

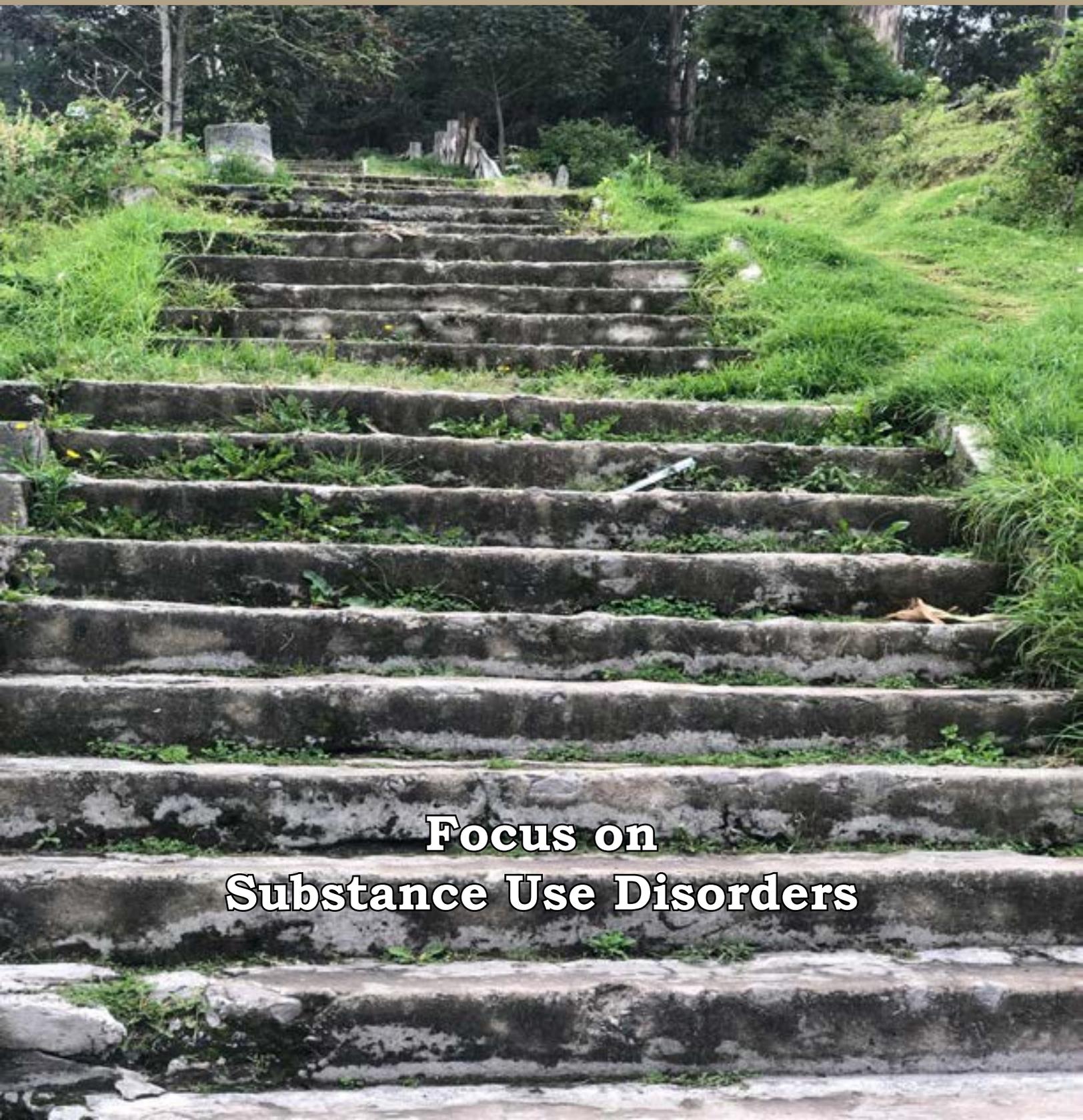


Chi Sigma Iota

Summer 2020 • vol. 35 no.2

# Exemplar

COUNSELING ACADEMIC AND PROFESSIONAL HONOR SOCIETY INTERNATIONAL



**Focus on  
Substance Use Disorders**

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# Message from the Editor Dr. Julia Whisenhunt, Gamma Zeta Chapter

In this edition of the *CSI Exemplar*, we seek to call attention to the important work being done by professional counselors in the area of substance use treatment. Although we recognize and appreciate the impact of behavioral addiction, the content of this edition focuses on substance use and appropriate therapeutic intervention.

This edition begins with a somber article by Dr. Reginald W. Holt of the Chi Alpha Mu Chapter, which hosted an event to memorialize those lost to addiction. We then hear about the important work being done by CSI member Elzetter Norris. Dr. Jennifer M. Carney and Minsun S. Chu of the Gamma Mu Upsilon Chapter offer reflections on the power of a well organized Substance Use and Addiction Therapy course. Next, Dr. Natasha Herbert, Omega Zeta Chapter, offers a compelling reflection on ways to effectively engage clients who are involved in the legal system for drug distribution. Jennifer Rio, Dr. John Laux, and Dr. Stephanie Calmes of the Alpha Omega Chapter then discuss a diathesis-stress model of addiction and the application of a wellness approach to treating SUDs. Alexis L. Wilkerson, Omega Delta Chapter, also discusses therapeutic implications for another special population—clients who are pregnant. Dr. Amy Williams, Omega Mu Chapter, explains how to use memoirs in teaching about SUDs, offering a number of resources for counselor educators. Nicole Baliszewski and Zachary Short, Zeta Pi Chapter, discuss critical considerations for school counselors, given the rise of vaping and potential complications, particularly in light of the current pandemic. Finally, Stephanie Robinson, Phi Sigma Chapter, and Adrienne Trogden, Chi Psi Omega Chapter, discuss the importance of professional counseling identity in the treatment of SUDs. This edition is filled with content relevant to our diverse membership, and we hope readers will find this edition helpful in their work with clients who experience SUDs.

Before closing, the *Exemplar* editorial team would like to thank Ms. Annaleise Fisher for her tireless service as the 2019-2020 Leadership Intern Editor, and we would like to welcome Ms. Madeleine Stevens as the 2020-2021 Leadership Intern Editor. We look forward to a productive year. We would also like to extend a warm welcome to our new CSI President, Dr. Peggy Ceballos and the Executive Council for 2020-2021: Dr. Amanda La Guardia, Past-President; Dr. Cheryl Fulton, President-Elect; Dr. Tanisha Sapp, Secretary; and Dr. Jake Protivnak, Treasurer.



Dr. Nicole Stargell



Dr. Devon Romero



Madeleine Stevens



Dr. Julia Whisenhunt



## Headquarters Updates

### Dr. Holly J. Hartwig Moorhead, CSI Chief Executive Officer Upsilon Nu Chi Chapter

During 2020, we celebrate CSI's 35th anniversary. Dr. Julia Whisenhunt, Exemplar Senior Editor, and the Exemplar editorial team created a very special 35-year anniversary Exemplar issue in Spring 2020 (Volume 35, Number 1). Filled with stories about our shared history from many voices that have been part of CSI and its leadership for more than three decades, the special issue illustrates the story of how our Society began with the chartering of the Alpha chapter at Ohio University in 1985, the significant contributions CSI members have made and that have shaped the counseling profession, and visions for how CSI members as servant leaders continue to promote excellence within the counseling profession.

Since the special Spring 2020 issue did not include the usual "end of fiscal year" CSI Headquarters Update, a review of the 2019-20 year is provided here. This update reflects the resilience of CSI members and the leadership of hundreds of Chapter Faculty Advisors whose efforts contribute to the enduring value of our community especially in light of the unprecedented impacts of the COVID-19 pandemic upon CSI chapters, members, and our communities that began in the 2019-20 year and continue into our new 2020-21 year.

Consistent with the growth CSI has experienced in recent years, more than 6,800 new members joined during the 2019-20 year to become part of more than 138,000 initiated CSI members. In addition to new members, CSI welcomed these six newly chartered chapters.

- Eta Upsilon Mu - Husson University
- Delta Sigma Lambda - Denver Seminary
- Eta Chi - Hood College
- Chi Alpha Theta - Ursuline College
- Chi Mu Chi - Milligan University
- Nu Epsilon Chi - Winebrenner Theological Seminary

As we celebrated each of the 413 CSI chapters that have been chartered during our history, we also welcome new chapter applications that we continue to receive from counselor education programs looking to bring CSI to their students and alumni. Alongside welcoming new chapters, our Society was pleased to be able to reactivate eight chapters.

- Alpha Nu Epsilon - Antioch University-New England
- Alpha Tau Sigma - Ashland University
- Chi Chi - Columbus State University
- Delta Phi Upsilon - DePaul University
- Epsilon Delta Chi - University of the District of Columbia
- Iota Omega Upsilon - Indiana Wesleyan University



- Sigma Epsilon - Southeastern Oklahoma State University
- Upsilon Beta - University of Bridgeport

Every summer, the CSI Headquarters staff is tasked with identifying CSI chapters that have earned a chapter rebate for the past year. In summer 2019, we were pleased to find that 75% of active chapters earned a [chapter rebate](#) for the preceding 2018-19 year - more chapters than in prior years - and we mailed almost \$128,000 in chapter rebates in August 2019.

This summer, the CSI Headquarters staff again will identify the chapters that have earned a chapter rebate for the 2019-20 year. Chapter rebate checks will be mailed to CFAs at the end of August. This year, CSI also will mail a \$50 "Chapter Attendance Give-Back" for every chapter that had a recorded delegate attend the [spring 2020 CSI Annual Delegate Business Meeting](#) that was held online due to the cancellation of the 2020 American Counseling Association's annual conference.

Just as in prior years, hundreds of members volunteered hundreds of hours of service as part of CSI's committees, review panels, and task forces during the 2019-20 year. Their efforts resulted in webinars, leadership trainings for CFAs and chapter leaders, awards and grants, and many different resources for chapters and members that include the following:

[CSI Advocacy Heroes and Heroines](#) and [CSI Advocacy Agents](#) interviews developed by the Leadership and Professional Advocacy Committee, chaired last year by Dr. Cheryl Fulton.

[Counselors' Bookshelf](#) resources reviewed by the editorial team with Dr. Barbara Mahaffey as Senior Editor.

[CSI Wellness Position Paper](#), Wellness Counseling Identity: A Defining Characteristic of Professional Counselors, developed by the Wellness Practice and Research in Counseling Committee, chaired by Dr. Michael Brubaker, and endorsed by the CSI Executive Council in fall 2019.

[COVID-19 Resources](#) developed by the Professional Member Committee, chaired last year by Dr. Tanisha Sapp, and the Counselor Community Engagement Committee, chaired by Dr. Matt Glowiak.

[CSI Webinars](#) covering many topics, including chapter leadership, clinical counseling approaches, advocacy, ethics, and supervision.

Starting in February 2020, the impact of the COVID-19 pandemic could be observed globally, including within counselor education programs, and our Society adjusted. We appreciate all of the CFAs and chapter leaders who transitioned their chapter initiations into online celebrations. See examples of how chapters have hosted meaningful online chapter initiations and share your chapter's best ideas for online initiations on [CSI's Facebook page](#). CSI's resources for planning [chapter initiations](#) can be found online currently, and CSI committees are developing additional resources





specifically for developing online initiations that will be posted in the coming months.

