President's Message

Dr. Amanda La Guardia, Upsilon Chi Chi Chapter

This year we held our CSI Days and the American Counseling Association (ACA) Conference in the lively city of New Orleans. Our organizational events at the ACA conference have always served as a time for professional development, interpersonal connection, and a place to learn more about how each chapter can contribute to the health and growth of the counseling profession. I enjoyed meeting with leaders in our field, past and present, and felt a sense of excitement for the future leadership of our organization. As you read this summary of our society's activities and the subsequent gathering of the Executive Council, I hope you will have the same sense of pride and motivation I feel related to involvement in CSI.

Our CSI Days were scheduled over three days, with an initial focus on leadership during the conference on Friday, followed by our usual activities focused on the functioning of the organization, trainings, poster and content sessions, and recognition of award winning individuals and chapters at and following our business meeting. As a bookend, we closed with an early morning content session Sunday, led by Dr. Nicole Hill, devoted to multiculturalism and mentoring. The panel discussion concerning the empowerment of diverse leaders in counseling was inspiring. In all, our three content sessions linked together to highlight the foundation of CSI built on the creativity and ideas of our past leaders, the potential for chapters to support real community-level change through grassroots leadership, and how CSI can support diversity in professional leadership to ensure a strong future for counseling. While the focus of our involvement at ACA emerged from a combination of voices within the executive council, our leadership interns and fellows, and our administrative staff, this combined vision would not have been realized without the careful coordination and diligent attention to detail offered by Drs. Holly Hartwig Moorhead and Stephen Kennedy, as well as our headquarters support staff. I am truly proud of how Chi Sigma Iota leadership, including staff, committee members and leaders, as well as student interns and fellows came together to create a meaningful, beignet-fueled experience for all in attendance.

During CSI Days, our new leadership fellows and interns were welcomed and trained on their roles within the organization over the coming year. Our 2019-2020 LFI's include the following:

Interns:
- C. Missy Moore, Mu Tau Beta Chapter, The University of North Carolina at Charlotte
- Annaleise Fisher, Kappa Sigma Upsilon Chapter, Kent State University

References
Fellows:
• Benjamin Aiken, Mu Nu Tau Chapter, The University of Wyoming
• Jamian Coleman, Chi Epsilon Chapter, Georgia State University
• Erik Messinger, Nu Sigma Chi Chapter, North Carolina State University
• Michele Pinellas, Alpha Upsilon Sigma Chapter, Argosy University-Sarasota
• Kertesha Riley, Upsilon Theta Chapter, The University of Tennessee, Knoxville
• Jordan Shannon, Sigma Upsilon Chapter, Syracuse University
• Arden Szepe, Upsilon Theta Chapter, The University of Tennessee, Knoxville
• Madeleine Vaughters, Lambda Chi Phi Chapter, Lamar University

All LFI's are matched with leadership mentors within Chi Sigma Iota. The ACA conference provided an opportunity for some mentors and mentees to meet and get to know each other and begin to envision their relationship over the coming year. In addition to welcoming our LFI's at the annual Delegate Business Meeting, we also welcomed our Herr Fellow, Dr. Dodie Limberg, our new Exemplar editor, Dr. Julia Whisenhunt, and officially passed the gavel between the CSI president and president-elect. The business meeting is a triennial obligation of all chapters to remain active and eligible to receive chapter rebates. This meeting was well attended and provided critical information related to the ongoing mission of the organization as a whole.

Following our presence at ACA, the Executive Council Officers (president, president-elect, past-president, secretary, treasurer) and interns and editors met in Greensboro for our annual planning meeting. Prior to this, Dr. Nicole Hill facilitated a strategic visioning process with a number of CSI past-presidents to help provide a foundation for discussion of CSI's future during the subsequent EC meeting and support a future strategic planning process. During the visioning, committee members heard from a number of individuals within professional leadership (past and present). We discussed CSI's legacy and imagined our future within a frame of professional advocacy and changing cultural climate. The resounding message I heard and felt was one of unity and a passion for the important job of counselors in our communities and the unique role of CSI as a beacon of hope and stewardship as we move forward together. Together, the CSI Strategic Visioning Task Force reflected on their own involvement in CSI, what makes the organization strong, and how CSI has influenced, and continues to influence, our ever-evolving professional identities. I want to take this opportunity to thank Dr. Nicole Hill personally for her dedication to CSI. She approaches leadership with an attitude of humility and integrity that is and has been central to CSI's growth. I write this with all the gratitude I can convey through written word, thank you Nicole. The counseling profession, and CSI, are lucky to have you as a partner.

Following our collaborative visioning, Nicole, Holly, and I took our experience from that process with us into the EC meeting as we discussed new initiatives and plans for building on the hard work of our past leaders. Over our three days together as a leadership team, we addressed some changes within the awards process, namely the removal of GPA from the individual awards criteria (given the exceptional academic performance of all of our members). We also formulated committee charges focused on the central mission of CSI (namely wellness and advocacy) and discussed potential activities related to the upcoming 35th anniversary of CSI. While our meetings were long and covered a lot of important business, our time together was productive, fun, and friendly. This is my second time serving on the CSI EC (having served previously as secretary), and I have to say the groups of people I have worked with as a leader within CSI have been nothing but gracious and kind to one another. The mission of CSI is truly central to every discussion and action taken. As a member, I hope you will be pleased to know your experiences and needs as a professional counselor or counselor-in-training are central to our decision-making process.

I hope to see a strong showing of our membership at the American Counseling Association Conference & Expo in San Diego, as we plan to celebrate our 35 years as an organization: A society formed to and one that continues to promote and serve the counseling profession with a strong sense of integrity and purpose. In the lead up to ACA, we look forward to engaging members at upcoming divisional conferences that have invited CSI's collaboration, including ACES in Seattle and ASGW in Puerto Rico. Keep your attention on our social media as we make announcements throughout the year related to our general activities and our celebration of 35 years as an international honor society.
Headquarters’ Updates
Dr. Holly J. Hartwig Moorhead, CSI Chief Executive Officer
Upsilon Nu Chi Chapter

Happy anniversary to us! CSI will celebrate its 35th anniversary during the 2019-20 year. Over the last three and half decades, many things have changed like the format of the Exemplar, but our core mission to promote excellence in counseling and the values of Commitment, Service and Identity remain constant.

Some of our members remember reading the October 1985 inaugural issue of the Exemplar in print.

Over many years, creative and dedicated Exemplar editors have developed the Exemplar into the informative and important digital publication it is today. We thank the editors and members who have contributed over many years to making the Exemplar an important resource for informing and connecting CSI members and chapters.

We see how much CSI has grown and developed in the pages of the Exemplar. The first Exemplar issue documents that in just the first ten months of 1985, CSI chartered ten chapters. In January 1985, the Alpha chapter was chartered at Ohio University. By October 1985, 14 more chapters had been chartered at the University of Florida, Southern Illinois University, Nichols State University, Siena Heights College, Prairie View A&M University, International-Overseas, University of Alabama at Birmingham, Oakland University, Lynchburg College, Johns Hopkins University, Bowie State College, SUNY College Brockport, Youngstown State University, and Peabody College of Vanderbilt University. Today, CSI has chartered 407 chapters.

In the early days of CSI, counselors joined the Society to be part of a unique honor and professional society dedicated to excellence. Between January and October 1985, 246 counselors were initiated into CSI – their names can be seen in the first Exemplar issue. Since then, more than 130,000 counselors have been initiated into our Society! Just last year in 2018-19, CSI welcomed 7,286 counselors into membership, continuing membership trends over recent years.

Even as CSI has experienced great growth over the past three and a half decades, the impact of our Society is not realized in our membership numbers. Rather, the strength of CSI is in the steadfast and unwavering commitment to our mission that has remained constant for 35 years: to promote excellence in counseling.

This shared commitment to excellence is seen... in the work of dedicated members. Just during the 2018-19 year, CSI members dedicated more than 18,000 hours of service to their communities through advocacy, community engagement, and other service to counselor education, the counseling profession, communities, etc. (information submitted in 2018-19 Chapter Annual Reports).

... in the commitment of CSI’s leadership to fiscal stability. At the end of our last fiscal year (May 1, 2018 through April 30, 2019), CSI finished fiscally strong and headed into a new fiscal year committed to serving our members and chapters so that they can serve others. Through CSI’s Chapter Rebate Program, this fall CSI Headquarters has returned ~$125,000 to chapters that earned chapter rebates for the 2018-19 year. We are very proud to be able to support our chapters in this unique and tangible way.

... in the support CSI is committed to providing to chapter leadership. As the new year begins, we especially celebrate the hundreds of committed Chapter Faculty Advisors (CFAs) who oversee CSI chapters and mentor chapter leaders to become servant leaders. CSI has a rich collection of online resources for CFAs and chapter leaders to use getting started in the new academic year, including:

- CFA-specific tools available in the “CFAs” menu link on the CSI website, as well as the Membership Processing Checklist to plan ahead for important timelines in distributing new member invitations, approving new members, and planning for chapter initiations.

