Facebook group for chapter leaders.

- **The Chapter Faculty Advisor (CFA) Committee** presented an in person CFA Training during CSI Days as well as a virtual Q&A Session later in the fall. A virtual CFA Training was offered on Tuesday, March 19, 2024. The committee is continuing to administer a mentoring program for new CFAs after considering data from an evaluation survey last spring, and they provide social media for CFAs including posts advertising CFA merchandise in the CSI Store.

Committee & Review Panel Work

- **The Wellness Counseling Practice & Research Committee** is launching a Counselor Wellness Toolbox where CSI members will be able to submit their own wellness resources and review resources shared by others. The committee continues to maintain a website on wellness within csi-net.org that includes regularly updated citations of recent wellness research. Members of the committee presented a webinar titled, "Wellness Research Incubation: Advancing wellness research agendas" on Thursday, February 15, 2024. In this issue of the Exemplar, the committee published an article about the results of a survey of chapters' wellness activities. We are grateful to Dr. Michael Brubaker for his six years of service as the Committee Chair, and we welcome Dr. Matt Nice as the next leader of the committee.

Interested in contacting these committees to learn more about their work? Contact CSI Headquarters at admin@csi-net.org.

CSI is still accepting volunteers for the 2024-25 year, especially on our Review Panels. Please visit our Volunteer Opportunities Page and complete a Volunteer Interest Form if you would like to serve. If you are interested in joining a committee, please note that openings are limited and select multiple options. If you have questions, contact CSI Headquarters at admin@csi-net.org.

2023-24 CSI Webinar Series

For just the $40 cost of renewing your CSI membership each year, earn hundreds of hours of NBCC-approved CE for attending live, or even viewing recorded, CSI webinars. This year, CSI hosted 13 webinars.

Crisis Assessment and Intervention: A Primer for Professional Counselors
Presented by Dr. Julia Whisenhunt

Advocacy Identity in Professional Counseling
Presented by Dr. Christopher R. LaFever, Sravya Gummaluri, Dr. Taylor Irvine, Nkenji K. Clarke, Dr. Jim McMullen, Elizabeth Baker, Dr. Kate Worley, & Julie Uribe

Best Practices in Responding to and Learning from Disaster Related Trauma
Presented by Dr. Laura R. Shannonhouse, Dr. Ashlei R. Petion, Dr. Laura K. Jones, Dr. Yung-Wei Dennis Lin, & Dr. LaTonya M. Summers

2023-24 CSI Webinar Series

Building Community Between Counselor Educators and Site Supervisors for Excellence in Supervision
Presented by Dr. Raymond Blanchard, Madelyn Duffey, Dr. Daphne Washington, Linzy Sunshine Andre, & Dr. Erik Messinger

Using Motivational Interviewing to Support Client Change and Growth
Presented by Dr. Edward Wahesh

Wellness Research Incubation: Advancing Wellness Research Agendas
Presented by Dr. Matthew L. Nice, Dr. Michael D. Brubaker, & Dr. Mary Wynn

Provider Enrollment 101 for MHCs
Presented by the Centers for Medicare & Medicaid Services

LGBTQ+ Youth: Current Needs and Practical Recommendations for Counselors and Counselor Educators
Presented by Dr. Jane E. Rheineck, Dr. Emily Goodman-Scott, & Dr. Patrice S. Bounds

Suicide Assessment and Documentation
Presented by Dr. Robin Switzer

Understanding the Counseling Compact for Counseling Practitioners
Presented by Dr. Jay Tift, Dr. Erik Messinger, & Dr. Daphne Washington

Ethical Considerations for Understanding and Preventing Suicide among Older Adults
Presented by Dr. Mary Chase Mize

Wellness, Self-care, and the Ethics of Impairment: Guidance for Counselor Educators and Supervisors
Presented by Dr. Cheryl L. Fulton & Dr. Harriet L. Glosoff

2024 CACREP Standards: What's Changed and What's Preserved
Presented by Dr. Earl Grey & Dr. M. Sylvia Fernandez

Log into your CSI Member Profile to access your CE certificates for webinars that you have attended/viewed and register for upcoming webinars in the new 2024-25 year and earn CE!

CSI Headquarters Update

Even with so many important things accomplished this 2023-24 year, there is more to come as we begin the new 2024-25 year this summer. The Executive Council has charged the Strategic Planning Committee with resuming work following a pause in the planning process due to the pandemic. As such, both the Strategic Planning Committee and the CSI Executive Council will meet in May 2024 to continue planning for the Society's continued growth and development.

In a time when there are many changes within the counseling profession and academia, CSI continues to remain strong in both resources and the most valuable asset of all: members sharing a commitment to mission. Thank you for contributing to this solid foundation on which we continue to do good work together, advancing excellence in counseling!

Follow CSI's Facebook, X, and Instagram platforms to connect and stay up to date with so many things happening within CSI. We look forward to connecting with you!

CSI Collaborates with NBCC, ACES to Provide Access and Discounts for Liability Insurance and Discounts for Liability Insurance

by Dr. Julia Whisenhunt, CSI Executive Council President

CSI, in collaboration with the National Board for Certified Counselors (NBCC) and the Association for Counselor Education and Supervision (ACES), is pleased to share with our members an opportunity to access CM&F Liability Insurance – and special rates for CSI members. NBCC, ACES, and CSI share a mission of providing quality resources to counselors to support a strong professional counselor identity and ethical and competent counseling practice.

Since 1985, the mission of Chi Sigma Iota has consistently remained focused on recognizing high attainment in the pursuit of academic and clinical excellence in the profession of counseling, and in doing so providing our members with access to the best possible resources to support their professional development and counseling practice.

CM&F's specially tailored policies provide peace of mind and protection for even the most experienced professional counselors. For over 100 years, their exceptional 24/7 liability coverage has established excellent protection within all methods of client care. With affordable rates and high-quality, easy-to-access coverage, professional counselors, supervisors, counselor educators, and counseling students can trust that they are adequately protected so that they can focus on what matters—serving mental health needs of the public and advancing mental health efforts across the globe. As counselor education programs commit to meeting national accreditation preparation standards, new CSI chapters are being chartered and new members continue to be initiated into the Society in the United States and all over the world. All of our members will now have the opportunity to access special rates to ensure that they are adequately and affordably protected as they practice.