Our thanks to all the CSI Leadership Interns and Fellows (LFIs), committee members, and volunteers who also adjusted special 35th anniversary celebrations and [CSI Days events](#) originally planned to be held during the 2020 ACA Conference and Expo in San Diego, California. As our ACA colleagues made the difficult decision to cancel the conference due to the pandemic, CSI members developed online connections for committee meetings, leadership trainings, the CSI Awards Ceremony, the Annual Delegate Business Meeting, 35th anniversary celebrations, and the CSI-sponsored poster sessions planned for the 2020 ACA Conference & Expo. View and share with your chapter these special online celebrations and resources from 2020 CSI Days:



[CSI's Facebook page](#) includes individuals' posts dedicated to the 2019-20 CSI Awards Recipients

[2020 CSI-Sponsored Poster Sessions](#) that were to be presented at the 2020 ACA Conference & Expo are posted on the CSI website

[#CSI35andThrive](#) highlights CSI 35th anniversary celebration projects developed by the 2019-20 LFIs

[35th Anniversary Showcase of Past-Presidents](#)

[35th Anniversary Chapter History Compilation](#)

The new officers of the [2020-21 CSI Executive Council](#) convened at the end of May for the annual Executive Council meeting. Due to the ongoing effects of COVID-19, the officers met online instead of in person. In light of the ongoing uncertainty and short- and long-term effects of COVID-19, the Executive Council looked carefully at the usual methods and venues for delivering CSI's programs, members' requests for more online events, and the Society's ongoing commitment to support members and chapters even in the midst of so much uncertainty. The officers set funding and program priorities for the coming year that include: continuing to fund member and chapter support, like [awards](#), [chapter rebates](#), [grants](#); highlighting social justice and multicultural competencies within CSI grants and programs; and, holding 2021 CSI Days events (including the CSI Awards Ceremony and the Annual Delegate Business Meeting) online again in spring 2021. Dr. Peggy Ceballos, 2020-21 CSI President, is forming a task force to plan 2021 CSI Days events online, and more information will be shared with our membership soon.



In June, the Executive Council also issued a [Statement of Support](#) and a member survey in response to recent traumatic and painful events, and the officers have been working to intentionally and strategically design CSI programs and funding in line with the statement of support. Please watch for more information about CSI's programs to be shared later this summer and fall through the Exemplar, E-News, and across social media. Although CSI's programming typically begins in fall, CSI is very grateful to Dr. Courtland Lee, CSI Past-President, and Dr. Carla Adkison-Johnson, past CSI Executive Council Secretary, who have graciously volunteered to offer [two summer webinars](#) that are free to CSI members to attend live or view as recordings.

[Racism as a Mental Health Challenge: An Antiracist Counseling Perspective](#)

Dr. Courtland Lee  
Thursday, July 16, 2020  
2:00-3:00 PM EDT

[Black Clients Matter: Promoting Competent Counselor Training and Practice in Counselor Education](#)

Dr. Carla Adkison-Johnson  
Wednesday, August 5, 2020  
2:00-3:00 PM EDT

The commitment of CSI's members to our shared mission, to promote excellence in counseling, has remained strong for 35 years and remains steadfast even in times of uncertainty and change. Even though connections may look different over the coming year, perhaps online more than in-person, know that CSI is committed to the significant member and chapter support that our Society has been providing for decades to further our mission together. Stay connected with CSI online ([www.csi-net.org](http://www.csi-net.org), [Facebook](#), [Instagram](#), and [Twitter](#)) to stay up-to-date with CSI programs and communications. We look forward to connecting with you in this new year and thank you for contributing to our Society. 🌐



## President's Message

Dr. Peggy Ceballos, Rho Kappa Chapter  
2020-21 President, CSI Executive Council

For over 35 years, CSI has had an unwavering commitment to promote human dignity, nurture servant leaders, and create a professional space where we can care for one another as we continue to advance the profession of counseling. Embedded within CSI's vision statement is the commitment of our members to contribute to the realization of a healthy society by fostering wellness and human dignity. Each year brings with it the opportunity to renew this commitment and to unite our voices and efforts to advance the counseling profession. This call is present today more than ever as we face the challenges of traumatic and painful events that are deeply affecting our communities. From a pandemic, to the pain and grief that Black communities are facing, to the countless oppressive factors that affect all minority communities on a daily basis, these events remind us of the importance of our commitment to servant leadership and advocacy.

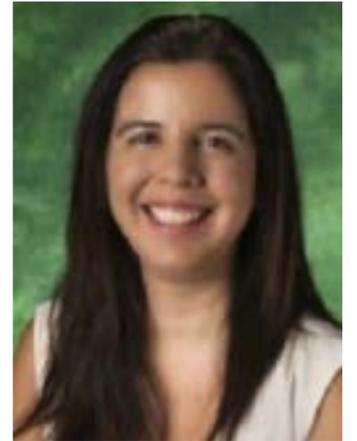
As members of CSI, we understand the intrinsic value that one can find in servant leadership. We understand that serving our communities comes from the premises of altruism—from our desire to contribute to the advancement of human rights through our professional roles. Thus, I ask you to take a moment to reflect on the following questions: What do you stand for? How will you contribute to the promotion of human dignity as a professional counselor? What actions will you take? These are important questions because as professional counselors the work has to start with us at the individual level, but it must also evolve into commitment to take intentional and meaningful activism. As Martin Luther King said, "Our lives end the day we become silent about the things that matter." Thus, I invite you to use your professional counselor identity to stand-up for injustices and to construct a better society where every human is given the opportunity to self-actualize to her/his/their full potential. The CSI Executive Council (EC) understands the important role that CSI International plays in advancing counselors' professional standards and competencies as we strive to unify our leadership and share a strong voice for professional advocacy that strengthens our commitment to client advocacy.

During the annual EC summer meeting, we were mindful of the detrimental impact of the pandemic on our members and chapters. In response, the EC resolved to continue to provide the support our members and chapters need to conduct their work at the local level. From offering online induction ceremonies for chapters across the nation, to continuing our commitment to current programs such as our leadership mentoring program for interns and fellows, to continuing funding chapter rebates, awards, and grants, CSI International remains an organization that advances excellence in the counseling profession.

Additionally, during the annual EC summer meeting, we identified initiatives and funding priorities for the year ahead with an intentional emphasis on social justice to continue our 35+ year commitment to fostering wellness and human dignity. This summer, we also sent a statement of

solidarity to all our members and we committed to engage in specific actions throughout the year to encourage all members and chapters to thoughtfully find ways to foster open spaces for courageous conversations to happen. The statement of solidarity included a survey for members to share their ideas about how we can continue to further this agenda. The EC will be integrating this member feedback into actionable steps to advance our commitment to promote human dignity, equality, and a professional space where we can care for one another as we face the current challenges. Every year, hundreds of CSI members volunteer their time within CSI's committees, review panels and task forces. As this year unfolds, I thank all of these volunteers for working on charges and projects that further CSI's ongoing commitment to advocacy work and advancing multicultural competencies. Before CSI typically begins its programming in fall, we hope you will join us for two webinars this summer focused on the impact of historical trauma and discrimination on the Black community, the practical impact upon counseling practice, and how counselors can be effective advocates for social justice.

The actions taken by the EC this summer and the actions we will take in the near future reflect our commitment to our members and to our profession. I want to take this opportunity to thank each of the EC members: Dr. Amanda La Guardia (Past-President), Dr. Cheryl Fulton (President-Elect), Dr. Tanisha Sapp (Secretary), and Dr. Jake Protivnak (Treasurer), for their commitment to CSI and all the work they are doing as part of the EC this year. I also want to thank Drs. Holly Hartwig Moorhead and Stephen Kennedy, as well as our headquarters support staff for their dedication and work. As President of the CSI Executive Council this year, I envision honoring the work of past Presidents and Executive Councils while fostering new paths for diverse voices to be included to strengthen our professional competencies, commitment to servant leadership, and engagement in caring and purposeful advocacy work. I invite our members and chapters to carry on actions that will help all of us strive for excellence in the profession while purposefully contributing to the realization of a healthy society by fostering wellness and human dignity. 🌍



## Chapter Resources: Best Practice Guidelines for Moving Your CSI Chapter Online

Drs. Margaret R. Lamar, Ami Crowley, Nicole DiLella, and Anita A. Neuer Colburn

Many chapters of CSI have had to move initiations and other important chapter happenings online because of the COVID-19 pandemic. In this article, the members of the CSI Task Force for Online and Hybrid Chapters are sharing best practices as identified via recent surveys and focus group meetings with Chapter Faculty Advisors (CFAs) and chapter leaders.

### Online Initiations

Having an online initiation may not be the chapter's first choice, but it can still be a special occasion for your members. Maintaining your excitement about the initiation, even in its new format, is important when communicating with your Executive Committee and new initiates. Create a formal invitation that includes a link to RSVP so you know who will be there. You may choose to invite each new member to share something unique about their journey as a counseling student for you to share during the initiation. In your invitation, communicate any dress guidelines that will maintain the formality of your event (e.g., "even though we are celebrating virtually, we are excited to wear our best 'business casual' attire to honor our new initiates"). Encourage your new members to invite friends and family to the virtual initiation.

Use a virtual meeting platform that allows everyone to see and hear both you and the other attendees. You can use your new format as an opportunity to invite a keynote speaker who may not necessarily live near you without incurring additional travel expenses. Plan to name every student being initiated and, if there is time, something unique about each student (e.g., counseling focus, future plans, location). Some chapters have called a student's name and then invited the student to share their reason for joining CSI or other information. It is ideal to keep the initiation under one and a half hours, as attendees may have a hard time focusing if the initiation runs longer. Be mindful that attendees may have children or other people in their homes that may distract them or make appearances on camera. Being gracious and understanding about these interruptions is important to help everyone feel welcomed and honored.