- Chapter leader-specific resources available within the “Chapters” menu link. CSI has ready-to-use chapter leader training resources (Chapter Training Modules, Chapter Leadership Manual).

- CFA and Chapter Leader Trainings that are held in person and online via CSI’s webinars. CFAs, chapter leaders, and anyone interested in leadership training is welcome...
to attend these trainings. A CFA Training and Chapter Leaders Training will be presented this fall at the 2019 ACEs Conference. 

...in exemplary servant leadership that is demonstrated by CSI members who volunteer hundreds of hours of service each year, including those who work as CFAs, publication editors, chairs and members of committees, task forces and review panels, and presenters for webinars and leadership trainings. CSI is grateful to these leaders for giving of themselves, their talents and time and we look forward to serving alongside leaders who have recently been (re)appointed by the Executive Council. This includes: Dr. Matt Glowiak who was reappointed by the Executive Council to a second term as Chair of CSI’s Counselor Community Engagement Committee; Dr. Raul Machuca who will serve as the new Chair of the Chapter Faculty Advisor Committee; and, Dr. Jim McMullen who will serve as Chair of the Chapter Development Committee.

Additionally, the CSI Counselors’ Bookshelf, a peer-reviewed publication which provides reviews of books, music, TV shows, and movies that professional counselors have found useful in their work with clients, continues to be developed by Dr. Barbara Mahaffey as she has been reappointed to a second term as Senior Editor. We thank her and the incoming Section Editors who serve in this important role: Dr. Jennifer Gerlach who will oversee the “Professional Books” Section, Dr. Kirsten Lamantia who will oversee the “Movies & TV Shows” Section, and Dr. Daphne Washington who will oversee the “Books That Help Me Become a Better Counselor” Section.

...and, in the connections CSI provides to further professional development and servant leadership. As the new 2019-20 year begins, we look forward to opportunities to serve together. Visit www.csi-net.org to see where CSI will be at upcoming conferences. Be sure to connect with CSI during the October 2019 ACEs Conference where CSI will sponsor leadership trainings and a collaborative educational session with the ACEs Emerging Leaders program. If you’ll be in Puerto Rico for the January 2020 ASGW Conference, check out the invited, CSI-sponsored educational sessions there as well.

Please be in touch anytime (office@csi-net.org or holly.moorhead@csi-net.org) to share how you and your chapter are furthering CSI’s mission. Wishing you a successful fall!
Editorial Update
Dr. Julia Whisenhunt, Gamma Zeta Chapter

It is with great honor and excitement that I introduce the new CSI Exemplar editorial team. I began my term as the Exemplar editor in June of this year, and I am immensely pleased to be working with a team of three conscientious and highly motivated professional counselors: Dr. Nicole Stargell (Associate Editor), Dr. Devon Romero (Assistant Editor), and Annaleise Fisher (Leadership Intern). Over the next three years, we hope to continue the legacy of excellence established by previous editorial teams and present Exemplar editions that reflect the voices of our chapters, counselor trainees, counselor professionals, and counselor educators. Each edition will have a thematic focus to draw attention to important professional issues that affect CSI members. Please join me in welcoming the new CSI Exemplar editorial team.

Nicole Stargell is an Associate Professor in the Department of Counseling at the University of North Carolina Pembroke. She is a Licensed Professional Counselor Associate and Licensed School Counselor in both Ohio and North Carolina, and she is a National Certified Counselor.

Devon Romero is an Assistant Professor in the Department of Counseling at the University of Texas at San Antonio. She is a National Certified Counselor and Licensed Professional Counselor Intern in the state of Texas under the supervision of Mark Jones, DMin, LPC-S, LMFT, BCN, QEEGD.

Annaleise Fisher is a doctoral student in Counselor Education and Supervision at Kent State University. She is also a Licensed Professional Counselor in the state of Ohio and a 2019-2020 Leadership Intern for Chi Sigma Iota.

Chapter Happenings: Bridging Servant Leadership and Counselor Community Engagement
Brittany C. Hudson & Dr. Thelma Duffey, Sigma Alpha Chi Chapter

As counselors, we are connected by a sense of social responsibility.

Indeed, advocacy and service are integral to the counseling profession. Chi Sigma Iota (CSI) recognizes the centrality of service through Greenleaf’s (2008) model of servant leadership (Herr, 2010). Servant leadership has a relational focus which prioritizes the growth and development of people in need.

The Sigma Alpha Chi Chapter of CSI strives for excellence in servant leadership. Accordingly, we centered our 2018-2019 efforts on graduate student development, professional advocacy, and campus collaborations. One student-focused service initiative was the Graduate Student Development Series, a series of peer-to-peer workshops on benchmarks in the counseling program. We also co-hosted the Counselors at the Capitol Professional Advocacy Mini-Conference, the culmination of a three-step project designed to strengthen counseling students’ professional identity development through professional advocacy involvement. Our past-president, Chelsea Barron Davila Conaway, and I (Brittany Hudson) received a TACES Advocacy Grant for this project. These activities prepared and motivated us to think big for the 2019-2020 academic year. We asked: How can these experiences inform and energize a broader vision?

The CSI Principles and Practices of Leadership Excellence prompt leaders to “draw upon the wisdom of the past and challenges of the future to articulate a vision of what can be accomplished through imagination, collaboration, cooperation, and creative use of resources” (CSI Academy of Leaders, 1999). It is with this in mind that I (Brittany Hudson) selected counselor community engagement (CCE) as the 2019-2020 chapter presidential theme. A natural extension of servant leadership, CCE involves the mobilization of chapter resources for cultivating intentional community partnerships and responding to community needs (CSI, 2015: Fulton & Shannonhouse, 2014). Our chapter has shown a commitment to education, professional advocacy, and service to members. The CCE model supports these activities (CSI, 2015). At the same time, we have a strong membership base with the capacity to work with individuals and organizations that have a meaningful community impact.

For this issue on crisis and trauma, we chose to highlight an upcoming collaboration which underscores the urgency and potential impact of CCE.

The University of Texas at San Antonio (UTSA) Department of Counseling has a long-standing relationship with the works of the David’s Legacy Foundation. This connection began soon before the foundation’s inception when I (Thelma Duffey) served as President of the American Counseling Association (ACA), and the 2015-2016 ACA Anti-Bullying and Interpersonal Violence Presidential Initiative was underway. In support of this initiative, ACA instituted the Impact Project, which used social media as a mechanism for people to acknowledge and show appreciation to someone who positively impacted their lives. The premise was that, when people feel hurt or alone, they may not be aware of just how
importance they are to someone else. The UTSA Department of Counseling and our CSI chapter collaborated on a grassroots launch of this initiative. Together, we held the first national Impact Project summit at the UTSA Downtown Campus in November 2015. The Impact Project was just beginning when tragedy struck our community.

On January 4, 2016, news spread quickly across the San Antonio community that Da-vid Molak, a beautiful and beloved young man of 16 took his life after enduring horrendous bullying and abuse at school and online. The family responded to David’s abuse in all the ways professional counselors would hope for. They involved school administrators, provided him with counseling services, and, of course, loved him through it all—but his tormentors at school, growing in numbers through social media, were relentless and followed him online after he transferred schools. No words could begin to describe the agony this family, and others like them, feel knowing their child is now gone because the pain of being hurt by the cruelty of others was too great for him to bear. In the horror of it all, the Molak family made a public plea for mem-

bers in the community to share David’s story and not let his death be in vain. Through the UTSA Department of Counseling is partnering with the David’s Legacy Foundation and Amerigroup Insurance to host a cyberbullying awareness and prevention summit for middle school students on October 2, 2019. The R.E.A.L. (Radically Empowering Ambassadors & Leaders) Summit will feature national speakers and trainers on the social and emotional learning education model. This event is designed to give students tools that promote courage, kindness, and advocacy—all salient qualities for children navigating life in digital and real-world settings.

Hundreds of children from the community will journey the halls of the UTSA Downtown Campus and embark to connect with one another and learn tools they can take back to their campuses. Recognizing our chapter’s dedication to advocacy and our past involve-ment in the Impact Project summit, the UTSA Department of Counseling invited us to volun-
tee at the R.E.A.L. Summit. On the day of the summit, a group of Sigma Alpha Chi chapter volunteers will greet student participants, help with registration and meals, guide students to their rooms, assist with interactive activities, and more. Three doctoral student volunteers—Isanely Guerrero Kurz, Laurel Jackson-Cook, and Gretchen McLain—will lead breakout sessions for the student participants. Through this counseling community engagement activity, we hope to identify strategies for supporting future anti-bullying endeavors.