CSI, NBCC, and ACES, are committed to serving professional counselors, counselor educators, and counseling students who have invested their energy, enthusiasm, care, and expertise in serving clients and advancing access to counseling. Therefore, our member-driven partnership in offering CM&F Liability Insurance is intentional, as it provides our dedicated professional counselors and professionals-in-training special rates to access coverage that can bring peace of mind and protection as they engage in this important work.

The CSI Executive Council is pleased to collaborate with NBCC and ACES in sharing with our members information about special rates that they can access for CM&F Liability Insurance. For more than 39 years, CSI has furthered a mission shared by more than 164,000 initiated members - to promote excellence in counseling. As CSI's leadership remains committed to providing our members resources to support their professional development and ethical, competent practice, we look forward to CSI members being able to take advantage of this important protection.

Make sure you're protected. Enroll and access special member rates here.

Counselors' Corner

An Invitation to Pioneer: What's next for Professional Counselors and Medicare?

by Dr. Mary Chase Mize, CSI Exemplar Senior Editor & Chi Epsilon Chapter

Dr. Janelle Jones, Chi Epsilon Chapter & Association for Adult Development and Aging President

Dr. Jordan Westcott, Upsilon Theta Chapter

Dr. Matthew Fullen, Tau Eta Kappa Chapter

Dr. Afroze Shaikh, Chi Epsilon Chapter





In January of this year, professional counselors who meet licensure requirements were formally recognized as eligible providers to Medicare beneficiaries through the passage of the Consolidated Appropriations Act (2023). Professional counselors are now recognized as providers under Part B (medical insurance) of the Medicare program, the largest federal health care program in the United States for older adults, as well as some younger individuals with long-term disabilities. After decades of professional advocacy, this milestone is both a critical opportunity to close the gaps in mental health care access (Fullen et al., 2019), particularly among older adults, as well as important recognition of the counseling profession at the federal level. Guided by the Six Professional Counselor Advocacy Themes identified in the Chi Sigma Iota Strategic Plan for Professional Advocacy, we extend an invitation to students, practicing counselors, and counselor educators to consider a new era of professional advocacy: Medicare enrollment and practice.

Theme A: Counselor Education

The goal of this theme is to ensure that all counselor education students graduate with a clear identity and sense of pride as professional counselors. As a growing number of licensed counselors enroll as Medicare-eligible providers, it is incumbent upon counselor education programs to ensure aging and disability are adequately covered in their curricula. Pursuit of licensure reflects professional excellence in counseling, and a key element of Medicare enrollment. For most master's programs, the path to licensure is an inherent aspect of the program. However, for those who may pursue a PhD in counselor education immediately after graduating from a master's program, licensure may look different depending on state and program requirements. To ensure all counselor education graduates achieve the highest level of licensure, counselor education programs should consider the pathway to licensure at every level, which will ensure more Medicare-eligible providers are able to enroll.

In addition to licensure priority, counselor education programs should also prioritize gerontological counselor education. The 2024 CACREP Standards describe age and generational status as two examples of marginalized identities that counselor training programs should address. It is imperative that counseling students receive training in how to work with older adult and disabled clients.

Theme B: Intra-Professional Relations

The goal of this theme is to develop and implement a unified, collaborative advocacy plan for the advancement of counselors and those whom they serve. Medicare is the primary health insurance provider of individuals over 65 in the U.S. Though counselors are well-positioned to meet the needs of older adult clients (more on this in Theme F), we have lost opportunities to advance a professional counselor's identity in serving older adults due to historical exclusion from the Medicare program. For example, Gerontological Counseling was dropped as a specialty area from the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) in 2009 (Bobby, 2013), and the National Certified Gerontological Counselor credential once offered by the National Board of Certified Counselors (NBCC) was retired in 1999 (NBCC, 1999). Strengthening gerontological counselor identity as a professional counselor may also enable more access to supporting counselor education students through opportunities such as the Health Resources and Services Administration (HRSA) Geriatric Workforce Enhancement Program (see Theme D for more information).

Theme C: Marketplace Recognition

The goal of this theme is to assure that professional counselors in all settings are suitably compensated for their services and free to provide service to the public within all areas of their competence. Medicare recognition opens doors for professional counselors to provide services to clients in settings where they have historically been unable to access fully. Therefore, building off of Themes A and B, it is critical for professional counselors to integrate Medicare into their professional identity. Consider a counselor's role in the following settings:

- Veterans Administration: providing mental health and rehabilitation counseling to older adult veterans (and beyond) across multiple areas of specialized mental health care, such as trauma counseling
- Community mental health serving older adult clients: professional counselors may now have access to jobs that serve older adults specifically in community-based settings that were previously only listed for Medicare providers
- Integrated health care settings and systems: professional counselors now have greater access to work in integrated delivery networks (IDNs) such as Mayo Clinic and Kaiser Permanente
- Assisted Living Facilities & Nursing Homes: long term-care facilities that rely on Medicare to provide coverage for clients are now places in which professional counselors can provide services to residents
- Hospice: providing mental health counseling to patients and their families throughout end-of-life decisions and care, including grief and bereavement support

Theme D: Inter-Professional Issues

The goal of this theme is to establish collaborative working relationships with other organizations, groups, and disciplines on matters of mutual interest and concern to achieve our advocacy goals for both counselors and their clients. For members of Chi Sigma Iota, we want to share additional resources for interprofessional collaboration as we look ahead to what's next with Medicare:

- American Counseling Association AADA Older Adult Task Force: This is a task force within the Association for Adult Development and Aging committed to providing support for clinical work, scholarship, research, and advocacy for professional counselors serving older adults.
- External funding sources: With Medicare law now in effect, opportunities for external funding to support health outcomes of older adults (through both research and training) are now clearly connected to professional counselors. Counselor educators should consider pursuing external funding opportunities through HRSA (Geriatric Workforce Enhancement Program), Administration for Community Living (ACL), National Institute on Aging (NIA)
- Connections to aging-specific networks and sibling disciplines: Interdisciplinary collaboration with fields such as geropsychology, gerontology, social work, and nursing may be an opportunity for both professional counselor workforce enhancement and outcome research.