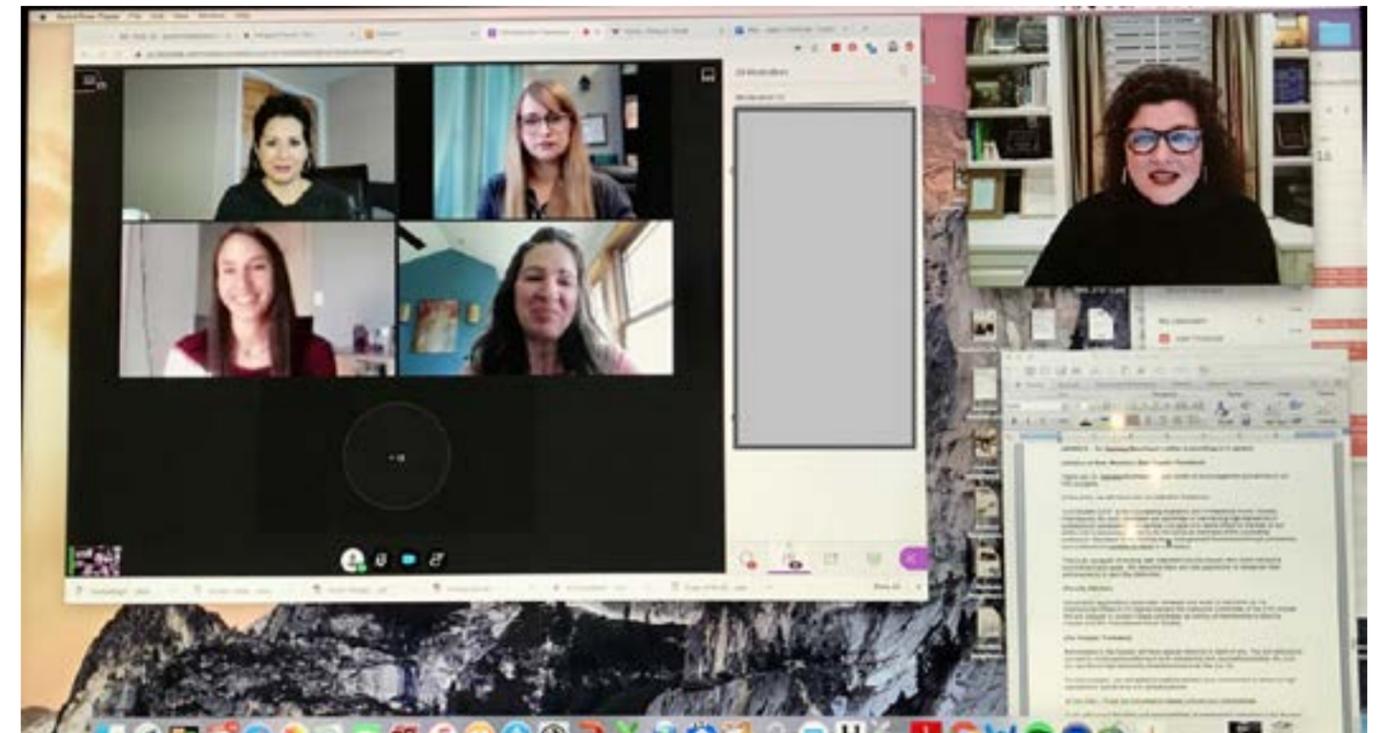
Some other practical ideas include having an Executive Council member designated beforehand to take attendance. This will help you know who will need a certificate and pin mailed to them later. If your campus is opening up in the near future, you may elect to let students retrieve their certificates and pin later. If you are mailing them, be sure to include the

cost of mailing supplies and postage in your budget. Take a screenshot of your virtual meeting to capture this cohort of new initiates during this unique time in history!

### Creating Opportunities to Connect with Members

When moving to an online-only format, you may miss opportunities to connect with your members face-to-face. Consider other creative events you can hold in a virtual format. You may host a game or trivia night for members. There is a plethora of trivia questions already created for you on the internet. Consider finding a drawing tutorial online that you can all watch and draw together (Wendy Mac and Mo Willems are some particularly fun ones). An easy idea is to watch a show together using the new Netflix Party function. Choose a funny or soothing show to watch as a group and relax. This is also a great time to invite experts from around the world to present a professional development webinar. Consider partnering with other chapters to maximize your efforts during this time.

If you have an idea you would like to share with us, please contact Dr. Anita Neuer Colburn at [anita.nc@icloud.com](mailto:anita.nc@icloud.com).



(Left to Right from Top)

Dr. Francine Packard, Outstanding Practitioner Eta Chapter Award; Mallory Martin - Inductee, Eta Chapter; Taylor Blandine - President, Eta Chapter; Dr. Vicki Kress - Professor, YSU Counseling Program; Dr. Holly Hartwig-Moorhead - Induction Speaker, CSI-International



## Chapter Happenings—Gone but Not Forgotten: Remembering Those Lost to Addiction

Dr. Reginald W. Holt,  
Chi Alpha Mu Chapter

Many lives are lost to substance addiction each year. Regardless of profession, social class, race, education, or gender, addiction does not discriminate—it affects individuals, friends, family systems, and the larger community. According to the National Center for Health Statistics, there were over 67,000 deaths in 2018 related to drug overdose and, of these deaths, the use of synthetic opioids was identified as being the primary cause (Hedegaard et al., 2020). In order to bring attention to this epidemic, help individuals who have lost loved ones to addiction and drug overdose deaths, and reduce the stigma and shame associated with substance use disorders, the Chi Alpha Mu chapter of Chi Sigma Iota at Central Connecticut State University (CCSU) in New Britain, Connecticut, hosted a “Remembrance Quilt Square-Making Event” on its campus. This event, which occurred on October 10, 2019 during National Substance Abuse Prevention month, was organized in partnership with CCSU’s Presidential Advisory Council on Alcohol, Tobacco, and other Drugs.



With funding offered by the State of Connecticut Department of Mental Health and Addiction Services and local coordination provided by the Connecticut Clearinghouse/Wheeler Clinic, organizations across Connecticut are given quilt-making supplies so affiliated individuals can make their own intimate 13-inch tribute to a loved one who died due to a substance-related death. Once all of the personalized quilt squares are created and collected, local quilters then organize and sew the pieces into a larger quilt. Since the inception of the Remembrance Quilt memorial activity, at least four quilts have been arranged and displayed in Connecticut to help raise awareness about addiction and the resources available to promote recovery.

Dr. Reginald W. Holt (Chi Alpha Mu Primary Faculty Advisor) and Saadia Butt (clinical professional counseling graduate student and Chi Alpha Mu Treasurer) were available to offer support and guidance during the two-hour event that was held in the atrium outside the university’s Student Wellness Center. CCSU students, faculty, and staff were invited to participate and make their quilt square while on site using paint, markers, needlework, iron-on transfers, handmade appliques, and personal photographs of their loved one that may be printed on the square. However, because this is understandably a private and emotional experience, people were given the opportunity to pick up their supplies and return them after they designed their quilt square at home.

The Chi Alpha Mu chapter planned to host a second Remembrance Quilt event as a way to help people cope with the loss of their loved ones as well as organize a community viewing of a documentary and panel discussion on addiction, trauma, and recovery in recognition of Alcohol Awareness Month. Unfortunately, these activities had to be cancelled due to the COVID-19 pandemic. It is the hope of the Chi Alpha Mu chapter that the events can be rescheduled during the 2020-2021 academic year so that the Remembrance Quilt created by members of our university can be kept on display as a memorial to the people whose lives were taken by substances as well as a poignant reminder of the impact that addiction has on the individual, family, and community.



Dr. Reginald W. Holt, LPC, LCPC,  
NCC, MAC, AADC, ICAADC





# Seeking publication? Explore the CSI outlets.



Chi Sigma Iota Counseling Honor Society International

## PUBLICATIONS

CSI International publishes two professional publications to provide useful research, evidence-based recommendations, and resources to professional counselors, counselor educators, and students. Learn more here about the journal of Counselor Leadership & Advocacy and the Exemplar.

JOURNAL OF COUNSELOR LEADERSHIP & ADVOCACY THE EXEMPLAR

A blind peer-reviewed journal that publishes research, scholarship, and professional dialogue.

A peer-reviewed publication that disseminates scholarship and highlights practices of leadership excellence in professional counseling.

**GOAL:** To promote leadership development, bring awareness to advocacy initiatives, and support professional dialogue regarding issues in the field.

**GOAL:** To disseminate scholarly activity, highlight examples of professional excellence among membership, and promote activities of CSI International.

Accepts empirical, theoretical, and conceptual pieces on the following topics:

- leadership
- professional and client advocacy
- professional identity for counselors, counseling students, and counselor educators

Published twice annually.

Features articles in each of the following six column areas:

1. Chapter Happenings
2. Student Success
3. Counselor's Corner
4. Educational Advances
5. Chapter Resources
6. Excellence in the Field

Published three times annually.

Each issue is organized around a specific topic. The 2020-2021 topics are as follows:

- Fall: Telemental Health and Online Learning
- Spring: Play and Creative Arts in Counseling
- Summer: Research for Excellence in the Profession

Visit [Taylor & Francis Online](https://www.tandfonline.com) for author guidelines, submission information, and additional details about JCLA.

Visit [csi-net.org/page/Exemplar](https://csi-net.org/page/Exemplar) to view past issues of the publication. Contact [exemplar@csi-net.org](mailto:exemplar@csi-net.org) to submit articles.

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## Student Success: UNCP Student Awarded NBCC Minority Fellowship Program for Addictions Counselors

Dr. Nicole Stargell,  
Phi Sigma Chapter



Elzetter Norris

An active member of the Phi Sigma Chapter of Chi Sigma Iota, Mrs. Elzetter Norris, was recently awarded a 2020-2021 Fellowship through the National Board for Certified Counselors Minority Fellowship Program for Addictions Counselors (MFP-AC). She is a master's-level counseling student at the University of North Carolina at Pembroke (UNCP) who is dedicated to supporting clients with addictive use disorders. This fellowship includes a \$15,000 scholarship for addictions counseling students, plus the travel expenses to participate in program-related trainings. The MFP-AC was



developed to meet the behavioral health needs of all Americans, and Mrs. Norris' active involvement in CSI has strengthened her professional abilities. More information about the MFP-AC and other NBCC programs can be found [here](#).

Mrs. Norris is a dedicated professional and an active member of CSI. For 16 years, she worked with the U.S. Department of Agriculture in progressively advanced positions. As the spouse of a retired disabled veteran, she has significant interest in servicing the needs of veterans, specifically with addiction issues. A focus of her fellowship will be working with transition-age minority youth from her local community who have substance use concerns. Over the course of her career, Mrs. Norris plans to place a special emphasis on working with adults, specifically veterans and older adults. She believes that these two groups also need and deserve more attention for their substance use concerns. Mrs. Norris stated, "To me, it seems they get caught up in the cycle of addiction to quiet the mental storms and to combat loneliness." She is excited about learning resources to help clients heal and live a sober life.

Currently, Mrs. Norris is pursuing a

master's degree in Clinical Mental Health Counseling and a certificate through the Graduate Certificate in Addictions Counseling (GCAC) at UNCP, which will fulfill the educational component for dual licensure after graduation (LCMHCA and LCAS-A). The GCAC program was recently founded in the Department of Counseling at UNCP. This program was created in order to prepare students for professional counseling careers, leadership roles, and advocacy positions in the field of addictions-specific professional counseling. More information about the program can be found [here](#).

Congratulations to Mrs. Elzetter Norris and all others who received NBCC Scholarships and Fellowships for the next academic year! 🎉

**Access Resources from CSI's Leadership and Professional Advocacy Committee on the CSI [website](#).**

***Learn how to make a difference through the Advocacy Training Modules.***

***Read stories of exceptional professional counselors in the Advocacy Heroes and Heroines Interviews.***

***Review advocacy tips from key leaders.***



## Student Success: Reflections on a Substance Abuse Counseling Course

**Dr. Jennifer M. Carney and  
Minsun Chu (Sunnie),  
Gamma Mu Upsilon Chapter**

### **A Counselor Educator's Experience**

When I was first asked to teach an Introduction to Substance Abuse Counseling class six years ago, I was happy to do so. I had already taught many masters'-level counseling courses, and as a practicing clinician, I had worked with my share of clients struggling with addiction. Although my specialty was working with clients with eating disorders, their presentations often mirrored my clients with addiction. Many of their behaviors were (seemingly) intractable, and most either minimized or underestimated the problem and associated health risks. Clients often engaged in these behaviors to cope with difficult circumstances. I was well-versed in the stages of change and motivational interviewing and believed I could be prepared to teach this course.