CSI is a worldwide community of stu-
dent and professional leaders who advocate for counselors and the communities we serve. Our chapter is supporting the efforts of others who are leading the way in advocacy to stop bullying and cyberbullying behaviors and create what the David’s Legacy Foundation describes as a culture of digital wellness. The Molak family and the David’s Legacy Foundation created the David’s Law Anti-Cyber Bullying Pledge, symbolized by a sticker we can place on our cellphones or devices. Recognizing that words can wound and harmful use of tech-nology can kill, the pledge reads, “I pledge to NEVER use my device as a weapon.” Imagine if the multitude of CSI leaders across the coun-
try were to take this pledge and the spirit of David’s Legacy and the ACA Impact Project to their communities. Together, we can create a culture of kindness and gratitude grounded in this vision of hope and advocacy.

The Sigma Alpha Chi Chapter of CSI endeavors to transition from being a group of leaders who serve their chapter to being a chapter that serves. When considering commun-

ity involvement, we recognize that crisis and trauma warrant CCE. Crises of all kinds affect peo-
ple in the communities in which CSI chapters exist. The effects of bullying and cyberbullying are devastating and sometimes deadly, and advocates for change need widespread community involvement to cultivate an environment of online wellness. The works of the David’s Legacy Foundation and all those who support it inspire us to become involved and make a difference in the lives of our children. We hope other chapters will be similarly encouraged to harness CSI’s commitment to service and advo-
cacy in support of related prevention efforts.

The following list of resources and media are intended to support CSI chapters in re-
sponding to our call for anti-bullying action:

- "Bullying: How Counselors Can Intervene" by Aida Midgett in Counseling Today
- Dr. Thelma Duffey
- The ACA Impact Project website and Facebook page
- The Collaborative for Academic, Social, and Emotional Learning website
- Special Issue of the Journal of Creativity in Mental Health: Anti-Bullying and Interperson- nal Violence

Dr. Thelma Duffey
Chapter Happenings: Phi Sigma Professional Development Academy

Dr. Nicole Stargell, Phi Sigma Chapter

Each academic year, the Phi Sigma Chapter of Chi Sigma Iota (CSI) hosts a Professional Development Academy (PDA) with the Department of Counseling at the University of North Carolina – Pembroke (UNCP). The PDA consists of four one-hour workshops across the academic year and one five-hour Annual Glen H. Walter Drive-in Counseling Workshop, for a total of nine contact hours each academic year. The five-hour workshop is called a “drive-in” to indicate that it is a one day event that local professionals can attend by driving to campus and then driving home. The one-hour workshops are free, and the Annual Glen H. Walter Drive-in is in its 13th year of providing low-cost (i.e., $1 per hour) or free continuing education to approximately 100 local professionals. The Phi Sigma PDA was awarded as CSI International’s Outstanding Individual Program Award (large chapter) in 2015-2016, and it is exciting to watch it evolve over time. All mental health providers are welcome to attend the PDA workshops even if they are not CSI members.

Located in rural Southeast Carolina, UNCP graduates approximately 40 clinical mental health counselors and professional school counselors each academic year. The Annual Drive-in was created primarily for school counselors, but has expanded to serve clinical mental health counselors and guardians ad litem. The PDA was originally designed to aid graduates and local mental health professionals in attaining affordable, convenient, and high-quality continuing education. Other chapters located in rural areas or areas that are otherwise in high need of continuing education might consider implementing a PDA for their local professionals.

All workshops in the annual PDA are approved for continuing education through the National Board for Certified Counselors. The professors in the Department of Counseling at UNCP primarily serve as the presenters, and local counselors often report that they enjoy the feeling of being back in the classroom as they join interactive lectures on the UNCP campus. The PDA is free and/or affordable for participants as a result of support from the university, the UNCP Department of Counseling, and the Phi Sigma Chapter of CSI.

The PDA follows a theme each year, and the 2019-2020 theme will be Counseling Military Populations. The first one-hour workshop will address ways in which professional counselors and allied professionals can support veterans in their transitions from military life to student life. Upon discharge from armed services, many veterans receive funding to pursue education. As such, transition to student/civilian life is a common concern that veterans bring to counseling.

The second one-hour workshop will address counseling military children. UNCP is located approximately 45 minutes from Fort Bragg military base in Fayetteville, NC. Many soldiers live on base with their families, and local mental health professionals serve many children whose parents are in the military. This workshop will help prepare counselors and allied professionals working with military youth.

The third one-hour PDA workshop will address career concerns of military populations. Upon discharge from the armed services, veterans work to find careers that are fulfilling and allow them to provide for their families. This workshop will help prepare counselors to support veterans and their families toward their career goals.

The fourth PDA workshop and the 13th Annual Glen H. Walter Drive-in Counseling Conference will address additional military counseling topics that will be determined based on need and presenter availability. The dates, times, and locations of the PDA workshops are shared over the university listserv for students and alumni of the UNCP Department of Counseling, and all site supervisors for the Department of Counseling are invited to attend for free. Additional advertisements are sent to local schools, agencies, and guardians ad litem. Chapters that wish to create a PDA or similar program at their universities are encouraged to reach out to the Phi Sigma Chapter Faculty Advisor, Dr. Nicole Stargell at nicole.stargell@uncp.edu.

Want more resources for CSI chapters? Check out the Chapter Training Modules on our webpage.
Student Success: Withstanding the Flames: Promoting Counselor Self-Care in the Face of Trauma

Dr. Daphne Washington, Lambda Chapter

While we recognize the importance of counselor self-care, do we fully acknowledge how vital it is for us to practice counselor self-care in order to protect ourselves from the hazards that are inherent in our work? While we recognize the importance of counselor self-care, do we fully acknowledge how vital it is for us to practice counselor self-care in order to protect ourselves from the hazards that are inherent in our work? Counseling work can be emotionally taxing, especially when you are engaging in a great deal of it on a weekly basis; yet when you add to it the element of serving individuals who have experienced trauma, additional dimensions come into play that cannot be ignored. Counselors need to value ourselves enough to practice excellent self-care, so that we may be more effective helpers to the clients and students we serve.

As a counselor educator, it is encouraging to see the degree of emphasis that is placed on self-care for counselors-in-training. At the same time, when we supervise counseling students who are engaged in their practicum and internship experiences, I experience a significant number of individuals who are serving in settings that inundate students with large clinical caseloads, severe presenting issues, and less than ideal levels of on-site supervisory support. The pattern continues after graduation, with newly minted counselors tirelessly working to accrue hours towards licensure; and for some clinicians, this emotionally and physically draining pace continues to be encouraged by their employers who are aiming to serve as many suffering clients as possible. So, while counseling students are being trained on the importance of engaging in counselor self-care, due to the overwhelming numbers of individuals who could benefit from receiving counseling, there are real pressures present to take on large caseloads, sometimes with minimal supervisory support. These demands can easily set new counselors on a path towards burnout.

Burnout that results primarily from being overworked and unrelentlessly is only one hazard of our profession of which counselors need to be mindful. In a world where we are recognizing how many individuals have experienced various degrees of trauma, compassion fatigue and vicarious trauma are two additional hazards of the profession that counselors must recognize in order to be vigilant in minimizing their risks. Compassion fatigue “results from exposure to hearing about or supporting a client who has suffered from a traumatic event or events,” (Skovholt & Trotter-Mathison, 2016, p. 110) and can result in counselors experiencing increased feelings of helplessness, isolation from their support networks, and decreased counseling effectiveness. Counselors tend to be at a greater risk for compassion fatigue when there is a parallel between their own stories and their clients’ stories. This includes when the counselor’s own previous traumatic history is triggered, as well as when they are simply seeing a large number of trauma work cases and not engaging in proper counselor self-care to mitigate the effects of their clinical work.

While compassion fatigue is something that tends to accumulate over time, vicarious trauma may have a relatively sudden onset, resulting in pervasive effects that could endure for months or even years after working with the traumatized individual (Skovholt & Trotter-Mathison, 2016). Repeatedly hearing about traumatic stories can have an impact on the counselor’s worldview, not only impacting the counselor’s feelings, but also cognitions, self-esteem, and perceived sense of safety. Also referred to as a trauma exposure response (van Dernoot Lipsky, 2009), vicarious trauma occurs when “external trauma becomes internal reality” (p. 42). Counselors may show warning signs such as the following: (1) hopelessness and helplessness, (2) a sense that they cannot do enough, (3) hypervigilance, (4) diminished creativity, (5) inability to embrace complexity, (6) minimizing behavior, (7) chronic exhaustion, (8) physical ailments, (9) inability to listen and/or avoidance behaviors, (9) dissociative moments, (10) feelings of persecution, (11) guilt, (12) fear, (13) anger and cynicism, (14) inability to empathize/numbing, (15) addictions, and (16) a sense of grandiosity (van Dernoot Lipsky, 2009).