Theme E: Research

The goal of this theme is to promote professional counselors and the services they provide based on scientifically sound research. Building on the above themes, marketplace recognition as professional counselors in the Medicare sphere, intra-disciplinary support, and interdisciplinary collaboration may build a solid foundation for counseling outcome research. Professional counselors should not only conduct research to understand mental health out comes among older adults, but ***with*** older adults in the community.

- How does a counselor help older adults?
- What would happen if we could see, through data, changes in things like hospital admission for behavioral health needs or the use of multiple referrals for older adults if more licensed professional counselors saturated the market as Medicare providers?
- How might we enhance the evidence base for counseling with older adults? We need to understand unique needs, behavioral health mechanisms, and best practices for wellness and prevention among older people, alongside the outcome research we name above.
- How do we engage older adults in the community as fellow research collaborators?

We need to understand unique needs and substantiate relationships in established constructs in this population, alongside outcome research.

Theme F: Prevention/Wellness

The goal of this theme is to promote optimum human development across the lifespan through prevention and wellness. To this end, we hope to remind members of Chi Sigma Iota that we do not age out of the human experience. All aspects of professional counseling will, in some way, impact an older adult. Consider intersections of identity:

- Racial and ethnic diversity, LGBTQ+ identity, religion and spirituality: Consider all the areas of specialty and focus professional counselors provide to clients at these intersections.Those clients will grow older, and there are older adults currently being impacted by those experiences.
- As the population of older adults continues to steadily increase, so too will we see an Increasing diversity of older adults as we address life expectancy discrepancies (ACL, 2021). For the foreseeable future, it's highly likely that professional counselors working with older adults will work with a wide range of social and cultural intersections.

Finally, consider intersections of experience: bring your expertise to the world of Medicare! We need counselors who have speciality in working with IPV, eating disorders, suicide risk, trauma, etc. – all things that occur with older adults. Medicare is a huge win for closing the gap in mental health care access to older adult clients, but there is plenty of work to be done, and it starts with enrolling as a provider. For support in the Medicare enrollment process, check out Chi Sigma Iota's Webinar: Provider Enrollment 101 for Mental Health Counselors.

Counselors' Corner

Mental Health Advocates in Community Programs

by Dr. Lamar Muro, Alpha Rho Chapter & Dr. Paul Thomas, Associate Professor of Music Theory and Composition, Texas Women's University

As is stated by the American Counseling Association (2014), professional counselors are ethically charged to assist clients who face societal or institutional barriers. To fulfill these needs, many counselors will offer pro bono services or volunteer time to organizations addressing issues such as relationship violence, racial injustice, or food insecurity. As professional counselors, supporting advocacy-based programs is essential to our advocacy efforts, however, other types of community programs, such as those involving activities or sports, can be an overlooked resource. When we are permitted to serve as mental health advocates, any community-based program that aligns with values of ACA and Chi Sigma Iota can offer meaningful opportunities to remove barriers and promote better mental health in our communities. The first author offers a personal example and practical steps for mental health advocacy in a community program.

Identify a Community Need

From 2021-2023, I served as the Vice President of the Board of Directors for Denton Community Youth Choirs (DCYC), a non-profit serving youth through choir-based activities (Breeding-Gonzalez, 2022). Having a son diagnosed with multiple disabilities who enjoys singing made the decision a personal one; however, professionally, I also sought to support a program that could address the growing mental health concerns among youth in my area. Through an exploration of literature on youth and mental health, I corroborated that need.

Many youths today are struggling with serious and pervasive issues, such as isolation, depression, anxiety, post-traumatic stress, aggression, self-harm, and delinquent behavior (DeFosset et al., 2017, Meherli et al., 2021). Equally discouraging is the likelihood that the youth who encounter serious mental health challenges will develop disorders into adulthood (Tollefsen et al., 2020).

Those from minority and underserved communities are at greater risk due to added stressors of racism, discrimination, or bullying (Marks et al., 2020) which can exacerbate negative symptoms, feelings of disempowerment, and affect social belonging (Baams et al., 2018). In many ways, advances in social media and the COVID-19 pandemic have intensified these challenges and issues (Meherali et al., 2021), making this a critical time for preventative interventions.

Identify Community-Based Interventions

Exploring the literature for community-based interventions that address the identified need is a critical second step. Through this process, I discovered a myriad of benefits among youth who participate in organized activities, such as improved confidence, competence, character, caring and connectedness (Boelens et al., 2022) and better mental health than peers (Boelens et al., 2022, Zarobe & Bungay, 2017). Arts-related activities, specifically, have been shown to improve mental and emotional well-being, identity formation, meaning, and purpose, as well as decrease dropout rates and risky behaviors. Moreover, involvement in arts programs not affiliated with academics has positively impacted academic achievement and social development for those from high-risk or underserved groups (Bungay & Burrows, 2013; Daykin et al., 2008; Zarobe & Bungay, 2017). Community choirs, specifically, can increase positive emotions, social bonding, and offer anxiety reduction, as well as gains in self-acceptance, competence, belonging, and social contribution (Williams et al., 2018). Community choirs have also served as a supplement to traditional counseling and therapy, offering notable benefits to those with or without mental health diagnoses (Cohen et al., 2006; Daykin et al., 2016; Fancourt & Finn, 2019; Gridley et al., 2011; Williams et al., 2018).

Conduct a Program Review

Because programs can vary in culture and tone, it is important to conduct a program review to examine alignment with the values of the ACA and the vision of CSI. For example, some youth programs are competitive, exclusive, and costly, which might be inappropriate for certain participants. Through an interview with DCYC's Director, a review of program promotions and handbooks, and attending program activities and functions, I was able to make a good determination about DCYC. I observed a Director who demonstrated knowledge and commitment to practices that support holistic child and human development. Embedded in the program's policies, I also discovered a commitment to wellness, diversity, social justice, respect for human dignity, and improvement in the quality of life in society (ACA, 2014).

Finally, the program's commitment to community engagement was evident through calendared activities, such as family dance nights, retreats, collaboration with local musicians, and concerts during community celebrations and in local, public venues.

Also of great importance was a demonstration of commitment to diversity, equity, and inclusion (DEI). In contrast to DEI programs that have been banned in my area, members were encouraged to request accommodations or support related to any type of minority status. Participants were honored regardless of skill level, disability, financial status, race or ethnicity, creed or religious affiliation, primary language, national or ethnic origin, sex, sexual orientation, and gender identity or expression. Additionally, I observed activities infusing diversity through song selections in multiple languages, from diverse regions, and utilizing diverse instructors. Families with financial needs were offered reduced tuition or scholarships so as not to limit anyone's participation. And finally, there were no pressures of qualifying grades or performance evaluations to discourage or create barriers for students with physical or learning challenges.