Within the first few weeks of class, I was humbled to realize that this would not be like the other courses I had taught. It was not enough to review standard concepts, even in an experiential way. First, the world of substance abuse and addiction was so rapidly and urgently evolving. The opioid epidemic, emerging process addictions, medication-assisted treatments, and community impacts were pressing and dynamic issues. Second, the stigma surrounding persons

with addiction was very present. I had to step back to consider my own biases, as well as how to help students understand theirs.

While it is not possible to be on top of every trend, or memorize the street name of every drug, it is a counselor's responsibility to be aware and informed. I learned that it was important for counselors-in-training to understand how addiction was portrayed in the world around them. By simply perking up one's awareness, a student might notice how alcohol abuse is humorized in a show they are streaming, how marijuana use is minimized by a friend, or how an unusual addiction is glamorized or commercialized for clicks or ratings on social media. These types of notices can spark important conversations around the social and cultural context of addiction and how someone with a true difficulty may be encouraged or discouraged to seek help. Furthermore, assumptions and biases can impact how we as counselors approach our clients in treatment.

This past semester, a student who worked in a middle school caught a teenager wearing a hoodie with a sewn-in hood pocket for a vaping device. Due to this altered clothing, the student could vape secretly around school by simply turning his head into the side of his hood. Sharing this incident with the class allowed a conversation around the vaping industry, and children's access and exposure to addictive substances in general. Other students identified and shared online news articles based on other aspects of substance abuse counseling impacted by COVID-19, such as clients struggling to obtain their medication and the challenges and opportunities of online 12-step support. These issues opened up conversations about inequities in access to treatment, as well as how those with substance abuse difficulties may



have a particularly hard time without face-to-face counseling support.

I found that another unique challenge of teaching substance abuse counseling was confronting the stigma that surrounds people with addiction. When covering different models of addiction, some students are quick to point out the shortcomings of the antiquated "moral model." Students say they understand that addiction is not a moral failing on the part of the individual. However, many people carry around biases about people with addiction and often need to be nudged one level deeper to acknowledge them. These biases might be based in their own family histories or cultures that are critical to acknowledge. I found that starting by self-reflecting on the use of language around addiction can be helpful. Describing "a person with an addiction" or "a person who abuses substances" can help to separate an individual from the problem, and promote a very different conceptualization than labeling one "an addict." Experiences that bring students closer to people with addiction also helps to break down the us/them barrier that may be prevalent. For example, visiting a 12-step open meeting or inviting guest speakers to share their stories can help to spark insight, awareness, and empathy.

Personally, I have been inspired by the students in my class. Some students are just beginning to navigate their professional interests and identities, and are bravely willing to self-reflect and self-correct around their assumptions. Other students are in recovery themselves, and are courageous enough to share their stories and experiences with their classmates. Students willing to take such risks exemplify the academic and professional excellence needed in the counseling field and embraced by prominent

counseling organizations such as Chi Sigma Iota.

### A Student's Experience

During the substance abuse counseling course, I examined my biases and stigma around addiction. I learned about the importance of having a comprehensive understanding of addiction in order to forge the best connection with clients. My course participation in an experimental sobriety assignment increased my awareness, empathy, and compassion. For this assignment, we were required to suspend addictive ingested substances such as caffeine, nicotine, alcohol, drugs, and over-the-counter medications for two weeks. Suspending processes were also permissible with the instructor's approval. I was initially startled by the number of substances we had to refrain from in such an abruptly announced assignment. However, I felt inspired to challenge myself and chose to abstain from television and social media for my experiment.

As I maintained my sobriety, the emotional and physical symptoms increased. I found myself increasingly restless, irritable, anxious, and unable to relax. I felt a loss of control when I could not resort to a regular pastime activity. After a long day, the desire for comfort and relief from television only increased as the experiment continued forward. Rather than accepting the loss, I found myself replacing the original comfort with an alternative. I sought out healthy options, such as exercising, reading, and sleeping. However, they were unsatisfactory in comparison to television and I continued to feel restless. My body also did not allow my mind to relax but continued to stay stimulated and inflexible to other options, especially after a long day. An advantage for me was that my sobriety was only for a short period. It was still challenging to remain focused under a controlled environment. Although it was only a humble glimpse, I was able to gain insight to the internal and external struggle of sobriety. It allowed me to put myself in the shoes of someone battling addiction. Even without a substance altering my brain, I noticed significant changes in my mood and resiliency. Each day was of deliberate decision making to remain self-controlled and motivated. When relief was unachievable, my body and mind responded in frustration.

Through my experience, I learned that it is important to work closely with individuals for what sobriety could entail physically, emotionally, and mentally. The definitive end date made the finish line more attainable, but I still felt defeated emotionally. I wondered how much more difficult it would be for someone struggling with addiction for years. I found empathy and compassion when considering the intensity of addiction and the helplessness one could feel in a cyclical pattern. Rather than finding alternatives to replace the substance of choice, I realized the importance of working on the root cause and healthy coping mechanisms. Overcoming addiction is not just about one's willpower, weakness, and moral judgement. It is a multi-layered process that is hard even as an experiment.

In my childhood, I recall hearing about certain families in my community that were ashamed of having a member who struggled with an addiction. Unfortunately, it was seen as shameful when exposed. Addiction was perceived as an individual's weakness and lack of willpower to stop poor behavior. The families struggling with addiction were expected to deal with the matter anonymously. To offer any kind of support to the family was seen as trespassing. As a result, shame-driven isolation diminished further opportunity for support and recovery.

I confronted a bias that addiction was a result of laziness or lack of motivation. Another bias was that addiction is obvious and selective. Addiction does not discriminate against race, age, gender, religion, ethnicity, or background. Moreover, it may be less obvious to identify someone who seeks out repetitive euphoria through a process addiction, such as shopping, eating, pornography, work, and sex. It is important to break the bias of anticipating a specific stereotypical image of a client with an addiction.

It was helpful for me to understand addiction holistically, including environmental, biological, social, and cultural considerations. The home and social environment can facilitate empowerment, conflict resolution, effective communication, and strategy during relapse. Support groups can help prevent relapse and promote resiliency. Biologically, it is helpful for clients and their loved ones to have psychoeducation on the effects of addiction on the brain. For example, the chemical changes to the brain structure and reward pathway perpetuate the uncontrollable desire to seek euphoria. By learning about these brain alterations, a client can obtain support from their health practitioners and loved ones. Finally, multicultural and social justice approaches can help counselors assess challenges, resources, and access to behavioral health care in communities. By infusing advocacy for disadvantaged groups, counselors can learn how to best collaborate with professionals to combat inequities and barriers.

The course was inspirational for many reasons. My personal learning experience was possible by staying open minded, curious, and aware of my pre-existing beliefs. Since addiction is multi-causal, I would recommend that students try to understand as many aspects of a client's life and their addiction as possible. Furthermore, with the various course topics introduced during class, being intentional in seeing how each information fits into the whole picture allowed me to widen my perspective. Every student will have their own biases before taking the course. Therefore, utilizing class time to genuinely examine obvious and subtle biases will promote an appropriate respect, posture, and effectiveness while working with substance abuse clients in the future. Lastly, participating in classroom discussions with other classmates was tremendously enriching in learning about myself and others' point of view.



Dr. Jennifer M. Carney,  
LPC



Minsun S. Chu



## Counselors' Corner—Who is in Treatment? Individuals Who Sell Drugs Referred to Treatment

Dr. Natasha Herbert,  
Omega Zeta Chapter

### *In working in both prison- and community-based residential substance abuse treatment programs,*

I have found that treatment has been a way for offenders to not only obtain help for substance use disorders, but also to seek early release or modification of their criminal sentences. Those with a history of substance use often have opportunities for reduced sentences, increased leniency, and placement in alternatives to prison (SAMSHA, 2005). Substance use treatment has also been an avenue the criminal justice system has used to provide an opportunity for offenders to address criminal behavior and unhelpful thinking (Murphy, 2011). Because those who use substances often engage in criminal activity, a criminal thinking curriculum is incorporated in treatment (Fernandez-Montalvo, Lopez-Goni, Artega, & Cacho, 2013). Especially in correctional environments, treatment programs aid in the reduction of recidivism (Jensen & Kane, 2010; Kelly, Welsh, & Stanley, 2019; Knight, Hiller, & Simpson, 1999; Mitchell, Wilson, & MacKenzie, 2007; Olson & Lurigio, 2014). This contributes to the rationale of referring individuals who sell drugs to substance abuse treatment.

Individuals who sell drugs, also known as drug dealers, are referred to substance abuse treatment due to their criminal offenses and a belief there is some substance use history (Miller, 2009; Tiger, 2011). However, their focus often was not to use drugs, but to sell them in order to support a lifestyle that included money, luxury items, power, and sex (Floyd & Brown, 2012; Tunnell, 1993; VanNostrand & Tewksbury, 1999). They may provide a false history of substance use if threatened to return to incarceration, or to reduce sentences to obtain treatment placement (Marlowe, Patapis, & DeMatteo, 2003). In my experience, some were open about their decisions to lie and its benefits in order to get into treatment. However, with further assessment and engagement, it is often apparent that individuals who sell drugs do, in fact, have a history of substance use and may have sold to support their own use (Floyd et al., 2010; Herbert, 2019; Moyle & Coomber, 2015; Tunnell, 1993).

Individuals who sell drugs, once in treatment, may be disruptive at times and pose a risk for substance users with whom they are in treatment (Marlowe et al., 2003; Peters, 1992). They may attempt to solicit drugs sales and undermine the commitment of those seeking recovery (Peters, 1992). In conducting my dissertation in which I interviewed prison-based counselors about their experiences working with individuals who sell drugs and are placed in treatment, counselors reported that individuals who sell drugs initially struggled with relating to substance users (Herbert, 2019). Counselors attempted to engage them in treatment in hopes that parallel processes would start to take place. They worked to challenge behaviors and thinking in order to demonstrate similarities that individuals who sell drugs have with substance users (Herbert, 2019). As individuals who sell drugs increased their treatment engagement, they

related to the substance users and reduced their denial about their own substance use and identified their need for change (Herbert, 2019).

As a counselor, I saw there was a need to have a specialized group for individuals who sell drugs based on the numbers enrolled in the program at which I worked. In the group process, they struggled to relate to presented topics and in applying the information to selling drugs as opposed to using drugs. They saw their substance use as something that was in control because they remained high-functioning enough to sell. Individuals who sell drugs needed an outlet to express their thoughts and feelings related to change and how their lives would be impacted by not selling drugs. Their biggest concerns were often money and being able to support their families and themselves with low-paying jobs due to minimal education and job skills.

The company for which I worked had an existing curriculum specifically for this population that was not being utilized at the program. It was an eight-session group that focused on thinking errors, cost/benefit analyses, and how individuals who sell drugs could utilize their skill sets in a positive way. With training and additional supervision, I started what was named "Drug Dealers Group." I asked my peers to identify clients on their caseloads who reported selling drugs as their primary problem. I also suggested individuals based on my own client interactions. This initial group was comprised of 15 people. I provided group rules, which included that there would be no glorification of selling drugs. I followed the curriculum and worked to tie it back to the information that was taught in larger group sessions. It was an open group and more members joined, as original group members shared about the content and how they liked it. The group was predominantly African American males from the ages of 25 to 45. They found the group to be a safe



place to share the dangers and positive aspects of selling drugs and the concerns they had for the future if they did not return to selling drugs. Members were able to provide feedback and offer suggestions on how to start making changes.