Hearing about the hazards of engaging in the counseling profession, especially when serving clients who have experienced significant trauma, is something that many counselors who are passionate about their call may not desire to dwell upon. However, to remain successful within the field, counselors must maintain a sober sense of these dangers in order to empower ourselves to implement self-care to support our overall wellness and functioning. As a professional firefighter would not enter into a burning building without the proper gear and equipment, counselors must also recognize the necessity of “putting on the proper armor” and make it an ongoing priority to do so. This begins by building a solid foundation through the implementation of a personalized wellness plan, such as one based upon the work of Myers and Sweeney’s (2005) The Indivisible Self, or perhaps developed from the results of the Wellness Index and Wellness Wheel (Travis & Ryan, 2004). There is a wealth of wellness resources that can also be accessed through Chi Sigma Iota’s Wellness Research website (2018), including a guided activity geared towards counseling students that will result in the development of a personal self-care strategy (Wolfe, 2017).

Along with modeling the same wellness practices that we promote to our clients, counselors also need to regularly monitor their self-care plans, including practices that are found to be commonly used by those within the counseling profession. For example, Skovholt and Trotter-Mathison (2009) note the following ten helpful self-care practices reported by trauma therapists: (1) discussing cases with colleagues, (2) attending workshops, (3) spending time with family and friends, (4) travel, vacations, hobbies, and movies, (5) talking with colleagues between sessions, (6) socializing, (7) exercising, (8) limiting case load, (9) developing spiritual life, and (10) receiving general supervision (p. 267). Counselors also need to regularly utilize checklists and self-reflective questionnaires in order to assess for signs of burnout, vicarious trauma, and vulnerability to stress (Skovholt & Trotter-Mathison, 2009; Wicks, 2008). The Professional Quality of...
Counselors’ Corner: UTSA Counseling Embraces the Scientific Side of Therapy

Laurel Jackson-Cook, Sigma Alpha Chi Chapter

My fascination for understanding human behavior is at the core of who I am. Throughout childhood, I had acute observational skills; these were self-taught for purposes of self-preservation. That is what any child raised around addiction and abuse has to learn. What was not revealed was the “whys.” Why do people behave the way they do? Why do some show kindness and others cruelty? These questions led me on my journey into seeking answers. As a result, I have been interested in learning everything about the pathways and patterns the brain uses to send messages and how those signals link thoughts, feelings, and behaviors. This curiosity fuels my aspirations for helping others understand how their brains’ neural networks affect their quality of life on cognitive, emotional, and physical levels. Knowledge of these neurological systems not only serves to develop comprehensive treatments like neurofeedback (NFB), but also to demystify trauma, normalizing the experience to reduce stigma for trauma survivors.

Prior to obtaining my master’s degree and becoming a NFB practitioner, I spent over 20 years working with individuals who have experienced trauma, including children in Child Protective Services custody, victims of domestic violence, and individuals struggling with addiction. Oftentimes, these marginalized populations experience anxiety and Post Traumatic Stress Disorder (PTSD) related to complex trauma. When PTSD symptoms are less severe, intervention strategies that are independently beneficial include deep breathing, grounding, and guided imagery. These strategies help clients to relax and remain in the present. In cases where symptoms are more severe, several treatment modalities can work in tandem with NFB. Eye Movement Desensitization and Reprocessing is an effective adjunct for treating trauma. This intervention helps lessen the anguish associated with traumatic memories. Currently, I am working with two clients who have complex trauma and significant impairments identifying feelings and memories. I am using NFB to calm activity in the hypothalamus-pituitary-adrenal (HPA) axis, the area that controls stress responses. This allows me to provide EMDR treatment to reduce the physiological arousal, address the affective distress, and decrease negative beliefs associated with trauma. NFB falls under the umbrella of treatment modalities called biofeedback. These methods use an array of instruments to measure physical reactions in the body and feed them back to an individual. NFB is unique in that it works directly with neurological responses.

In September 2018, I was honored to be selected by members of the faculty in the Department of Counseling at UTSA to participate in A Victim’s of Crime grant funded by the U.S. Department of Justice and the Office of the Governor (Texas). My role involved assisting in the development of providing NFB services to the communities wounded by the Sutherland Springs shooting. As a skilled trauma-informed counselor and NFB practitioner, I took part in training doctoral students and clinical staff. My primary role at Paloma Place (a satellite campus for the department’s Academy for Crisis and Trauma Counseling) is to provide NFB services. Many of the clients coming to Paloma Place, experience anxiety and PTSD related to the community’s shared trauma, as well as from other personal traumatic events of their past. In working with clients, I have seen significant improvements with the reduction in PTSD and anxiety symptoms. Clients have reported better sleep, fewer panic attacks and flashbacks, less irritability, and less hypervigilance. This may be due to the functional change in connectivity of the brain’s resting state.

Dr. Daphne Washington
In 2011, the Department of Counseling at UTSA established a NFB training program for master's and doctoral-level counseling students. NFB is a way to learn about neuroscience and psychopharmacology, which helps satisfy my curiosity in understanding brain wave patterns interconnected to thoughts, feelings, and behaviors. The training program is designed to meet the needs of graduate students interested in developing foundational skills to provide NFB and other modalities of biofeedback. Under the guidance of Dr. Mark Jones, I completed both the introduction and advanced neurofeedback courses. The advanced level course provided me with the opportunity to put into application classroom knowledge and practice conducting Quantitative Electroencephalogram (qEEG) and administering treatment protocols to clients. Delving into the literature and the works of van der Kolk, Sebern, and the like, I found numerous studies were already using NFB as an additional treatment intervention to already existing treatments for PTSD and anxiety.

The neurofeedback protocol is based on the certification requirements of the Biofeedback Certification International Alliance, the de facto certifying body for all biofeedback and neurofeedback. Through this training program, counseling students pursuing neurofeedback training are able to provide members of the community in one-on-one or group formats. The neurofeedback program services in the Sarabia Family Counseling Center at UTSA's downtown campus. In addition, the Children's Bereavement Center and UTSA's Academy for Crisis and Trauma Center have collaborated to provide trauma informed care within Sutherland Springs community via the Paloma Place clinic, located in Floresville, TX.

NFB is an effective, safe, drug-free alternative when altering and improving brain regulation. As the brain operates through the execution of electrochemical signals, levels of activity in different areas of the brain are associated with different emotional and cognitive states. Numerous psychological and physiological states are associated with specific brainwave patterns dictated by the electrochemical activity. NFB, formerly known Electroencephalography (EEG) biofeedback, is a form of biofeedback that uses real-time displays of neural activity to teach the client self-regulation of brain function. The modality is used to improve health, performance, and the physiological changes that often occur in conjunction with changes to thoughts, emotions, and behavior. NFB has helped with alleviating migraines, certain addictions, anxiety and depression, PTSD, ADHD, mild to moderate Autism, athletic performance, and learning disabilities. The goal for NFB is to alleviate symptoms and achieve long-term results.

NFB uses precise protocols for the purposes of optimizing brain wave activity, done subconsciously. Prior to beginning NFB treatment, a qEEG is conducted to identify an individual's standard brainwave patterns and the areas that would benefit from conditioning. In clinical practice, a qEEG is a feedback system using a series of non-invasive electrodes placed on the scalp and ears, which read electrical activity. Brain waves are displayed onto the counselor's computer allowing the counselor to set goals in real time. Once brainwave activity falls into the goal pattern, the client receives positive visual and/or auditory feedback.

Trauma arises from a stressful event that overpowers an individual's ability to utilize healthy coping mechanisms. Individuals may develop anxiety and/or PTSD, which changes the way the body and brain respond to the environment. The brain creates new electrochemical patterns that may produce panic attacks, feelings, and behaviors even when the triggering factor is no longer present. Counselors will know this phenomenon as “hypervigilance” or the “fight/flight/freeze” response. NFB is one option for treating the physiological and psychological effects that are known to be symptoms of trauma (van der Kolk et al., 2016). Neurofeedback helps alleviate PTSD symptoms, as it creates stabilization of brain activity, calming the neurological pathways to the HPA axis, which is responsible for regulating stress responses.

The work of van der Kolk and colleagues was the first to demonstrate that NFB significantly reduces PTSD symptoms and decreases affect dysregulation. Training sites neurofeedback to alter activity in the temporal and parietal areas of the right side of the brain. Their research findings paved the way for Sebern Fisher's work into neurofeedback treatments for PTSD and anxiety issues, consistent with van der Kolk's T4-P4 protocol.

Laurel Jackson-Cook, Doctoral Student

To participate as a client in the program, individuals are screened to determine if they meet criteria for anxiety or PTSD treatment. This includes evaluating primary symptoms, availability, and age requirements. Clients complete self-report assessments and undergo a qEEG before and after the treatment cycle. These appointments are two hours and evaluated in a pre/posttest design, which allows progress to be empirically measured. Typical NFB sessions last around an hour, half the time spent preparing the client and half working directly with the NFB interface. Based on qEEG findings, preferences of the clients, and clinical judgment of the practitioners, feedback is presented using a variety of formats: games, animations, sounds, and analog presentations.