Request to Serve as an Advocate

Of utmost importance to program selection is the ability to serve as a mental health advocate. During my time as a volunteer, DCYC's Director enabled many opportunities for me to promote mental health. At times I became a resource to the Director, participants, or family members who sought guidance or referral information. In an interview with a local reporter, I also discussed the mental health benefits of the program. Finally, I helped to facilitate discussions and activities in which participants reflected on the mental health impacts of program participation. Through these conversations, some powerful themes emerged that underscored the benefits of DCYC, such as: new relationships, caring community, positive feelings, hope, belonging, confidence, and embracing differences.

Under the direction of Dr. Paul Thomas, Associate Professor of Music Theory and Composition at Texas Woman's University, participants created drawings or writings that expressed their social, mental, and emotional experiences as members of DCYC. Common themes among the materials created were family, togetherness, and acceptance. One choir member wrote a short poem, titled "A Million Voices in One Voice", that perfectly summarized how a group of diverse voices can join as one to create a community of caring and compassion.

By using this text and other words and artistic representations from the participants, Dr. Thomas composed a song that was performed publicly, allowing participants to share the impact of DCYC in their lives:

A Million Voices

A million voices, in one voice we sing
A million voices, let our music change the world
A million voices, let our voices ring
A million voices, in one voice we sing
And as we sing we feel our spirits rise
Our voices soaring reaching for the skies
For in this choir, we find a way
To lift each other up day by day
And when I'm alone
I find a family where I can grow
And when I am sad
I find a smiling face and helping hand
A million voices we are strong
A million voices we all belong
A million voices, in once voice we sing

As stated by the World Health Organization, wellbeing is not defined by the absence of mental health issues but by the presence of abilities to cope with stressors, feel productive, and contribute to community (WHO, 2004). With mental health crises and initiatives on the rise, serving as a mental health advocate in community-based programs that align with values of the ACA makes this a powerful tool for counselors who want to take an active role in promoting wellness in their communities. We would like to thank Artistic Director, Dillon Downey, for allowing engagement with Denton Community Youth Choirs to support the writing of this manuscript.

Excellence in the Field

Counseling is Not Psychology: The Case of Unique Clinical Competencies

by Vladyslav Logos and Dr. Nicole Hurless, Theta Sigma Upsilon Chapter, Tarleton State University

Every profession requires a specific identity which allows the profession to establish itself as a distinct entity with unique capabilities and benefits for society. A clear professional identity helps professionals align their role in society, establish their values, know their responsibilities, and be aware of the ethical standards consistent with practices accepted by their occupation (Goltz & Smith, 2014).

As the grounding pillars of counseling identity, wellness, development, empowerment, and prevention orientations also resemble helping professions of social work, psychology, psychiatry, and others (Mellin et al., 2011). Despite laborious strivings from professional associations, educational organizations, and individual counselors, a need to understand who counselors are and how they can benefit society still exists. Clients, community organizations, governmental officials, and even mental health professionals themselves experience difficulties in a separate self-identification from other professions. Further, counseling is frequently misunderstood with educational, spiritual, cultural, and similar person-centered occupations (Fred & Fred, 2011).

Despite the movement toward the separation of counselors as a unique professional identity, progress is ambiguous and slow (Brady-Amoon & Keefe-Cooperman, 2017). Thus, counseling, as a profession, should strive to solidify a clear professional identity congruent with the historical basis and humanistic aspirations of helping professions, yet with its unique strengths, competencies, credentials, ethics code, societal mission, and clear future-oriented development strategy.

History of Professional Tasks of Counselors

Guidance and support are key terms associated with counseling. Historically, counselors were the individuals beyond the circle of relatives who helped with difficult and distress-provoking questions about identity, relationships, professional orientation, and more. According to Erford (2020), these guidance-providing people have been physicians, philosophers, religious leaders, or teachers. Nonetheless, the beginning of the 20th century, with its industrialization, manufacturing orientation, urbanization, and social reformation, served as an inception of counseling as a separate profession.

Events from 1907 to 1909 reshaped societal views on mental health, contributing to the establishment of counseling as a distinct profession. Superintendent Jesse B. Davis, alarmed by societal moral concerns, appointed 117 English language teachers as vocational counselors to guide students in problem-solving and character development (Gladding, 1996). In 1908, Yale graduate Clifford W. Beers provided the incentive for the “mental hygiene” movement (Beers, 1908). Beers changed society's perception of mental illness, founding the National Mental Health Association devoted to prevention, early intervention, and humane treatment in mental health facilities. In 1908, Frank Parsons founded the Vocational Bureau of Boston, pioneering guidance for youth seeking employment (Altmaier & Ali, 2012). His book "Choosing a Vocation" posthumously established the theory of psychological traits, helping match individuals with the most suitable occupation based on personality, abilities, and interests (Gladding, 1996).

The National Mental Health Act of 1946 marked a pivotal moment, funding mental health training and research. With the recognition of psychiatric needs during World War II, rehabilitation and vocational counseling emerged to assist veterans in returning to the workforce and transitioning to civilian life (Erford, 2020). In 1957, after the Soviet Union launched Sputnik, the U.S. passed the National Defense Education Act to address concerns about American proficiency in math and science. This legislation led to funding guidance and counseling programs to direct skilled individuals into STEM fields (Haag-Granello & Young, 2019). Conclusively, the counseling profession has trended towards advocating for marginalized groups and social justice, identifying individual skills, and increasing the profession’s acceptance by clients, government, and clinicians as a separate professional identity.

Differentiating Clinical Competencies

Counseling has long experienced an identity crisis in differentiating itself from other mental health fields, among which there is admitted overlap in competencies and training (Mellin et al., 2011; McLaughlin & Boettcher, 2009).

In the following section, we discuss similarities and differences between counseling and psychology. However, readers should keep in mind these are general trends and not absolute statements regarding either profession.