In facilitating the group, I was able to assess the group members' readiness to change. Several wanted to stop selling drugs and obtain legal employment to avoid future incarcerations. When asked what they would do instead of selling, the answers were typically: use a connection to get a high-paying job, start a business, or simply "I don't know." In processing the first two responses as a group, there was initial hope, but discouragement at the conclusion. This was due to discussing potential barriers, such as lack of education, knowledge, and skills; rural location; no established or bad credit; appearance (e.g., gold teeth, tattoos, lack of professional clothing); and criminal history that included violence. There were group sessions spent discussing education options and resources in the community to assist with viable employment or education. We also discussed how to speak with family members about their decision to stop selling drugs and what that would mean financially.

The findings of my dissertation research were that counselors strived to meet the individuals who sell drugs where they were in treatment



(Herbert, 2019). Counselors collaborated with them to complete the development of treatment plans and related assignments that sought to address future needs and identify problematic behaviors and thinking. Examples included exploring how clients' behaviors impacted their family members and evaluating how working was more lucrative than selling drugs once calculating the cost of legal fees, dangers, and incarceration. Counselors identified motivational interviewing to be effective in assessing treatment needs while developing a treatment plan. Individuals who sell drugs were able to adhere to treatment structure and become leaders and role models amongst their peers (Herbert, 2019). It is important to identify this sub-population within substance abuse treatment programs. It may not be to the extent of a specialty group, but counselors should find ways to acknowledge individuals who sell drugs and address their needs during treatment.

Counselors may need additional training and/or supervision to work with individuals who sell drugs in order to handle resistance, build rapport, promote treatment compliance, and encourage positive behavioral change. Keeping individuals who sell drugs effectively engaged can strengthen the treatment environment in hopes that all participants are working toward a goal of recovery. Counselors found that ongoing, required training and supervision assisted them in being able to work with clients in treatment, including individuals who sell drugs. Also, counselors should use these outlets to assess their beliefs about individuals who sell drugs and their impact

on addiction in communities. In my experience, counselors may have to overcome bias toward individuals who sell drugs.

Substance abuse treatment is an opportunity for offenders to reduce their sentences and ultimately come home to their families and/or communities with new information and coping skills. Counselors are presented with not only treating substance use disorders, but also criminal behaviors and unhelpful thinking. Individuals who sell drugs are a subpopulation within the treatment environment who have needs that may vary from others. Their treatment focus may be on addressing criminal thinking and vocational needs more so than substance abuse. Counselors should be knowledgeable about characteristics of individuals who sell drugs and take steps to engage them in treatment to help with positive outcomes. 



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Chi Sigma Iota



## Counselors' Corner: The Diathesis Stress Model and Substance Use Disorders

Jennifer Rio, Dr. John Laux, and Dr. Stephanie Calmes,  
Alpha Omega Chapter

You have a 25-year-old, cisgender female client who identifies as Native American and Caucasian. She recently graduated college, works as a middle school teacher, and reports job-related stress. She has always been an "overachiever," which causes her stress. She comes to counseling because of this stress. She is also concerned because a sibling entered substance use disorder (SUD) treatment. She reports a family history of dependence, and states that her father was a "heavy drinker." Her parents are married, however, there was tension in her home. The client uses alcohol "socially" on average once a week. She is concerned about becoming dependent like family members. The client experiences no negative consequences from her use. She wonders why some people use substances without any unwanted consequences, while others, sometimes members of the same family, develop a SUD.

### Diathesis-Stress Model

The Diathesis Stress Model (DSM) may help explain this phenomenon. "Diathesis" means a vulnerability to develop a mental disorder (Rioux et al. 2019). Vulnerabilities can be anything inherent to the individual's genetic makeup, including one's heritability or genetic predisposition (Clark & Winters, 2002; Wang et al. 2012). For example, twin studies demonstrate that 50-70% of the variance in separated twins' alcohol use disorder diagnoses is attributable to heredity (Lynskey et al. 2010). Rioux et al. (2016)

found that several personality traits, including higher impulsivity, disinhibition, and negative affect, contribute to SUD vulnerability. However, genetic factors are not sufficient to predict whether or not one develops an SUD. The DSM posits that one's development of an SUD is a function of diathesis, environmental mediators, and protective moderators (Kiesler, 1999; Kilgus et al., 2015). Psychosocial stressors activate one's biological vulnerabilities, which interact with protective factors to predict the likelihood of developing an SUD.

### Stressors

Stressors reside outside the individual and can occur during gestation (e.g., umbilical cord wrapped around the neck, fetal alcohol syndrome) to present day events (e.g., civil unrest, Covid-19 pandemic). Formative stressors arise during childhood and adolescence (Kiesler, 1999). Formative stressors can alter the developing brain's anatomy and biochemistry, which contributes to an individual's predisposition for SUDs (Ilgen et al., 2010). The direct link between formative stressors and the onset of an SUD are often difficult to observe due to issues of time and confounding variables. However, precipitative stressors occur during late adolescence and adulthood and are environmental triggers that directly result in the onset of an SUD (Kiesler, 1999).

Stressors vary across four vectors (Monroe & Simons, 1991). Dimensional stress refers to





the subjective experience of an event. Not all stressful events are experienced the same way by all persons and not all persons experience similar events to be stressful. Secondly, individuals may agree that an event is equally stressful but vary in their response to the stress. Persons may perceive the magnitude of a stressor at any point along the continuum from minor to major. Additionally, stressors can be acute (short-term) or chronic (long-term). Finally, these stressors interact with one another such that the timing of a stressor can determine one's qualitative experience thereof. The length of time one has experienced a minor stressor can cause an additive effect such that the next minor stressor becomes the proverbial straw that breaks the camel's back.

SUD stressors include access to substances, peer relationships, childhood and/or adolescent disorders involving behavioral, cognitive, and emotional regulation delays, family functioning and parental practices, and adverse childhood experiences (ACEs). ACEs are traumatic events that occur between birth and age 18 (Center for Disease Control and Prevention, n.d.). These include experiencing violence, abuse, and or neglect in the home or community, a family member's attempt or death by suicide, a family of origin where one or more individuals suffered from an SUD or other mental health disorder, and family instability due to incarceration or separation (Calmes et al. 2013; Clark & Winters, 2002).

**Moderator Factors that Influence How Stressors Impact Diathesis**

Stressors' consequences are moderated by individual characteristics and social support mechanisms (Kiesler, 1999). Resilience is derived from Latin and means literally "to jump or bounce back" (McElwee, 2007; p. 58). As

applied to mental health, Everall et al. (2006) conceptualized resilience as a "stable personality trait or ability that protects individuals from the negative effects of risk and adversity" (p. 461). Resilience serves an important role in influencing outcomes of childhood and young adult development. Resilience buffers against life stressors and protects against alcohol use (Hall & Webster, 2007). Resilience is a combination of several different factors, occurring both within and outside the individual (Hall & Webster, 2007; McElwee, 2007). Individual resilience components include an above average IQ (Everall et al., 2006; McElwee, 2007), good problem solving skills (Everall et al., 2006) social competence, good communications skills, flexibility in interpersonal relationships, autonomy, internal locus of control, and future orientation (Constantine et al., 1999; Hall & Webster, 2007; McElwee, 2007). Resilient factors external to the individual include positive, supportive relationships (Constantine et al., 1999), a secure attachment to at least one parental figure (Everall et al., 2006), supportive connections with adults and peers in school settings and the community, and membership in a peer group (Constantine et al., 1999).

**DSM: Clinical Evaluation and SUD Prevention Plan**

It is essential to assess for family history of dependence, frequency and quantity of use, and any consequences associated with use when conducting an SUD evaluation. There are several risk factors for dependence that are apparent in our vignette. The client reports a family history of dependence, and is also of Native American descent. Native Americans are disproportionately at risk for developing SUDs due to, in part, the effect of generational trauma



on gene expression (Enoch et al., 2017). This places her at an increased risk for developing an SUD. However, the DSM argues that genetic factors alone are insufficient in predicting the development of an SUD. Formative and precipitative stressors, and individual characteristics need to be explored. The client indicated there was tension in her childhood home. The effect, if any, of this tension as well as other developmental stresses and resiliency factors should be explored. More proximal factors, such as her work-related stress should be explored to determine their influence on any biological SUD vulnerabilities she may have inherited. Psychoeducation about how her family history of dependence, the tension in her home as a child, as well as current job-related stress interact to form SUD risk factors may help her to understand differences between her own use of substances and that of her sibling's. The client and the counselor could partner to develop an SUD prevention plan that capitalizes on her internal and external resilience resource factors to maximize her emotional, occupational, social, physical, and spiritual wellness.

Wellness-related resilience factors include the presence of positive and supportive relationships. We could work with the client to identify any supportive relationships she experiences and explore ways that she can strengthen these positive interpersonal relationships. As the client indicated, she experiences work-related stress which is exacerbated by her "overachiever" mindset. This work-related stress could later become an SUD risk factor. To ameliorate this risk, the counselor and the client could focus on identifying healthy stress management coping mechanisms. Some components of a wellness plan for this client could include regular exercise, meditation, and mindfulness, as well as establishing boundaries at work. The counselor's use of the DSM to conceptualize the relationship between biological, environmental, and protective factors provides the catalyst to address her anxiety, improve her overall wellness, engage in SUD prevention, and answer the question why some people use substances without any unwanted consequences, while others, sometimes members of the same family, develop an SUD. 🌐



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## Educational Advances: Accounting for Addiction and Pregnancy Treatment in Counseling Programs

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***In a day's time, approximately 80 babies are born in the United States with neonatal abstinence syndrome (NAS; Centers for Disease Control and Prevention, 2020).***

NAS refers to withdrawal symptoms that newborns experience as a result of being exposed to drugs, such as opioids, in utero. There is a lack of counselor preparation in providing effective services to pregnant women seeking addiction treatment due to the poor inclusion of such complex issues in addiction courses. Counseling degree programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) value the vision, mission and core values of,

advancing the profession through quality and excellence in counselor education; ensuring a fair, consistent, and ethical decision-making process; serving as a responsible leader in protecting the public; promoting practices that reflect openness to growth, change, and collaboration; and creating and strengthening standards that reflect the needs of society, respect the diversity of instructional approaches and strategies, and encourage program improvement and best practices (About CACREP, n.d.).

Within CACREP's 2016 standards, addiction counseling is labeled as an entry-level specialty area and is the focus of a set of standards that highlights equipping students with the knowledge and clinical skills to address a variety of issues related to addiction counseling. Despite these standards, there seems to be a deficiency in addressing drug use during pregnancy in addiction courses.

Substance abuse encompasses a wide range of topics (e.g., history of drugs, how drugs affect the brain, specific types of drugs, treatment modalities, methods of drug administration). Surely, it is unreasonable to believe that an instructor can address all topics during one course. In a similar manner, it is irrational to believe that an instructor can address all the treatment barriers and distinctive treatment options appropriate for pregnancy and addictions during the span of one course. Nevertheless, counselors must be equipped for addressing complex clinical cases as a practitioner (Whittinghill et al., 2004).