Research demonstrates that improvement can be seen in as little as one session; however, 20 sessions are the norm, with 40 sessions considered completion of treatment. Due to the length of an academic semester, clients agree to attend a minimum total number of 15 neurofeedback treatment sessions, twice per week. The training protocols consist of amplitude uptraining and/or down training (increasing or decreasing) selected frequency bands based on qEEG findings. These protocol selections reflect markers found to be associated with anxiety and/or PTSD issues, consistent with van der Kolk’s T4-P4 protocol.
I have been the clinical director at Comprehensive Behavioral Health Associates, Inc. since 2014. Along with our medical director Kassandra Kornbau, DNP, APRN, FNP-BC, and one of our case managers/social worker interns, Casey Channell, SW- T, we began a wellness initiative entitled The Comprehensive Wellness Movement in June 2019 at our outpatient mental health center. We have several outpatient offices that span from urban to rural areas in Northeast Ohio. Our agency offers counseling, medication management, primary care, and case management services. As an agency, we strive to continue to improve our patient satisfaction ratings, but we noted that our measures had an illness-related focus (e.g., did your symptoms improve, has your anxiety lessened) and minimal focus on patients’ overall wellness. Therefore, a shift in focus was necessary. It continues to be evident that the focus of an individual’s mental health symptoms alone is not an efficient treatment option: a focus on a patient’s overall wellness needs to be present.

We did not want our focus on wellness to stop with just our patients. In order to provide the best services to our clients, our clinicians need to be well also—physically, mentally, and reducing turnover to ensure continuity of care for our patients. In a study conducted by Lawson and Myers (2011), they noted that an average of 35% of clients on counselors’ caseloads were survivors of trauma, defined as victims of crime, sexual abuse, physical abuse, domestic violence, and so forth. Further, 15.5% of patients on counselors’ caseloads reported to be regularly or actively a danger to themselves or others, suicidal, or self-injurious. Counselors with higher percentages of trauma survivors on their caseloads had higher risks for burnout, and those with higher percentages of high-risk patients on their caseloads were at a higher risk for burnout and had less general satisfaction from their work. Decreases in burnout and compassion fatigue, and increases in compassion satisfaction were present in counselors with high wellness levels (Lawson & Myers, 2011). These findings fueled our desire to begin a wellness program. Nearly all of the clinicians at Comprehensive Behavioral Health specialize in the treatment of trauma with steady referrals from juvenile justice systems, schools, drug courts, inpatient psychiatric units, and women’s shelters. Our team became introduced to the Wild 5 Wellness KickStart 30 Program, designed by Saundra Jain, MA, PsyD, LPC and Rakesh Jain, MD, MPH, following a trip to the Psych Congress training in Orlando, Florida in October 2018. Since then, we have made efforts to implement this wellness program for our patients and employees to help improve happiness, enthusiasm, resilience, and optimism. Our intent is to improve patients’ overall wellness, but also to help our employees reduce rates of burnout and compassion fatigue, and improve workplace satisfaction and cohesion. All materials below regarding the Wild 5 Wellness KickStart Program are from Dr. Saundra Jain and Dr. Rakesh Jain’s KickStart30 program.

There are five components to the Wild 5 Wellness Program, which include exercise, mindfulness, sleep, social connectedness, and nutrition. This is a 30-day program that can also lead to 60-day and 90-day continuation options. Each participant is provided with daily tracking logs.

The expectations for the exercise component consist of exercising 30 minutes each day, and to aim for at least moderate intensity. Moderate intensity is encouraged as it optimizes the benefits of exercise for both physical and mental health. Participants in the program have been asked to do whatever they are capable of in 30 minutes of moderate intensity. If not feasible due to limitations, such as chronic pain, the exercise component may be broken down into smaller segments (e.g., three 10-minute sections of exercise).

In order to gain credit for the mindfulness section of the program, mindfulness practice is required for 10 minutes per day. By encouraging participants to engage in mindfulness practices, participants will be in the moment, focusing on thoughts, emotions, awareness of their surroundings and bodily sensations, all without judgement. Several resources for guided meditation were provided to participants, along with encouragement that there is no right or wrong way to be mindful.

In order to obtain the program expectations for sleep, four or more of the Wild 5 Wellness KickStart 30 program’s sleep hygiene practices are to be implemented daily. Quality sleep is necessary for good health. Sleep hygiene practices include: eliminating all electronic devices 90 minutes before bedtime, taking a warm shower or bath before bedtime, eliminating napping, avoiding caffeinated drinks 10 hours prior to bedtime, eliminating ambient light in the bedroom, and establishing and sticking to a regular bedtime, including weekends.

For social connectedness, participants are asked to meet or call a minimum of two family members or friends daily, texting does not count. This connectedness may include coffee with a friend, a phone call with a peer, or a meaningful interaction with a stranger in line at the grocery store.

The only requirement for the nutrition component of the Wild 5 Wellness KickStart 30 program is for participants to track what they drink and eat on a daily basis. Awareness of what the participant consumes (or does not consume) is the premise of this component. In order to eliminate a potential barrier for low-income clients who may not be able to access a MyFitness App, we provide journals and/or food log print-outs.

In addition to completing each of the five sections of the program daily, small writing prompts focused on happiness, enthusiasm, resilience, and optimism are also issued. These prompts have all been linked to predicting lower heart rate and blood pressure, longevity, lower rates of depression.
sion, pain levels, better physical well-being, stronger immune system, and increased coping skills. These exercises take approximately five minutes per day. One example of a HERO exercise is “Optimism often requires making a choice about how you view the world. Write down two positive things you want to happen tomorrow, and then spend a few minutes planning on how to make these optimistic attitudes/events a reality.” (Jain & Jain, 2019).

The HERO exercises, along with a 30-day completion of the Wild 5 Wellness program, yielded a 45.2% decrease in scores on the GAD-7 (anxiety), PHQ-9 (depression) scores decreased by 42.9%, MAAS scores (mindfulness) increased by 19.4%, SCS scores (self-compassion) increased by 18%, PSQI (sleep quality index) scores decreased by 34%, DEBQ (emotional eating subscale) decreased by 17.3%, and WHO-5 (well-being index) scores increased by 45.8% (Jain, Jain, Mittal Kumar, 2016).

Considering a vast portion of patients at Comprehensive Behavioral Health reside in rural areas and are below the federal poverty guidelines, we ensured this program would have no cost associated to participants. We provided the Wild 5 Wellness KickStart 30 Manual to all participants, including employees, free of charge. This manual includes resources and strategies to achieve the program components without gym memberships or internet access. We have utilized case management services for social connection if they are isolated. With consent, our program consists of a daily encouraging text message from a team leader, including motivational support and short videos, weekly support groups that correspond with the five program components, and a weekly accountability call to discuss successes and obstacles, and to offer overall support. Our employees are in a separate messaging group from our patients.

Employee participation in the Comprehensive Wellness Movement is on a volunteer basis. According to feedback from our staff, we have come to see excellent results in connection amongst our five satellite offices, open communication amongst various professionals (counselors, nurses, case managers, administrative assistants, billing specialists), and excitement about our program based on our growing number of participants from month-to-month.

Two employees from Comprehensive Behavioral Health Associates voluntarily provided testimonies about their involvement in the Comprehensive Wellness Movement program. A mental health professional for 17 years reports, “I have been doing the Wild 5 Wellness program for almost two months. I have the social connection, exercise, and nutrition down pat, but I struggle with the sleep and mindfulness components. I can see the difference when I get the sleep needed, my mood is more positive, and I feel like I am able to focus and accomplish more. I feel that overall this program is very inspiring.”

Another employee, a Licensed Professional Counselor and Doctoral Student in Counselor Education and Supervision, stated, “I’ve really enjoyed being a part of the employee wellness program. I am fortunate to work with individuals who value wellness and mental health care as much as I do. As counselors, wellness and holistic care is central to our identity. Being a part of this employee wellness program has been enlightening for me and has helped me become more aware of the parts of my life I am not giving enough time and energy. The program has held me accountable as well. I strongly believe as counselors, we should not ask our clients to do anything we would not be willing to do ourselves, including prioritizing and valuing wellness. This program has helped me begin to learn how to balance my own wellness practice while also focusing on client welfare.”

The core philosophy of the Wild 5 Wellness KickStart 30 Program, “Progress, not Perfection” applies to the implementation of this program as well. We continue to make adjustments, monitor participation and hope to begin collecting data on the overall results of this wellness initiative on patient wellness, employee reductions in burnout, compassion fatigue, and increased employment satisfaction as time goes on.