Regarding credentials and training, counselors typically hold a master's degree while psychologists typically hold doctoral degrees, however there are exceptions to these generalizations. While some may argue that counselors receive less training than psychologists, unique to counseling is the depth of training in humanistic concepts, psychotherapeutic techniques, and therapeutic relationship building. Counselors also receive a wide range of training in counseling theory development, in contrast to psychologists who heavily focus on evidence-based practices (EBP) such as cognitive behavioral therapy. Counselors also implement EBP, while also acknowledging the issues associated with focusing primarily on available evidence (biases inherent in the research process, study samples, and measurable outcomes). State licensure board requirements may also prevent counselors from performing certain clinical tasks, such as the use of projective assessments, that psychologists include in their scope of practice.

Both the American Counseling Association (Ratts et al., 2016) and the American Psychological Association (APA; Clay, 2010) expect their professionals to understand multicultural concepts. The ACA further delineates competencies for several specific populations and tasks, including advocacy and social justice, counseling gender-diverse clients, counseling multiracial populations, religious and spiritual issues, disability-related competencies, career counseling, military first responder clients, and animal-assisted counseling. In contrast, the clinical psychology APA competencies include multicultural knowledge and awareness as a broad competency but may be lacking in specific guidelines developed by the organization.

The American Board of Professional Psychology (n.d.) describes foundational and functioning competencies, including scientific knowledge and methods, supervision, intervention, and consultation, among others. Unique to psychology is the direct acknowledgment of interdisciplinary professional practice, and in-depth training in multiple research and assessment techniques. Psychologists are more likely to work in medical and clinical settings (as opposed to private practice or educational settings among counselors), therefore it is logical to address this as an issue of professional competency development. While counselors are experts in individual (or couples, family) relationships and intervention, preparation for professional organizational leadership and integrative care may be lacking in training settings.

CACREP-accredited doctoral level counseling and counselor education programs do require that students obtain leadership-focused training and course content, however this many be implemented in many ways and is not a required component of master's level counseling training (CACREP, 2023). Psychologists are also more likely to produce empirical theses and/or dissertations and gain in-training experience in multiple assessment techniques including intelligence, abnormal personality, and achievement testing. Yet, counselors can also become trained in these areas.

Importance of Counselors in Clinical Settings

While the benefits and importance of counselors in educational settings are evident, the application of counseling competencies in clinical settings requires more attention and careful analysis (Carey & Dimmitt, 2012; McKillip et al., 2012). Currently, counseling can be associated with the following attributes: wellness, normal human development, prevention, and empowerment. These pillars are consistently observed in scholarly publications and among practicing clinicians (Woo et al., 2017; Mellin et al., 2011). Furthermore, the counseling profession has long-lasting distinct values and beliefs that delineate counselors' philosophical orientation in contrast to similar helping professions (Burns & Cruikshanks, 2018). Counselors enhance mental health in integrated care by recognizing the mind-body connection and addressing emotional and psychological factors for overall well-being.

Initially, we focus on the concept of wellness (Kaplan et al., 2014). In contrast to the medical model that focuses almost exclusively on the treatment and alleviation of symptoms, the goals of counseling are strength-oriented. For example, counselors support the optimization of one's functioning and the installation of positive future-oriented thinking to foster resilience. Counselors also have expertise in developing coping skills and managing stress, which can be particularly beneficial to those experiencing chronic illnesses, major surgeries, or other diagnoses that may bring on emotional distress, relationship difficulties, anxiety, or depression (Leonard, 2020).

According to Kaplan et al. (2014), the second most commonly associated term with counseling professional identity is empowerment. Throughout the process of counseling, clients are guided to develop self-efficacy and self-advocacy to be able to navigate their lives independently after counseling terminates (Erford, 2020). Further, the philosophy of empowerment includes social advocacy and sensitivity to multiculturalism and plurality of political, religious, sexual, and other personal and cultural views.

In a clinical care team, counselors can educate patients about mental health, stress management, and coping strategies, empowering them to take an active role in their well-being and recovery process. Counselors may even train other medical personnel on the impact of cultural factors on medical treatment and outcomes. Counselors may also facilitate improved communication by helping patients express their concerns, fears, and questions more openly to their care team, leading to better collaboration and understanding.

Thirdly, a philosophical concept of normal human development is regarded as an important element of counselor identity (Kaplan et al. 2014). As Remley and Herlihy (2016) described, instead of viewing a client's problem via the lens of pathology, counseling professionals perceive the client's difficulties as normal responses to abnormal circumstances and events, as abnormal reactions to normal events, and as transitory issues in response to developmental life changes. By focusing on individual deficits and problems, medical personnel run the risk of increasing patient self-stigma, shame, or disengagement (Casanova & Widman, 2021). Clients may feel validated when issues are attributed to external factors like a distressing environment rather than internal ones.

Fourthly, Kaplan et al. (2014) concluded that the concept of prevention is among the most essential philosophical pillars of counselor identity. Counseling is a proactive, community-oriented activity that strives to instill societal flourishing by means of healthy living and self-education. Unlike the pathology-focused aims of clinical psychology or psychiatry, mental health counseling strives to alleviate a person's distress ideally by preventing problems through social change. Social work is a similarly oriented helping profession, and while licensed clinical social workers can provide therapy, social workers are more likely to focus on helping clients access supportive services including housing, medical care, and mental health services such as counseling. Thus, provision of counseling in clinical settings might help promote preventive care by addressing mental health issues early, preventing the exacerbation of mental health conditions, and fostering resilience in patients. Promoting long-term, holistic wellness may be a cost-effective alternative to treatment of more advanced or severe conditions as they arise.

The counseling profession has made strides towards solidifying a distinct professional identity, but there is still considerable debate over scope of practice, professional competencies, and future directions of the field. While there is overlap with psychologists, counselors bring unique skills and knowledge crucial in integrative care settings. In essence, the pillars of wellness, developmental, empowering, and prevention orientations should be distinctly linked to professional counseling to underscore its distinction. Communicating these differences to the public and professionals can improve comprehension by clients in need, the exclusive marketable brand of the profession, and a clear understanding among the governmental and legal authorities of how and why counselors are providing unique benefits to society.