Counselor educators can prepare emerging counselors for the ambiguous work of providing addiction treatment for pregnant women by addressing any increase of drug use





during pregnancy; the barriers pregnant women face while seeking addiction treatment; and the need for enhanced awareness, clinical competency, and advocacy for this particular population. In addition to NAS, drug use during pregnancy may lead to multiple long-term adverse outcomes for the mother and child, ranging from behavioral and cognitive complications to psychosocial challenges (Forray, 2016). In an effort to enhance their mental and physical health in addition to their overall wellbeing, advocacy is needed to address the roles of helping professionals responsible for treating behavioral, cognitive, and psychosocial complications and counselor educators responsible for teaching evidenced-based practices when working with this population.

Today, there continues to be an issue of drug use during pregnancy. Women commonly seek treatment to overcome an addiction during and immediately after pregnancy. During this era, helping professionals may be more likely to encounter individuals within this specialized population as the percentage of illicit substances use during pregnancy has increased from 4.7% in 2015 to 8.5% in 2017. As a result, agencies, such as the Substance Abuse and Mental Health Services Administration (SAMHSA) have made several efforts to expand available resources and treatment options for this population (U.S. Department of Health and Human Services, 2017). However, pregnant women face barriers to treatment which often result in avoidance of seeking treatment, a delay in receiving treatment, or exclusion from treatment altogether (Scoyoc, Harrison, and Fisher, 2016). Drug use during pregnancy may result in criminal charges and termination of parental rights. The potential criminal charges are barriers to treatment in that pregnant women are less likely to disclose their drug use out of fear of being convicted and/or losing parental rights (Scoyoc et al., 2016). Additional barriers include the biases and misconceptions care providers have about the act of drug use during pregnancy, inadequate practitioner knowledge regarding addiction coupled with pregnancy, and/or a lack of clinical training in treating this specialized population (Crawford, Sias, & Goodwin, 2015).

There is no quick fix to address the aforementioned issues; however, the question arises, what can counselor educators do now to address complex issues in addictions counseling, such as the distinct addiction treatment needs of pregnant women? Fostering self and social awareness, promoting clinical competence, and advocating for specialized treatment would be a step closer to universal clinical awareness and competence in providing counseling services to pregnant and/or postpartum women with addictions. Addiction during pregnancy may be viewed as a conundrum without any solutions by some; however, a multidisciplinary team approach to treatment, including psychoeducation, counseling, medicated assistance, and obstetrical and gynecological care can help produce successful results (Metz, Köchl, & Fisher, 2012).



There are effective treatment options available despite the many misconceptions and significant consequences of drug use during pregnancy. For this reason, counselor educators should raise awareness, promote advocacy, and educate emerging counselors concerning complex addiction issues. Corse, McHugh, and Gordon (1995) found that educating medical staff about addictions during pregnancy reduced their frustrations toward the population resulting in improved care. In the same manner, clinical competence is enhanced through education, applied knowledge, and adhering to ethical standards. Educating novice counselors about addiction and pregnancy is essential for reducing bias and developing competence. Applying an integrative approach to teaching assists instructors with guiding students to gain awareness, explore biases, and practice the implementation of theory and skills for such complex addiction cases. It is through education, practice, and policies that counselors can explore their biases and misconceptions, thus reducing hindrances toward improved care.

According to McAuliffe (2011a), constructive development occurs when instructors intentionally present dilemmas and promote self-authorized knowing. “Teachers can trigger dilemmas that call into questions students’ received views about what is good and right” (p. 11). Presenting the dilemma of admitting and providing counseling treatment to a pregnant woman addicted to heroin, for example, provides an opportunity for students

to evaluate what they perceive as competent care and evaluate what other students view as acceptable. Furthermore, it offers a chance for students to advance from conventional knowing to self-authorized knowing. According to McAuliffe (2011a), self-authorized thinkers empathize, have insight, self-reflect, and have a tolerance for ambiguity, all of which are essential to provide effective services to pregnant women with substance-related issues.

It is critical to strategically choose specific content to teach. Two questions arise when determining what content to teach: (a) What does the instructor want students to take away from the class? and (b) What do students (beginning counselors) want to take away from the class? Instructors might want students to have increased awareness of the issue, increased awareness of personal biases and professional concerns, knowledge of treatment options available, knowledge of community resources available, acquisition of skills to manage ambiguity in the workplace, and acquired learning about clinical interventions to utilize when providing clinical services.

Provided that constructivism is based on individuals’ abilities to create knowledge and meaning, instructors should not solely operate as givers of knowledge and students should not solely operate as receivers of knowledge. This manner of teaching and learning demonstrates the “banking deposit” style of learning, in that instructors “pass on information to a passive learner-receiver...” (McAuliffe, 2011b, p. 15). Instead, to promote social and in-depth



learning, students and instructors should engage in collaborative teaching and learning methods such as case studies, anonymous real-life cases, small and large group discussions, lectures, vignettes, role-plays, and/or journal writing tailored to the needs of specialized populations with addictions, such as pregnant women. These methods of teaching and learning allow instructors to address specific topics while considering students' learning styles and personality traits. For instance, group discussions accommodate extroverts and interpersonal learners; lectures accommodate introverts and intrapersonal learners; video presentations accommodate visual learners and auditory learners; role-plays accommodate social learners and kinesthetic learners; and journal writing accommodates students with intuitive characteristics, introverts, and intrapersonal learners (Kooyman et al., 2010). Equally important, these methods of teaching promote self-authorized knowing, that is stimulating students' capabilities to examine multifactorial evidence outside of external authority for knowledge (McAuliffe, 2011a).

Students are introduced to different worldviews by engaging in discussions, observing role-plays, and researching content related to any topic, such as addiction and pregnancy. Counselor educators can utilize the recommendations shared in this paper to address the treatment needs of specialized populations in addiction courses. The purpose of this paper is not to exclude any specialized populations having addictions-related issues, rather it serves to raise awareness of the need

to include content related to pregnancy and addictions in addiction courses.

It is imperative to recognize that the concern extends beyond addressing pregnancy and addiction; there are other populations (e.g., children, adolescents, individuals with disabilities) in need of specialized addiction treatment as well. The rising prevalence of drug use during pregnancy presents an urgency to include related content in the classroom in order to increase a counselor educator's ability to gate-keep and to better equip novice counselors to provide effective counseling services for this population. Raising awareness is the starting place to address complex counseling issues, and including pregnancy in addiction course topics and/or assignments promotes further exploration of this topic specifically, which exemplifies adhering to the 2016 CACREP standards and can be extended to other important practice considerations. 



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## Educational Advances: Using Memoirs in the Teaching of Substance Use Disorder Counseling Courses

Dr. Amy Williams,  
Omega Mu Chapter

Becoming a substance use disorder (SUD) counselor requires knowledge of general counseling and SUD-specific content; development of assessment, diagnosis, and treatment-focused skills; and attainment of professional dispositions that promote empathy, respect, and compassion for clients and their families. The 2016 CACREP Standards (CACREP, 2016) for the Addiction Counseling specialty area highlight foundational, contextual, and practice-focused learning outcomes within the context of SUD counselor training. SUD-related learning outcomes are also included within the common core areas and five other specialty areas of the CACREP standards (CACREP, 2016). Finding ways to infuse SUD-related knowledge, skills, and dispositions into counseling courses is essential to promote SUD counselor development and effective clinical practice.

To this end, Chasek and colleagues (2015) analyzed counseling program curricula to determine whether and to what degree CACREP-accredited counselor training programs demonstrated SUD counselor training aligned with the Center for Substance Abuse Training's 2006 guidelines related to SUD counselor training. The authors found

that 74% of programs included at least 1-3 credits of SUD-specific coursework; 84% of programs combined didactic and constructivist teaching processes within their SUD-focused courses. The authors underscored the importance of knowledge, skill, and attitudinal domains and a balance of didactic, constructivist, and experiential instruction to promote effective training for SUD counselors (Chasek et al., 2015).

### Educational Activities Used to Promote Learning of SUD Counseling Competencies

Research supports the use of experiential and constructivist approaches alongside didactic instruction to promote SUD counselor development (Chasek et al., 2015; Harrawood et al., 2013; Lee, 2014; Warren et al., 2012). Experiential and constructivist activities commonly used within SUD counselor training include attending 12-step meetings, abstaining from something or changing a behavior, engaging in reflective journaling, and awarding coins to signify engagement in the change process and to parallel experiences of individuals who participate in 12-step groups (Warren et al., 2012). Activities that involve the use of media including music, film, and fiction and nonfiction texts are also used to support





SUD counselor development. Engagement with these media alongside opportunities for reflection, discussion, and application promotes knowledge and skill development and encourages attitudinal shifts and empathy for individuals impacted by SUDs (Bell, 2018; Giordano et al., 2015; Harrawood et al., 2013).

**Using Memoirs in SUD Counselor Training**

The use of memoirs within SUD counselor training may promote perspective-taking, empathy development, and deeper understanding of the impact of SUDs and recovery on individuals and their families. Harrawood and colleagues (2013) described a narrative process for using autobiographies within the SUD counseling classroom that supported student development of SUD-specific knowledge, skills, and dispositions. Counselor educators teaching SUD-focused courses may find many ways to adapt the use of memoirs for their classrooms based on their students' strengths and needs, course learning outcomes, and instructional approaches to SUD counselor training.

**Considerations**

Before selecting memoirs, it is important to consider contextual and course-related factors that may influence text selection, learning activities, and procedures for engaging in memoir reading within the course. Contextual considerations include student demographics, lived experiences of students related to SUDs, degree of familiarity of students with SUDs and SUD treatment, and students' interests. Course-related factors to consider include the overall course learning

objectives and the specific learning objectives to be addressed by the memoir reading process and activities, methods for assessing learning, course length and frequency of meetings, and instructor knowledge, skills, and dispositions related to both SUD counseling and facilitating the types of learning activities to be used alongside the memoirs.

**Locating and Selecting Texts**

Allowing students to select a memoir from several instructor-provided options, rather than assigning a single memoir to the class, supports student autonomy and allows the instructor to appropriately differentiate the activity to meet diverse student needs, backgrounds, and preferences. To select appropriate memoirs, instructors should read each memoir, considering the fit of the memoir to their specific context. Considerations include representations of diversity among authors in terms of demographics and substance used, pathways to recovery, and author perspectives (e.g., individual impacted by a SUD, child, partner, parent). It is important to give students options in terms of author demographics, perspectives, and substances to ensure all students have access to a text that is aligned with their goals, experiences, and preferences.

The instructor should next consider what learning objectives will be addressed and how assessment of learning will occur to ensure memoirs align with these elements of the course. For example, if objectives related to diagnosis are infused into the reading process and assessment of learning includes



preparing a clinical summary with diagnosis based on the memoir, the instructor must ensure that selected memoirs provide enough information for students to successfully complete this task. Similarly, if an instructor hopes to shift perspectives and attitudes related to SUDs using written reflections as an assessment tool, the instructor should select memoirs that allow students to take multiple perspectives and make personal connections to support the completion of written reflections. The instructor may also want to consider the degree to which each memoir should parallel the others in terms of major themes, events, and story arcs. In all cases, selected memoirs should align with the learning objectives and assessment processes in ways that allow equitable student engagement regardless of which text they choose to read.