In order to focus on wellness in our patients, we need to be well ourselves. Take care of yourself to take care of others. Just as all pre-flight instructions say, put on your own oxygen mask before helping the individual next to you.
There are many reasons that individuals die by suicide, but immediate access to lethal means exacerbates the issue; ready access to firearms might increase the actual suicide rate in the United States. For example, pesticides were the leading cause of suicide in Sri Lanka in the 1990s; however, when they banned human-toxic pesticides, suicide rates dropped by 50% in 2005 (Gunnell et al., 2007). Also, members of the Israeli Defense Force (IDF) who died by suicide in the early 2000s most often died by firearm. Beginning in 2005, most Israeli youths died from a suicide attempt, with a firearm being used in 40% of those attempts (Lubin et al., 2010). Suicide is a huge concern in the United States, and firearms were the most common tool that ended in death by suicide (NIMH, 2019).

In 2017, suicide was the 10th most common means of death in the United States, and firearms were the most common tool that ended in death by suicide (NIMH, 2019).

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Educational Advances: Counseling on Access to Lethal Means: Part of a Comprehensive Approach to Suicide Prevention

Dr. Nicole A. Stargell, Phi Sigma Chapter

In 2017, suicide was the 10th most common means of death in the United States, and firearms were the most common tool that ended in death by suicide (NIMH, 2019).

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self-storage facility or pawn shop. Pawn shops might accept the firearm in exchange for a loan with a reasonable percentage rate. It should be noted that a background check could be required to retrieve a firearm from a pawn shop. If none of these options are possible, the local police or sheriff’s office might agree to temporarily store the firearm. Professional counselors should help their clients research the various options for offsite firearm storage.

If firearms cannot be stored off site, locking them is an alternative option. A firearm can be locked with a trigger lock, and it can also be locked inside of a gun safe. If a person with suicidal ideation lives alone, a loved one might be asked to change the lock combination or take the key/hide it. Removing ammunition from the home is ideal, or it can be locked separately. Ultimately, CALM is used to put as much distance as possible between a person with suicidal ideation and a loaded firearm. When providing CALM, some clients might want to know when they can get their guns back or unlock them. This is a case-by-case decision that might be discussed when the individual reports no suicidal ideation for several months, has identified effective coping strategies, and consistently adheres to a relapse prevention plan. Safe storage of firearms and medication should be encouraged for all clients, and counselors should work to actively reduce client access to other lethal means that they might endorse as well. Suicide is an important and complicated topic, and CALM is part of a comprehensive plan aimed at saving lives and increasing the mental health of clients.

Sponsored by a 2018-2019 North Carolina School Safety Grants Program

Visit the Suicide Prevention Resource Center website for a free web-based Counseling on Access to Lethal Means training.

Educational Advances: A Counselor’s Role in Suicide Intervention: Individual and Systemic Levels

Dr. Laura Shannonhouse, Mary Chase Mize, Constantinos Miskis, Dr. Robert Rice, Dr. Jonathan Orr, Dr. Erin Mason, & Jorge Lopez, Chi Epsilon Chapter

Suicide significantly impacts individuals across the lifespan, and the statistics are startling. Five Americans die by suicide every hour, and four young persons in Georgia die by suicide every week. During any given year, 1 in 7 Georgia high school students consider suicide, and 1 in 11 attempt. Among college students, 23.1% seriously contemplated suicide in their lifetime, and at Georgia State University (GSU), 50% of undergraduates reported suicidal ideation at some point in their life, and 32% in the last 12 months. Among older adults, death by suicide occurs every 65 minutes. In metro-Atlanta, 30% of homebound older adults expressed a desire to die, and 50% were fearless about death. In this brief, we share ways we have integrated best practices in suicide intervention across the lifespan, including K-12 systems, higher education, and community-dwelling older adults. The treatment across our studies is Applied Suicide Intervention Skills Training (ASIST).

Applied Suicide Intervention Skills Training (ASIST) is an evidence-based standardized, manualized, and internationally recognized training that has been adopted by the U.S. Armed Forces, the Centers for Disease Control, and crisis centers worldwide. ASIST is one of the only evidence-based intervention trainings designed to stabilize persons at risk of suicide. Over two consecutive days (14 hours total), participants learn a highly researched intervention model which prepares them to facilitate a life-assisting intervention in the moment needed. The model is called Pathway for Assisting Life (PAL), which emphasizes the ‘quality of the interaction between the participant and the person at risk.’ Through the use of the PAL model, participants learn how to utilize this connection to reduce risk as a result of working effectively with ambivalence for dying.

Survivors of suicide report a desire to live – before, during, and after suicide attempts. In fact, those interviewed report a deep regret the moment they enacted their suicide plan. Working effectively with ambivalence involves first hearing the story about suicide, where a person at risk has the opportunity to exhaust their reasons for dying. This process brings the person at risk out of the past and into the here and now, where uncertainty can become clearer. Exploring one’s uncertainty about dying results in identifying a reason to live, often in the form of hope or uncertainty. We refer to this moment as the “turning point.” This turning point emerges from the person at
risk, and not from the caregiver. Anyone over the age of 16 can receive ASIST training and perform a life assisting suicide intervention, or “suicide first aid.”

Student suicides in Georgia have prompted citizen advocacy and legislative response. The Jason Flatt Act was passed in GA requiring suicide training for school personnel at three levels: prevention, intervention, and postvention. Similar acts have been passed in other states (i.e., LD 609 in Maine). We have found it most helpful to ground our advocacy efforts in the legislative requirements, and encourage school counselors and educators to be familiar with the legislation in their state. While suicide awareness (prevention training) is more common (e.g., Sources of Strength, Signs of Suicide, Tell Me More, etc.) in schools, suicide intervention training is more rare, and rarer still is postvention training. When asked to help address this need, my colleague Dr. Dennis Lin and I partnered with Dr. Robert Rice and the State Department of Education to serve the metro Atlanta K-12 community through research and outreach with school districts (Gwinnett County Schools, Cobb County Schools, and Decatur City Schools, to name a few).

We grounded our research/outreach with Cobb County in collective impact theory, requiring them to first train their leadership and decision makers in ASIST. We encourage readers to take the extra time to build relationships with leadership and include them in the decision-making process. Through collaboration with District School Counseling Supervisor Gail Smith, Cobb put six of their leadership team through an ASIST training. These six had the power to make decisions which collectively impact approximately 110,000 students. Cobb then requested us to collaborate in developing a sustainable implementation plan across. We then trained 30 “natural helpers” that were handpicked by Cobb personnel trained in ASIST (who understood what we were up to). Wymann and colleagues’ (2008) “natural helper” criteria include: ongoing interaction through job role, warm, empathic, some students naturally gravitate towards. Of those 30, four were selected to then become ASIST trainers based on suitability after two days of observation. These four trained all of Cobb’s school counselors, social workers, and psychologists as a first step in their implementation plan. These leaders took ownership of the best practices to combat suicide.

Succession planning can also be a challenge in fostering the research/outreach to continue. With Gail’s retirement, Melissa Marsh, one of the original four selected, has taken up the initiative and has sent two more people to become trainers, for a total training team of six. Over the past couple years, she ushered in revisions to Cobb’s crisis management protocol which now specifies ASIST as the treatment of choice, and follow up processes aligned with ASIST in meeting the needs of students of concern. Discussions have begun for building out the intervention tracking tool in infinite campus to reinforce the best practices inherent within the training into their school system, while simultaneously collecting data. For now, Cobb and Gwinnett counties are collecting intervention-level data on students of concern responded to by their ASIST trained staff. Preliminary outcomes indicate those who have received an ASIST intervention have decreased lethality and increased coping and commitment to follow up.

Decatur City schools also requested the ASIST training. Sadly, shortly after their first training, a high school student died by suicide, and school personnel found themselves in postvention. Postvention (i.e. providing facts, dispelling rumors, counseling services, managing media, preventing contagion, handling of memorials, etc.) has become part of our training curriculum for counselor-trainees and is now being implemented across Georgia schools in partnership with the GA Department of Behavioral Health and Developmental Disabilities. School districts send a five-member team to receive the postvention training, and develop a customized plan grounded in their data from the Georgia Student Health Survey (GSHS), contextualized in the state trends on suicide (GSHS data is managed through GSU Research Center for School Safety.) Best practices in postvention was coupled with extensive supervision by Dr. Jonathan Orr for our mental health counselor-trainees placed in Decatur City Schools.

Decatur City Schools supported the grieving family, students, and school personnel in numerous ways. Their efforts started before the tragedy, with a pre-social network analysis study evaluating the role of the peer network in suicide and self-injury behaviors of students by Kelly Wester, Carrie Wachter Morris, Diane Thompson, and Laura Shannonhouse. This project includes intervention tracking data: school personnel that were trained in ASIST just days prior to the suicide completed 40 ASIST interventions over a 7-week time frame after the tragedy. These interventions took place with 20 of the most at-risk students in Decatur City High School (some had multiple interventions). Part of postvention involves upstream prevention. Diane Thompson, Decatur City Student Success Coordinator, hosted an additional training last month, doubling their ASIST trained staff to 40. This makes DCS one of the country’s most saturated school systems with trained suicide interventionists. Similar to Cobb, DCS revised their crisis management protocol. Again, this is the tip of the iceberg in regards to the efforts this district has made in contributing to the mental health of their students. A list of all the efforts under way is beyond the scope of this article, however if you are interested, please contact our team.