Excellence in the Field

How Well is Your CSI Chapter? Results of a Wellness Involvement Survey

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From the time that counselor trainees take professional orientation class through the remainder of their master's in counseling program, wellness is emphasized. Yet it is difficult for counseling students and professionals to innovate and deepen their knowledge as the opportunity to enroll in wellness courses and continuing education (except for wellness for self-care) are rare. Further, Nice et al. (2023) noted as one of the results from their content analysis that "just 9.0% of all wellness articles were coded to explore counseling interventions, tools, and techniques that have direct implications for practice for professional counselors" (p. 11).

CSI has maintained wellness as a priority via its inclusion in its advocacy themes, webinars, and research grants (https://www.csi-net.org/page/Directory). Further, the organization's creation of the Wellness Counseling Practice and Research Committee (WCPRC) has been a catalyst for wellness webinars, the CSI Wellness Competencies (Gibson et al., 2021), and the Wellness in Counseling group page that contains abstracts for numerous wellness articles. Brubaker and Sweeney (2021) stated that CSI chapters, specifically, can serve as a hub for wellness information. Maximizing the impact of chapters on counselors' wellness knowledge and experience entails understanding the level of wellness involvement of chapters and members' preferences for topics. In this article, we will summarize the results of a descriptive study with this objective.

The WCPRC conducted a survey of CSI chapters to assess their strengths, involvement, and opportunities related to wellness. Chapter faculty advisors and presidents of 33 chapters participated in the survey. Participants were asked a series of multiple choice, multiple answer, and open-ended questions about the frequency and types of wellness activities their chapters engage in, experiences with wellness research and scholarship, challenges to promoting wellness, support needed from CSI and the WCPRC, and advice they have for other chapters that want to promote wellness. The participating chapters represented 19 states and the Philippines. The states with the most participants in the survey were Pennsylvania (4), Ohio and Florida (3), New York, Connecticut, Tennessee, Georgia, and Louisiana (2).

Many participating chapters (n=26) replied that they sponsor or host wellness activities, events, and initiatives. Most chapters reported hosting one or two wellness activities per semester. However, some chapters hosted three to four events, and one chapter hosted between five and six wellness activities per semester. The most common types of wellness activities were experiential events and educational workshops. Several chapters shared details of their wellness engagement through community building social events, a wellness fair hosted in collaboration with campus multicultural affairs, and outreach to community members through acts of service. Chapters also engaged in wellness activities not sponsored by CSI. Chapters described promoting member engagement in wellness events through emails from chapter leaders, face-to-face-announcements, social media, offering extra credit in courses, and counseling program learning platforms.

Chapters that did not host wellness activities (n=7), described issues related to funding, lack of student leadership, insufficient time, member interest, and not having thought of the idea to host wellness activities. One chapter reported lack of sufficient funding and student leadership as reasons they were not doing more. Participants also provided other reasons for not hosting wellness activities, including “COVID impact,” “rebuilding chapter but have wellness on future agenda,” and “need dedicated faculty and students.” When asked an open-ended question about roadblocks or challenges, 23 participating chapters described their experiences. Challenges included lack of planning time, scheduling conflicts, disengaged members, low attendance, lack of interest, funding, leadership challenges, lack of student leaders and volunteers, and contextual factors. One chapter specified “competing priorities – a focus on social justice” as a challenge to promoting wellness.

In addition to indicating the types of activities hosted and barriers experienced, chapters were asked what CSI Wellness Research resources they accessed. Participating chapters (n=22) described CSI Wellness webinars, CSI Wellness Competencies, and wellness teaching resources as the most frequently used materials.

Others used by fewer chapters were the CSI Wellness Position Paper, research citations and research abstracts, description of the IS-WEL and assessments, Wellness Counseling Research Grant, CSI Special Issues on Wellness, and CSI Social Media posts. A potential gap in the promotion of wellness for chapters could relate to the knowledge of resources, as seven chapters indicated they were unaware these resources existed prior to the survey. Regarding the CSI Wellness Plan, one chapter replied, "this is a great resource for both students and clients and needs to be more prominent on the website."

CSI has opportunities to continue promoting wellness, as only 15 of the 33 chapters indicated they are currently engaging in wellness related research and scholarship. The chapters who are already engaging in wellness research and scholarship described having their efforts supported by grant funded research (5), conducting IRB approved wellness research studies (5), engaging in discussions about wellness publications (4), conducting program evaluation and assessment (3), engaging in wellness scholarship through conferences (1) and having wellness research teams (1). Similarly, 13 chapters designated a committee for wellness activities, 11 assessed the effectiveness of their wellness activities, and seven used a survey to ascertain the wellness needs and preferences of members.

Nine chapters shared advice from their experiences with other chapters that want to promote wellness. Chapters imparted that intentional steps, no matter the size, can lead to toward wellness promotion, which can include connecting with local resources, setting wellness as a priority, and promoting self-care activities. Chapters also provided practical advice about event promotion. Successful events included strategic creation and placement of event flyers, dedicating at least one wellness goal per year, and making programming accessible through various platforms (email, Zoom, in-person, newsletters). In addition, one chapter conducted wellness week and based on feedback decided that it is best to offer wellness activities throughout the semester.

Seventeen chapters responded to the question about ways the WCPRC can support chapter wellness initiatives. Several chapters (6) requested ready to use wellness information and activities, research and tools, programming, and funding opportunities. Chapters requested wellness suggestions, resources, and opportunities to collaborate with other chapters. Other chapters are interested in administrative support, workshops and trainings. A desire for more wellness materials specific to school counseling was also listed.

The engagement of chapters in wellness activities and the expressed desire for more collaboration related to wellness promotion is promising. One chapter stated, "wellness is a collective pursuit,"; a notion that resonates with these authors' experience.

In reporting the results of this survey, these authors hope to inspire a call to action for chapters to engage in wellness efforts through chapter activities and to increase wellness involvement for the sake of each individual and the greater community. Operationalizing wellness competencies into practice is a necessity as both an individual and collective effort. Wellness for the counselor and the client is more achievable when counselors create a culture of wellness that begins in counselor training programs and permeates counseling professional spaces (Brubaker & Sweeney, 2022; Witmer & Granello, 2005). Counselors must be the first to create spaces that encourage wellness practices. Within community striving toward wellness becomes more accessible and easier to implement.