**Creating Reading Schedules, Designing Learning Activities, and Presenting Memoirs**

After memoirs are selected, the instructor devises reading schedules and complementary learning activities that allow students to engage cognitively and affectively with the reading. The instructor should consider the overall course schedule, course objectives, and the balance of memoir-based learning activities with other course activities as they prepare the reading schedule. The overall goal is to create a reading schedule and associated learning activities that dovetail with the rest of the course.

Learning activities targeting the affective domain include written reflections



focusing on personal reactions to the reading and application to working with clients impacted by SUDs, weekly discussion groups to make meaning of the reading with peers who are reading the same memoir, and culminating papers focusing on shifts in perspectives, attitudes, and knowledge stemming from the reading. Application-focused activities can also be used to engage students with SUD counseling content alongside their reading. Students may complete an SUD assessment, diagnostic profile, genogram, structural family diagram, treatment plan, or termination summary for the author or family depicted in the memoir. Students can also demonstrate a specific counseling theory or technique aligned with the content of the memoir or create a video simulating the student's session with the author or family from the memoir. Students may also complete progress notes or a treatment summary for these skills demonstrations to promote documentation skills.

An important instructional component of each of these learning activities is timely, supportive feedback from the instructor. Reviewing and responding to all learning activities is important for monitoring student engagement and reactions to the reading. Instructors can capitalize upon these opportunities to provide feedback, pose questions for further reflection, or validate students' reactions to the reading to model the empathy and compassion that they are hoping to instill in students related to working with

SUDs.

Instructors can present memoir options to students using a book talk format. The book talk can include a description of the author and the author's perspective on SUDs, substances used within the memoir, the instructor's personal reactions to the book, and reasons a student might or might not choose the selected memoir. This is also an opportunity to provide any warnings related to graphic language, violence, abuse, neglect, and so forth that might impact student decision-making.

#### Adaptations, Extensions, and Web-based Resources

In addition to traditional print books, many memoirs are available in e-reader and audiobook formats for increased accessibility. Instructors may also be able to adapt many of the elements discussed here to other media including fiction, film, music, or periodical articles. Instructors may also choose to augment memoir reading by assigning viewing of the film version or sharing interviews with the author if such media exists. In all cases, careful consideration of contextual factors and learning objectives should guide media selection and associated learning and assessment activities.

It is possible to locate memoirs using a keyword search in online book retailers by combining terms such as addiction, substance use, memoir, and recovery, within the search function to generate a starting list. From there, many sites will recommend additional books that may also be relevant to the search. The following websites may also be useful in

locating memoirs with a focus on SUDs:

[14 Outstanding Books About Addiction and Recovery](#)

[30 Powerful Women's Recovery Memoirs to Inspire Your Own Journey](#)

[Addiction Memoirs are a Genre in Recovery](#)

[GoodReads Addiction Memoir Books List](#)

[The 15 Most Powerful Memoirs About Addiction and Recovery.](#) 



Dr. Amy Williams, LPCC-S, LIC-DC-CS, IMFT, NCC

*Want more resources for CSI chapters? Check out the Chapter Training Modules at [csi-net.org](http://csi-net.org)*



## Excellence in the Field—Facing a Pandemic: A Growing Concern for Substance Abuse in K-12 Systems

Nicole Baliszewski and Zachary Short,  
Zeta Pi Chapter

In 2002, the National Board for Certified Counselors (NBCC) conducted a job analysis survey of over 500 school counselors across the nation with the goal of measuring both how frequently counselors conducted certain activities and how important they rated said activities. The results concluded that, on average, the typical school counselor rated practices of *direct substance abuse counseling* and *evaluation of prevention programs* as “moderate” or “very important.” Yet according to the other findings of this survey, the respondents reported that their daily activities “rarely” or “never” consisted of substance abuse-related practices (Foster et al., 2005). The assumption that could be inferred from this study, and still assumed now, is that K-12 school counselors have not historically directed adequate attention to the pressing concern of trending substance abuse in school systems.

Substance abuse, the act of consuming or seeking out hazardous and sometimes illegal psychoactive substances, has been a monumental concern in educational institutions since long before the discovery of the consequences of tobacco on growing adolescents (Moskowitz, 1983). Within the

past twenty years, the U.S. Department of Health and Human Services has recognized an increased presence of progressively more hazardous drugs within our country, including synthetic marijuana, inhalants, and even prescription opioids (NIDA, 2014). And within our school systems, nicotine-based products have suddenly resurged as a result of the nation's most popularized aerosol-device—the vape pen.

Marketed for its ease and benefits in reducing the public health-issue of smoking, vaping has found itself trending within younger populations for its accessibility, tasteful flavors, and rapid popularization through social media (Patrick et al., 2016). But evidence for the immediate and long-term health risks associated with vaping products and “e-cigarettes” is beginning to suggest that the consequences of vape products greatly outweigh the benefits that otherwise come with smoking cessation (Chadi et al., 2019). As school counselors, it is important to recognize the extended risks for students that come with habitual vaping and smoking, such as developmental issues, academic issues, and its potential to act as a semi-gateway drug (Jones et al., 2016). But the most recent concern with our youngest generation using this foreign



substance comes from the greatest health crisis of the 21st century—the respiratory disease known as COVID-19.

According to a data collection provided by the Centers for Disease Control (CDC) for China’s mainland population, individuals under the age of 18 have seen an almost doubled rate of hospitalization if they were found to have a history of smoking and/or vaping (Wu & McGoogan, 2020). This demographic is typically the least affected by the virus. But given the accessibility of the vape pen, the virus becomes much more fatal to our developing school populations. Acknowledging the issues this poses for K-12 school systems, counselors across the nation currently ask one question: What wellness interventions should we be using to reinforce our at-risk communities during this period of uncertainty?

Thus far, the greatest enemy of vaping prevention programs in school systems is lack of knowledge. The National Institute on Drug Abuse has collected data to suggest that both adolescents and adults are typically unaware of the risks associated with vaping (NIDA, 2020). As a result, while school systems across the nation support and promote drug abuse resistance through programs like D.A.R.E. and the “Truth Initiative,” a number of schools and faculty still fail to educate their communities on the hazards of the most popular school substance (Burrow-Sanchez & Lopez, 2009). Ultimately, it is the role of the school counselor to recognize that the persistence of any form of substance usage will inevitably lead to greater consequences in academic communities than previously seen especially considering the uncertainty regarding impending school reopenings. As such, it is at this time that individuals within the counseling profession consider the potential innovative interventions and preventative actions that will be crucial to protecting the mental and physical health of our students.

If a culture of substance abuse thrives in school systems due to common misunderstandings of the potential hazards, the best solution seems obvious: school counselors should consider inspiring their educational communities to reinforce education on the potential risks and deterrents of common school drugs. In fact, a Canadian behavioral study found students between the ages of 5 and 18 who received direct communication about the risks and attitudes towards smoking were 18%

less likely than others to report an initiation of smoking within the trial period (Canadian Task Force on Preventive Health, 2017). It was also noted that most parents agreed on the importance of treatment and preventative action in school systems, but most wished to be aware of the components and material introduced in these conversations (such as if there was an introduction to a drug foreign to one student’s household). When developing individual and community-wide interventions, it would be beneficial to survey the educational community’s awareness of substance-related issues, as well as cultural values affected by such issues.

One consideration when working individually with students to discuss the culture of substance usage within school systems is to use motivational interviewing. Supportive of Cognitive Behavior Therapy approaches, motivational interviewing is a counseling process in which one assesses a client’s motivation and considerations for change in a manner that leads them to new revelations about their own goals and motivations (Miller & Rollnick, 1991). The technique has recently found itself frequently appearing in studies directed towards post-interventions for adolescent drug consumers. In a practical application, a school counselor could use said practice to help students realize the outside factors influencing their interest in vaping trends, including social media, peer pressure, and potential sources of anxiety. Regardless of a counselor’s interest in using this practice for preventative or treatment methods, there are a number of resources and training programs for professional counselors seeking proper guidance in motivational interviewing, including training programs provided by the Substance Abuse and Mental Health Services Administration (Practitioner Training, 2020).

Ultimately, school systems looking to make a positive impact on their community and succeed in perpetuating a theme of wellness will likely rely on more accessible group practices and interventions. Therefore, school counselors may find it beneficial to implore practices that develop the quality of self-sufficiency within their communities. Following the results of some of the more prevalent Student Assistance Programs (SAPs) in the United States, the student populations that frequently saw the most significant decrease in alcohol and smoking usage were those who received interventions that practiced social support, abstinence violation effect, and self-monitoring (Wagner et al., 2006). It seems safe to assume that students have a higher success rate for disregarding addictive behaviors when they are directly given resources that advocate for personal and community support.

Considering COVID-19’s role as an impetus for societal reforms at the state and national levels, now is a uniquely opportunistic time to explore new models and district policies regarding preventative action and substance abuse in schools. Within the ACA Code of Ethics, it is clear that in the case that a school has a dysfunctional practice for supporting its students, it is the obligation of the school counselor to suggest change and provide new models for student success (American Counseling Association, 2014, D.1.h.). In this time of confusion, there may



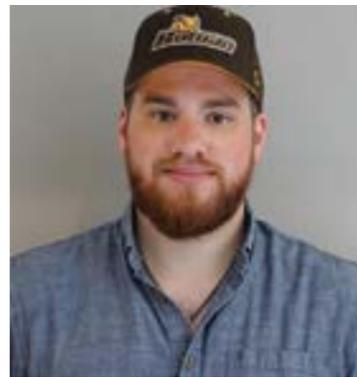


be some value in reconsidering the success and appropriateness of the drug policies awaiting our students' return. If one considers their current policies to be unsatisfactory, they may choose to implement prevention models, such as "The Tobacco Prevention Toolkit" and "CATCH My Breath Youth," that are currently being recognized and boasted to counseling communities across the nation (O'Connor et al., 2019).

Much like the current health pandemic we currently face in all of our mental health communities, Director of the National Institute of Drug Abuse, William Pollin, referred to substance abuse itself as a form of "highly contagious disease" (Pollin, 1987). It is a fluid issue in society that spreads via social connections and misconceptions. In order to move the counseling profession positively forward, it is within the expectations of our work that professionals continue to apply innovative interventions and treatment efforts towards the larger goal of developing informed and wellness-based mindsets throughout our communities. 🌐



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## Excellence in the Field: Maintaining Our Counselor Identity in the Addiction Counseling Field

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***Addiction counselors come from many different professional fields.***

Professional counselors, social workers, nurses, occupational therapists, and paraprofessionals, to name a few, can hold a state regulated credential to work in the addiction treatment field, and as a result, the title of addiction counselor. Although various professionals can provide addiction treatment, counselors are distinctive in their approach. Viewing clients through a wellness lens, focusing on their abilities as opposed to their deficiencies, and using clinical terminology that encourages and supports strength and hope differentiates counselors in the addiction field from other helping professionals. While addiction professionals may often share the same title of addiction counselor, it is clear that we do not all share the same professional identity.

As Counselor Educators and practicing Professional Counselors also licensed as addiction counselors, we have experienced counseling student interns and professional counseling supervisees deviate from our fundamental counseling principles in their work in addiction treatment centers and with clients with addictive use disorders. These experiences led us to reflect on why we

often see this deviation in our counseling identity and values, and whether we view ourselves as professional counselors who specialize in addictive use disorders, or as addiction counselors. Considering the vastly different educational, licensure, training, and philosophical backgrounds collaboratively working as addiction counselors, how do we educate, supervise, and practice in a manner that nurtures and is consistent with our fundamental counseling values in this specialized and professionally-diverse field?