Back at GSU, ASIST has become required for all clinical mental health, school counseling, and rehabilitation counseling master’s students. Each year since requiring ASIST in our programs, students report they are immediately using ASIST during their internship experiences. Our students speak of identifying and intervening with those at risk who would not have been on their radar for suicide risk. In addition, as these students are hired in schools and organizations throughout Georgia, they are taking these skills with them – another step towards suicide safer schools and communities.
munities in Georgia. Additionally, we wrap students into the research process, so that when our doctoral students graduate and take counselor education positions, they bring with them best practices (and active research agendas) in suicide intervention to their new universities (e.g., Wake Forrest University, Clemson University). Beyond ASIST, our faculty and students/graduates have become trainers in SafeTALK (awareness training) and Suicide to Hope (s2H). s2H equips clinicians to foster growth through adversity with clients with suicide attempts and ongoing suicidal ideation and has been very useful as an advanced skills training for Masters’ students. These trainings intentionally work together, in what Litman argued is the future of the field of suicidology, ‘continuity of care.’ A layered approach, grounded in collective impact theory, enables us to build ‘suicide safer systems’ in equipping natural helpers across multiple levels (i.e. prevention, intervention, and postvention) to combat suicide.

In evaluating trainees who have taken the ASIST training, we found suicide intervention skills are significantly increased from pre-to-post training, and those skills are retained over time. We ran a simulations study using Madelyn Gould’s (2013) HLM coding protocol to behaviorally code videos of counselor trainees’ suicide interventions before and after ASIST training. This enabled us to increase granularity with regards to skills improvement (i.e. 12 invitations missed prior to ASIST training, no invitations missed after ASIST Training). We found similar skills increases when evaluating K-12 school personnel, and also university personnel.

Counselor educators and trainees can also combat the problem of suicide through their universities. For instance, counseling faculty and students serve on the GSU suicide task force. This has involved serving on university panels regarding students-of-concern, our annual coordination of the Out of the Darkness walk through our Chi Sigma Iota Chapter, identifying ‘at risk’ areas for signage, speaking engagements, collaborating with the college counseling center, etc. There are also Garrett Lee Smith (GLS) SAMHSA grants, Ohio State University with the Granellors being among those most successful. This year, our college has a year-long initiative to combat suicide and promote mental health in K-16 systems. Dr. Thomas Joiner will be speaking, SafeTALK Training will be provided to our faculty across departments, consultations for students of concern provided, and many opportunities for our counselor-trainees to learn and serve. Additionally, we have partnered with ASIST trainers at other universities (such as Dr. Julia Whisenhunt at University of West Georgia, Dr. Michelle Hill at University of North Georgia) to provide suicide-safer communities through university collaborations, and collection of data across university systems.

Among older adults living in the community, nutrition service volunteers consistently see emotional distress and suicidal behaviors in older adults – for example, those who voluntarily stop eating and drinking (or VSED) and withhold medical treatment, but often don’t know how to help. Persons at risk of suicide often tell people in their life; yet for older adults living at home who may experience social isolation, their meal service volunteers (e.g., Meals on Wheels, Open Hand Atlanta) may be the only individuals they interact with regularly. Our team was awarded a $699,362 grant from the U.S. Department of Health and Human Services (HHS) to conduct research on suicide intervention with older adults. Mary Chase Mize and I partnered with the Atlanta Regional Commission and faculty at the University of Tennessee (Dr. Casey Barrio Minton) and Virginia Tech (Dr. Matthew Fullen) on this research. Our study is a double-blind randomized control trial (RCT), which is equipping home delivered and congregate meal providers with evidence-based suicide intervention skills. We are in the process of testing several training models (i.e., ASIST, safeTALK) to determine which is the most effective.

Participating counties (and county directors) include Central Fulton (Ladisa Onyiliogwu), North Fulton (Tonya Morris), Dekalb (Darryl Blackwell), Cobb (Sandeep Panichee), Henry (Diane Reed), and Clayton (Tori Strawter) counties. We have three research questions: (1) Do nutrition service providers get the suicide intervention skills? (2) Do they use the skills? (3) And what is the impact of the skills? We test the first with pre/post follow up training measures of suicide intervention skills, attitudes, and knowledge. The second is evaluated through the individual tracking of interventions, and intervention components. The third, through a battery of validated measures that 14 of our funded counselor-trainees administer in person, in the home of the older adult at multiple
time points. These students are members of the H.O.P.E. lab, and have They have first-hand experience with extremely challenging data collection, and are presenting and writing on their experiences. I have to say we have the best lab in the world! The counselor-trainees in the lab are the most positive, problem solving, insightful, empathic, and sincere students I could imagine working with, and are full of humility and heart. Please visit our lab website for more information on a variety of trainings, how to get trained, read their narratives on the impact, and see our community partners and research outputs. To date, we have approximately 500 home bound older adults in the study who have received personalized visits from our counselor-trainee H.O.P.E. lab members. In addition, the Association of Adult Development and Aging (AADA) is evaluating the H.O.P.E. counselor-trainees due to their immersion with home bound older adult community. There is a national shortage of counselors interested in working with older adults, the fastest growing population segment, and preliminary findings suggest increased sensitivity and increased interest in working with older adults.

At the end of this grant, we hope to see increased suicide intervention skills among nutrition services volunteers, in- creased identification of older persons who are considering suicide, and improvements in older adults’ mental health outcomes. Discussions have already started with the National Council on Aging (NCOA) regarding adding ASIST to the evidence-based registry to be utilized by the aging network. To date, there is no recommended suicide intervention programming for working with older adults. Our team will also create an operations manual to replicate the innovation in other area agencies on aging, and Atlanta will have the first nutrition services workforce trained in evidence-based suicide intervention skills and what we learn will help us transform how we care for older adults across the nation.

Looking to show your CSI pride? Visit the CSI store for graduation gear, chapter swag, attire, and more!

Chapter Resources: Reflections on the Value and Processes of Effective Mentorship
Dr. Philip Clarke, Pi Alpha Chapter

In order to engage with the power of mentorship, I encourage you to conduct a brief reflective exercise. Call to mind someone on your professional path (e.g., peer, faculty member, or colleague) who helped you grow personally and/or professionally. Identify at least three ways in which this person enhanced your learning as a student or helped you develop as a professional. This activity will ideally reacquaint you with how invaluable mentors are in helping each of us reach our educational, career, and life goals. In the remainder of this article, I hope to define mentorship, underscore why it is essential in training and sustaining effective counselors, and note some of the key components to constructive CSI mentorship programs.

Mentorship has been defined as “. . . a one-to-one relationship between a more experienced member (mentor) and a less experienced member (protégé) that is aimed to promote the professional and personal growth of the protégé through coaching, support, and guidance” (Chan, Yeh, & Krumholtz, 2015, p. 2). If you trace the milestones of your life or career, you will likely find that a mentor played a part in you reaching one or more of those landmarks. You may have had the joy of serving as a mentor and are realizing that you too are learning and growing through collaboration with your mentee. By serving as a mentor, participating as a mentee, or managing a mentorship program as part of your CSI chapter, you can be a part of something that has an indelible outcome on yourself and another individual.

CSI’s mission to “ . . . promote scholarship, research, professionalism, leadership, and excellence in counseling . . . ” (www.csi-net.org) serves as a compass for generating mentorship goals that enable the training of counselors who embody excellence. Mentorship is a major factor in creating great advocates, scholars, leaders, and counselors. Mentoring aids mentees due to the mentor (a) imparting information, (b) modeling different aspects of being a counseling professional or excellent student, (c) facilitating wellness and emotional support, and (d) assisting with mentee goal accomplishment through serving as an accountability partner. Mentorship is also helpful to the mentor. Mentors can deepen their learning about the counseling field due to formulating replies to inquiries posed by their mentees (Murdock, Stipanovic, & Lucas, 2013). Additionally, Murdock et al. (2013) noted that mentors are “giving back”, since they had once been mentees themselves (p. 496). For online or hybrid counseling programs, mentorship programs may hold even greater value. Students may perceive that they are missing out on information and support that could be accessed during face-to-face encounters with peers or faculty. Mentors,
mentees and mentoring program organizers would be wise to remember that mentorship programs can thrive in an online educational environment and can be indispensable to students. Mentorship can take place via email (e.g., Murdock et al., 2013), events can occur online (Chapter Development Committee, 2018), and meetings can be held online or over the phone. The occasions of residencies or intensives in which online students meet in person are additional opportunities to encourage mentors and mentees to meet.