Results of this survey point toward specific efforts chapters can take to promote wellness in their communities. The first suggestion is for chapters to form a wellness committee or designate a wellness leadership position. A role focused on wellness could prioritize dissemination of wellness resources, facilitate activities, and encourage involvement in wellness initiatives. Additionally, chapter wellness leaders can share the activities their chapters are engaging in with other CSI chapters to encourage collaborative wellness learning. Not only will this facilitate the dissemination of wellness activities, it can contribute to maintaining CSI as a resource for wellness information.

A limitation of this survey relates to the limited engagement of chapter respondents. As CSI has just over three hundred active chapters (CSI, 2022), a small response to the wellness survey suggests these findings may not be generalizable to the larger membership. The low response rate may indicate low chapter involvement, limitations related to survey timing, or the potential that chapters did not have much to report. Storlie and colleagues (2016) analyzed counselor community engagement activities across chapter reports and found 25 out of 191 chapters who submitted reports sharing health and wellness activities in this category. Although it did not include all potential wellness activities, they noted the lower number of wellness activities in comparison to poverty and mental health counselor community engagement.

Participating chapters indicated some competing priorities, needing to focus on social justice and advocacy. Wellness promotion is inseparable from social justice and advocacy (Prilleltensky, 2012; Bruns & Brubaker, 2021). Chapters can encourage social justice and cultural competence in wellness activities by engaging in discussions that reflect on the accessibility of wellness beyond systemic barriers. Chapters can also invite members to share their knowledge and experiences of wellness access and create activities from the perspective of cultural competence. Wellness is a social justice issue in that all clients should have access and support in striving toward holistic wellness and optimal functioning.

Chapters indicated interest in CSI webinars related to wellness counseling practices with clients using the IS-WEL; self-care for counselors; promoting wellness in the schools; CSI Counselor Wellness Competencies; wellness and social justice; strategies for planning and implementing wellness activities and events; how to fund wellness research and activities through grants and other sources; current trends in wellness research. At this time, the CSI website offers recorded webinars on the wellness competencies in action; wellness research and practical tips to secure grant funding; applying wellness research to counselor education programs; overview of the models, factors and wellness research; infusing ecowellness into counseling practice; technowellness; and most recent on advancing wellness research agendas.

For chapters interested in getting involved in wellness research and scholarship, information about wellness counseling research grant opportunities, and other wellness resources can be found under the WCPRC tab under Professional Development. The WCPRC has also recently launched a Wellness Toolbox, a hub for resources and is welcoming submissions.

Wellness promotion is an important area for CSI chapters. There is interest in more wellness webinars and resources for counseling specialty areas. CSI has had significant success in informing professional counselors about wellness. However, immense possibilities remain. Dedication of the WCPRC and CSI chapters collectively can equip counselors to promote counselor and client wellness.

Chapter Happenings

Licensure and Certification in the Degree Tracks Workshop

by Isabel Santos and Andrea Mendoza, Theta Alpha Mu Chapter, Texas A&M University, Corpus Christi

Dr. Katherine McVay, Sigma Alpha Chi Chapter, University of Texas - San Antonio

Like many counseling programs across the country, different types of degree tracks are typically offered through the counseling departments at universities and colleges. Some of the commonly offered degree tracks include Clinical Mental Health Counseling, School Counseling, Marriage and Family Counseling, Addiction Counseling, and others. In response to the different degree tracks, and requirements of the programs, leaders of the Theta Alpha Mu chapter of Chi Sigma Iota at Texas A&M University-Corpus Christi identified licensure and degree requirements as a domain to further inform and educate counselors-in-training as they prepare for their future careers. During the Fall 2023 semester, the Theta Alpha Mu Chapter organized a workshop for members to develop their counselor identities and recognize the need for collaboration between different degree tracks. To further promote CSI's mission and dedication to professionalism, we provide an example of how the Theta Alpha Mu chapter recognized a need for professional development and completed a successful workshop to address the needs of the student members. We also include an overview of the workshop and further recommendations for professional development and advocacy efforts.

Licensure Workshop

This workshop grew out of a need that students voiced regarding licensure and the process of obtaining licensure. A majority of our chapter board leaders already had their Licensed Professional Counselor Associate (LPC-Associate) license and were knowledgeable about the process.

One of our board leaders was also in the process of pursuing her Licensed Marriage and Family Therapist Associate (LMFT-Associate) license and provided that insight. Examples of topics presented includes program benchmarks to get to graduation, information and study tips for the National Counselor Examination (NCE) and National MFT Examination, how to find and interview potential supervisors, continuing education requirements, certifications and specializations, LPC-Associate and LMFT-Associate licensure application and hour requirements, school counseling certification information, as well as costs associated with this process.

Leaders experienced with the licensure process presented the information at the workshop, and the leader familiar with the LMFT process presented on LMFT subjects. The content from the presentation was made into a handout given to attendees upon arrival so they could make notes and follow along. This workshop had the highest attendance that semester and was attended by students at various points in the master's program and several doctoral students. Feedback received from this workshop led us to separate the information on getting to graduation and obtaining licensure into two separate workshops to allow for more dedicated time with each topic. Subsequent workshop series topics included: curriculum vitae and resume writing, finding your ideal work environment, and getting involved in counseling research.

Due to the success of our chapter's workshop, we recommend the following for other chapters to consider for future workshops:

1. Collaborate with various professionals with different licensures to expand the knowledge and expertise of the licensure process.
2. Work to continue supporting chapter members with the most up to date information regarding licensure procedures, program-specific materials, and work to bridge differences in professional identities.
3. Engage CSI chapter alumni and current members to share their experiences on how to develop a strong professional identity post-graduation.
4. Provide resources and handouts for attendees of the workshop such as copies of materials used.
5. Identify areas of need and advocacy for counselors-in-training and tailor workshops to those needs.
6. Follow up with attendees of the workshop to continue to provide effective workshop training topics.

To meet students' needs, the chapter developed a workshop to detail graduation policies, licensure procedures, and differences in counseling tracks and their career trajectory. We implore other chapters to continue considering their students' needs. Through this workshop, we were able to identify a gap in the students' knowledge and provide a bridge to cover it. With the information provided from our chapter's workshop development, we hope that other chapters can garner inspiration.