Addiction counseling as a standalone profession can be traced back to the 1940s when individuals who recovered from an addictive use disorder were employed as paraprofessional counselors in response to a lack of professional counselors capable of working in the field. These trained paraprofessional addiction counselors used their experiences with addiction and recovery as the basis of their expertise and qualifications (Doukas & Cullen, 2010; Thombs & Osborn, 2001). The recovery experience and treatment approach paraprofessional addiction counselors primarily relied on was rooted in the 12-steps of Alcoholics Anonymous (A. A.),





which remains the most widely used approach in the field today (Johnson, 2016; NIH, 2012).

Despite the substantial advances made since the 1940s in how we view and treat addictive use disorders as well as the qualifications and credentialing of individuals who provide these services, addiction counselors and treatment centers still rely heavily on ideals and philosophies of this early approach. Ideals and philosophies that are, in many ways, inconsistent with professional counseling values. These inconsistencies could potentially result in counseling student interns and supervisees formulating their professional identities and beginning their careers practicing from a perspective other than the counseling identity that we have worked so hard to establish and define.

### Addiction Counseling

Historically, addiction treatment has been primarily abstinence-based and has operated from an approach that is deficiency- or problem-focused, such as 12-step based treatment programs and consequence-based treatment approaches, like drug court programs through the criminal justice system (Brown et al., 2011; Heather, 2017). In 12-step approaches, clients focus on their faults and character defects as being the driving force behind their addictions. Criminal justice system programs frequently mandate clients to various types of counseling services regardless of their treatment preference or ability (e.g., financial, scheduling limitations, familial commitments and obligations) and stipulate a certain number of sessions

or type of counseling modality needed to satisfy court requirements. Both perspectives leverage treatment compliance with negative consequences, and these consequences or punishments are often distributed and enforced by addiction counselors. For example, addiction counselors may be involved in discharging a client from a treatment program for self-reporting a relapse or for a positive drug screen. Reporting treatment non-compliance (even self-reported relapse) to drug court officers often results in the client serving time in jail.

In viewing addiction through the lens of fault and deficiency, addiction counselors support the outdated and harmful notion that our clients do, in fact, have a flawed or weak character, are sinful, are irresponsible, and are simply unwilling to make right choices over wrong choices (Capuzzi et al., 2020; Frank & Nagel, 2017). Addiction counselors support the idea that change will occur through the examination and correction of character defects and enforcement of punishments. The focus addiction counseling places on the individual being deficient and morally flawed is further supported by the use of stigmatizing and labeling terminology by some addiction counselors, like addict, drunk, stone cold dope fiend, junkie, and offender, all of which are commonly heard in addiction treatment programs (Pivovarova & Stein, 2019).

It is also common for addiction counselors themselves to be in recovery and encouraged to self-disclose their own addiction and recovery experiences to their clients. Addiction professionals in recovery often struggle with using self-disclosure and tend to disclose



inappropriately or too frequently (Fulton, et al., 2016). Recovering addiction counselors can be influenced by personal issues and are particularly vulnerable to imposing their personal experiences and beliefs on clients in an attempt to be helpful (Juhnke & Culbreth, 1994).

### Fundamental Differences Between Professional Counselors and Addiction Counselors

As a unique field, professional counselors strive to view clients through a common lens of wellness and human development based on our professional counseling values and fundamental principles. These key pillars of our professional identity make us distinct and separate from other mental health provider disciplines (ACA, 2014; Calley & Hawley, 2008; Reiner et al., 2013). This professional identity distinction can be applied to our work as counselor educators, supervisors, and professionals practicing within the addiction counseling field.

Rather than focusing on our clients' faults or deficiencies, counselors can uphold the belief that clients have the potential for change and ability to achieve their desired goals toward wellness (ACA, 2014). We can support human dignity and diversity by using language that is empowering, free of judgement, and supportive of clients in being more than a label (e.g., an individual with a substance use disorder). Using unbiased language and terminology, as opposed to language that negatively defines an individual and pathologizes the addictive use disorder as being permanently a part of who they are (e.g.,

My name is X, and I'm an addict), allows the client to feel empowered to make positive and desired changes in their lives and feel hopeful for the future (Gingerich & Wabeke, 2001).

In complying with our principles of ethical behavior and in our efforts to prevent harm, we can ensure that we practice in a manner that supports and honors client autonomy by respecting their right to choose treatment modality, develop individual, unique, and specific goals, and be involved in treatment options as opposed to treatment approaches being imposed on them and unilaterally prescribed. This may mean providing services that are not centered on abstinence being the primary goal of treatment, which is often contradictory to traditional addiction treatment approaches (Miller & Page, 1991). For example, despite being widely researched and proven effective, approaches like harm reduction (e.g., needle exchange programs) are often dismissed, underutilized, and invalidated by the addiction counseling field (Monico et al., 2015). In comparing the philosophy of harm reduction to fundamental counseling values, one can see a cohesive alignment in that the focus of each is centered on client autonomy and the achievement of overall wellness through minimizing harm to not only the client, but also the larger community.

We can also ensure that we protect the emphasis we place on establishing and maintaining healthy therapeutic relationships as well as creating professional boundaries that are centered on our client's needs and

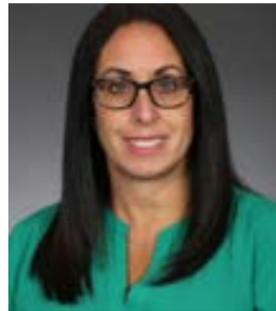


experiences. We can do so by refraining from occupying the role of disciplinarian in addiction treatment centers or as an arm of the criminal justice system. Assuming roles that are antithetical to our counseling identity places us in a position to judge and assign a negative value on our clients' behaviors, which may result in a distrusting and fractured therapeutic relationship. Furthermore, we must ensure that we do not impose our own "values, attitudes, beliefs, and behaviors" on clients as outlined in Section A.4.b of the ACA Code of Ethics (2014, p. 5) through inappropriate self-disclosure. Consistent with our counseling identity, engaging in self-disclosure should be done selectively, with intentionality, when it will directly benefit the client, based solely on their needs, and with client welfare at the forefront of our decision to disclose (Ham et al., 2013; Smith & Fitzpatrick, 1995).

### Conclusion

As the counseling profession continues to advocate for equitable recognition, it is important that we extend our efforts to the specializations in which we also occupy, such as addiction counseling. In order to maintain the integrity of our profession as unique and distinct, we must value and understand our role as professional counselors who specialize in addictive use disorders. It is imperative that we educate counseling students from a cohesive pedagogy that supports and reinforces the values and principles that define the counseling profession regardless of the specialty area. In supervising novice counselors, we must be sure to model and

encourage conceptualizing and viewing clients with addictive use disorders through our professional counseling lens. Finally, while in the field and regardless of how diverse and integrated the practitioners we may be collaboratively working alongside, we must advocate for our profession and our clients by maintaining our client-centered focus and by modeling the core values and principles of our counseling identity. 



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## Call for Submissions

The *CSI Exemplar* Editorial Team is accepting submissions for consideration for the Spring 2020 newsletter. This edition will focus on telemental health and online learning. Please submit proposals by August 31, 2020 to [exemplar@csi-net.org](mailto:exemplar@csi-net.org) in the form of an APA-style abstract.

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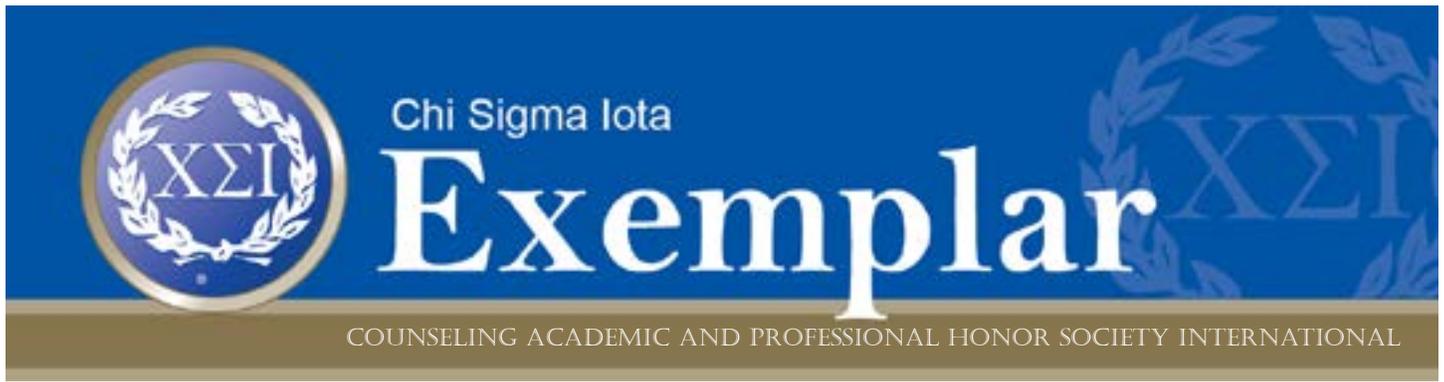


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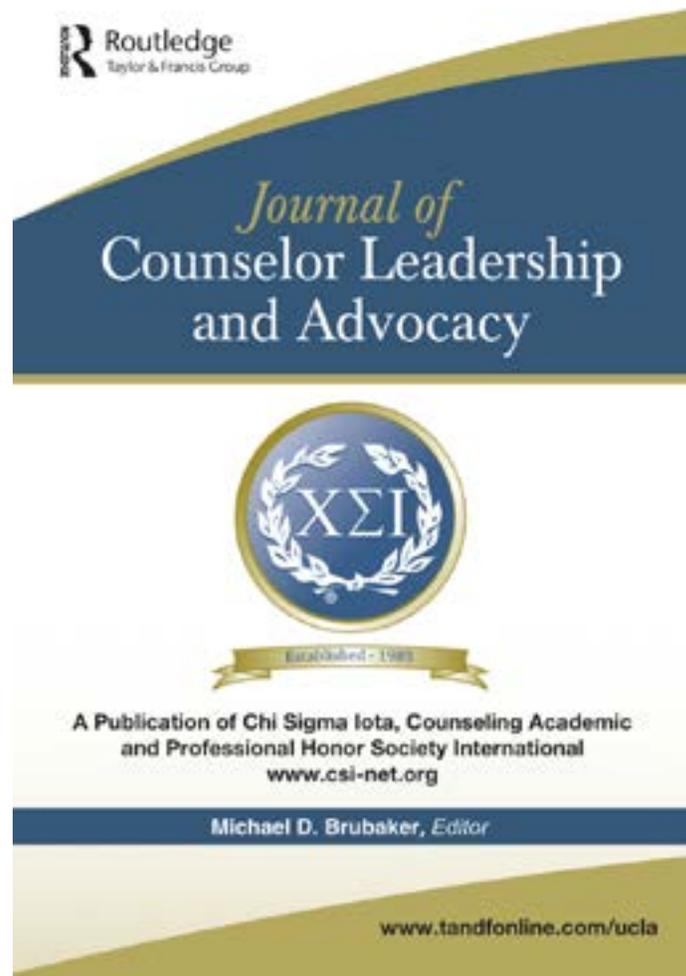


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