Chapter Resources

The Role of National and Regional Networks in Chapter Advocacy Efforts

by Benjamin Saubolle-Camacho & Cierra Fischer, Chi Sigma Sigma Chapter, California State University, Sacremento

Professional counselors across the country have reason to celebrate, as the changes to Medi-Care will allow us to be more firmly integrated into our country's healthcare system. As we celebrate a hard-won victory at the national level, we should also reflect on the success of state level legislation for the Counseling Compact, which at the time of this writing has passed in 33 states (Counseling Compact Map, 2024). For many professional counselors, however, the need to organize and advocate continues, especially given the ongoing interference from other professions at the state level (Moorhead et al., 2023; Saubolle-Camacho, 2023). In line with these efforts, each Chi Sigma Iota chapter has an important role to play at the state and local level, especially in connecting its members to regional and national organizations. We provide a brief overview of our chapter's efforts in passing legislation in California to demonstrate how chapters can utilize professional resources from several counseling organizations.

Located in the capital of California, our chapter of Chi Sigma Sigma has focused our efforts on legislative advocacy. For entry-level students, advocacy can be challenging, as they are still growing their knowledge of the profession. One way to address these concerns is through active participation and involvement in regional and national professional organizations. In the three years since its reactivation, Chi Sigma Sigma members have attended and presented at the Association for Counselor Education and Supervision (ACES) in 2023, as well as at our region's Western (WACES) conference in 2022. Members also attended and presented at the 2023 conferences for the American Counseling Association (ACA), and the European Branch of ACA in the Netherlands and Greece. The importance of these experiences for a new and growing chapter cannot be overstated: Each conference provided our members with the most cutting-edge concerns regarding the direction of our profession. With this information in hand, we could arrange our local efforts accordingly.

In 2023, Chi Sigma Sigma lobbied the California State Legislature in support of AB 656, which will allow the California State University (CSU) system to introduce doctoral programs–including Counselor Education doctoral programs, which are currently not widely accessible to Californians. In preparation for our "Hill Day," we recruited and trained five active members of our chapter to lobby for the bill, with the assistance of our CFA and another advocacy-minded faculty member of our program. Moreover, our Legislative Advocacy Chair formerly worked as a legislator's staffer in the capitol. In utilizing her expertise, she teamed with faculty to prepare students beforehand to ensure that they could speak to a) the mission and vision of Chi Sigma Iota, along with our individual chapter, and b) our purpose in supporting the bill. Additionally, students were provided a briefing on the legislative process, identifying prime opportunities to engage with the legislature, and what hurdles remained on the bill's path to the Governor's desk. On the day of the event, legislative staffers also asked each member to explain our profession's approach to social justice. This provided our chapter with the opportunity to advocate for the core of professional counselor identity in California's capitol. In this vein, our members also spoke to the importance of the CSU system, which is critical in providing equitable access to higher education for marginalized, socioeconomically disadvantaged, and diverse populations, allowing more people to break the cycle of poverty and accumulate generational wealth ("Rankings & Accolades," 2024). Due to the scarcity of Counselor Education doctoral programs in California, counseling students and entry-level professionals in our state can struggle with a lack of resources, including quality supervision from professional counselors. This pipeline problem is a concern for the Western region more generally (Field et al., 2020), and our chapter utilized our connection to members of ACES, WACES, ACA, and EB-ACA to answer this concern through advocating for our professional identity directly to legislators.

This effort is replicable across the country, both in states and regions where CACREP-accredited programs are limited or challenging to access due to cost or location, and where programs already exist through the development of grants and scholarships to support counseling students from diverse or marginalized populations. Especially in states with fewer professional organizations and resources, each chapter of Chi Sigma Iota is urged to increase its participation in organizations such as ACES and ACA, as well as in their regional or state branches. Connecting with these organizations—and the countless faculty, practitioners, and students who comprise them—are vital for chapters in under-resourced areas to create their own pipeline of knowledge, expertise, and inspiration in their advocacy efforts.

EXEMPLAR

Chi Sigma Iota Counseling Honor Society International

The Exemplar is published three times a year by Chi Sigma Iota Counseling Academic and Professional Honor Society International (CSI). *The Exemplar* is grounded in the mission and vision of CSl, and is thereby an apolitical publication. CSI and/or *The Exemplar* Senior Editor reserve the right to determine mission fit of all submitted material and to edit and/or reject all copy accordingly. Material submitted by a contributor is the expression of the contributor and is not necessarily the official position of *The Exemplar* or CSI.

Call for Proposals: Summer/Fall 2024 Issue

Advancing Wellness: Grief & Support after Suicide

We are seeking submissions that underscore excellence, professional counselor identity, best practices, and chapter resources regarding grief and support after a loss by suicide. We welcome proposal submissions grounded in individual practice, group practice, school settings, counselor education, and interdisciplinary clinical mental health settings. We are especially seeking proposals that share chapter resources for suicide bereavement, counselor wellness after client suicide, and student and educator support for suicide in academic settings.

Please submit proposals by **August 15, 2024** to exemplar@csi-net.org in the form of an APA-style abstract. Proposals should address the edition theme within one of the following columns: (a) Chapter Happenings, 400-500 words; (b) Student Success, 1,300 to 1,700 words; (c) Counselors' Corner, 1,300 to 1,700 words; (d) Educational Advances, 1,300 to 1,700 words; (e) Chapter Resources, 400 to 650 words; or (f) Excellence in the Field, 1,300 to 1,700 words.

The Journal of Counselor Leadership and Advocacy

The Journal of Counselor Leadership and Advocacy (JCLA) promotes the development of leaders to serve in diverse counseling settings, brings awareness to professional and client advocacy initiatives, and provides a forum for discussing professional issues. JCLA welcomes empirical and conceptual manuscripts focused on leadership, professional and client advocacy, and professional identity for counselors, counseling students, and counselor educators. Because evidence-based practice is at the heart of the counseling profession, JCLA occasionally publishes exemplary scholarship related to evidence-based practice in counseling practice, supervision, and education. JCLA is published twice a year and is available worldwide throughEBSCO Host andTaylor & Francis Online, with membership circulation in excess of 15,000. The editorial board accepts manuscripts on a rolling basis with an average initial response of two months. To learn more about author guidelines, please visitwww.tandfonline.com/ucla. For helpful tips on preparing your work for publication, please review the free CSIWebinar, How to Publish in theJournal of Counselor Leadership and Advocacy. Our manuscript submission portal is located at http://mc.manuscriptcentral.com/ucla. You may also address inquiries to jcla@csi-net.org.

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