The CSI Chapter Development Committee that I chaired previously developed a Best Practices Guide for Chapter Mentorship Programs (2018). The guide contains several elements to include in a mentorship program, some of which I will highlight here. 1) Mentoring should be intentional. The CSI Mentoring Committee pinpoints the goals of the mentorship program prior to its launch. 2) Mentoring is at its best when it is custom-ized. Brief surveys can be given in which mentees share goals and interests that can be matched with mentors who possess similar interests and expertise. 3) Mentors and mentees should decide upon mentorship goals and the frequency of meetings. 4) Role induction should occur. In other words, CSI mentorship programs should provide information to potential mentors and mentees about what mentorship is, what the roles entail, and how the mentee can maximize the mentoring they receive. 5) Mentorship is grounded in ethics. For example, “Discuss, before beginning a relationship, the power differential and the challenges of navigating dual relationships” (Bevly & Herlihy, Spring 2018, p. 34). 6) Research by Chan et al. (2015) indicates that “(a) family and community, (b) the university, (c) the field and profession of psychology, and (d) society and culture” should be elements of the mentorship dialogue (p. 6).

Regardless of your mentorship role, utilize resources for learning more about this process. The article “Association for Counselor Education and Supervision guidelines for research mentorship: Development and implementation” (Borders et al., 2012) contains helpful information. Learn more about effective mentorship through reading about the perspectives of great mentors. For instance, consider reading the Exemplar (McKibben, Summer, 2015) article on Dr. Catharina Chang, who received the first Jane Myers Life-time Mentor Award in 2015. Lastly, access the CSI Best Practices Guide for Chapter Mentorship Programs which can be found on this CSI webpage.

Excellence in the Field: Project TEACH

Dr. Melissa Arthur, Sigma Upsilon Chapter

Did you know that some medical doctors are trained to use counseling skills?

Nationally, there remains a dearth of child and adolescent psychiatrists. The onus of providing psychiatric care for children and adolescents is often placed on the primary care physician. New York State, as well as other states, have developed programs to support and assist pediatricians and family medicine physicians with assessment, diagnosis and treatment of childhood psychiatric conditions, behavioral concerns, and emotional difficulties. The program in New York State is known as Project TEACH and is sponsored by the New York State Department of Mental Health. As a counselor educator, I have had the opportunity to train family medicine residents in my role as the director of Behavioral Science for St. Joseph’s Health Family Medicine Residency in New York.

The residents participate in Project TEACH to help support their efforts with children and adolescents. A primary care physician, nurse practitioner and/or physician assistant calls the Project TEACH phone line and is able to talk with a mental health specialist and a psychiatrist. The mental health specialist will offer non-medication related advice and information on community mental health resources and referrals, and the psychiatrist will offer guidance for further assessment and/or medication recommendations. The information is collected in a database so the primary care clinician can reconnect with the consultants if further recommendations are required. If the consultant is unable to recommend a next step after a phone discussion, a one-time face-to-face consultation is provided either in person or via a videoconference. Because New York State is very large, there are rural parts of the state that make a face-to-face consultation difficult. In these situations, a videoconference consultation is offered by the provider. A full report with recommendations is then sent to the primary care provider.

The physicians also are encouraged to utilize a variety of screening tools to help guide the child’s assessment and monitoring. Some of these tools include the Van derbilt for ADHD, the SCARED for Anxiety and the PHQ-9t for depression. Physicians are taught to use these tools as collateral information. It is stressed to conduct a strong clinical interview for assessment purposes.

Project TEACH also offers a variety of training opportunities for primary care providers. A “Core” training is offered as a half-day workshop. It covers common childhood psychiatric conditions such as ADHD, anxiety, depression, and aggression. Clinicians are trained to understand how psychiatric conditions often present differently in children than in adults. Role plays are used to help the audience understand.
and differentiate the diagnosis and symptoms presented. Other one-hour evening workshops offered to the community have included school refusal, anxiety disorders and self-harm behaviors.

The Project TEACH staff has reached a large number of children over the course of the last nine years: over 12,000 phone consultations involving nearly 9700 individual children. Of these, 838 were seen face-to-face. It has awarded 22,265 continuing education credits to participating clinicians. Many other states offer similar programs and assistance including: Arkansas, California, Colorado, Connecticut, Delaware, Illinois, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, New Jersey, Oregon, Pennsylvania, Rhode Island, Washington, Washington DC, Wisconsin, and Wyoming. Further information can be obtained by going to the National Network of Child Psychiatry Access Programs (NNCPAP) website.

With the rise of childhood depression and trauma-related disorders, and with suicide being the second leading cause of death for teens, mental health counselors working with children should aim to develop collaborative relationships with their clients' primary care providers. In states where programs like Project TEACH exist, you might suggest calling them. Where they don't exist, you might be part of starting one.

Interested in CSI Research and Chapter Grants? Want to help advance our profession? Learn more about CSI funding opportunities on our webpage.

Excellence in the Field: Teaching Trauma Counseling
Dr. Charmayne Adams, Upsilon Nu Omicron Chapter

I have worked in many settings where individuals are activity experiencing a crisis, are recovering from a recent crisis, or have extensive histories of trauma. This includes residential treatment facilities, in-patient psychiatric hospitals, mobile crisis units, correctional facilities, and a university conduct department. When I decided that I wanted to be a counselor educator, I realized that I wanted to continue to support this community, but the intensity of the work would make it difficult for me to do that clinically for 40-hours a week. I then decided that, in addition to supporting individuals in crisis or who experienced traumatic events through counseling, I would learn how to teach about, supervise others working with similar populations, and conduct research on best practices in teaching and clinical work in this area. It is important for students and professional counselors to receive high-quality training in this area because exposure to traumatic events can lead to psychological disorders such as post-traumatic stress disorder (PTSD), acute stress disorder, depression, and anxiety and may be linked to much of the psychological distress that brings clients to see mental health professionals (Blankenship, 2017; Courtois & Gold, 2009; Czerny, Laseter, & Lim, 2018; Herman, 1997; Lutton & Swank, 2018). Additionally, exposure to traumatic experiences, especially chronic traumatic experiences, has been correlated to physical and psychological distress, an increased likelihood of addiction-related disorders, and interpersonal difficulties (Courtois & Ford, 2013; Herman, 1997; van der Kolk, 2005).

Without proper training in this area, professionals can inadvertently exacerbate client distress, experience personal distress as a result of secondary trauma exposure (i.e., vicarious trauma, compassion fatigue, burnout), and provide inadequate care. Additionally, practicing outside of scope was cited as one of the most common ethical violations for professional counselors. In contrast, practitioners with knowledge of trauma and how it impacts client welfare are better equipped to empathize, customize interventions, and create environments that do not retraumatize clients (Courtois, 1997). This article will focus on a couple of the major findings from my dissertation completed in Summer 2019 entitled, Teaching Trauma Theory and Practice to Master’s Level Students: A Multiple Case Study (2019).

In the helping professions, and in the field of counseling specifically, crisis, trauma, and disaster relief have increasingly become a focal point in professional practice, supervision, research, and counselor education. The study of the impact of traumatic events on psychological health is not a new inquest. Herman (1997) wrote in her seminal text that researchers have sporadically studied trauma theory and practice
since the nineteenth-century, and probably even earlier. Over time, researchers have aimed to better understand three main aspects of trauma:
(1) How specific populations, such as soldiers and victims of domestic violence, are impacted by traumatic events.
(2) Which types of situations, such as natural disasters and man-made disasters, are interpreted as traumatic.
(3) Which types of interventions are most effective for alleviating the long-lasting impact of exposure.

The Council for Accreditation of Counseling and Related Educational Programs (CACREP), the accrediting body for counseling programs in the United States, embedded training standards specific to trauma in the 2016 Standards (i.e., F.3.G, F.5.M, F.7.D, C.2.F, and G.2.E). Due to the nature of the CACREP training standards, it is up to counseling programs to determine what trauma content they embed to address these standards and up to instructors to determine methods for teaching and learning. For counselor educators, it is important to understand that, even though trauma and crisis standalone courses are typically taught as program electives, there are professional and educational standards that should be teaching: (a) understanding the biological impact of trauma, (b) awareness of self and practitioner characteristics such as “non-judgmental presence”, (c) ensuring that approaches align with evidence-based practice, (d) understanding cultural factors and “the unique factors of each client”, (e) the impact of trauma on the system and the ability to conceptualize trauma response within context, (f) client empowerment and utilizing strengths-based collaborative protective factors to support recovery, and (g) the ability to assess and diagnosis through organizing and collecting client information (Adams, 2019). Additionally, it is important for counselor educators to have both didactic and experiential components to these courses to allow students the opportunity to learn foundational knowledge and also apply and integrate that information in a meaningful way (Adams, 2019; Greene, Williams, Harris, Travis, & Kim, 2016; Kitzrow, 2002; Moate & Cox, 2015). Another important finding from my research addressed how counselor educators choose the specific content to include in their crisis and trauma courses. What I found was that my participants relied on a combination of expertise, experience, and preference to guide course design. These factors are not inherently correct or incorrect, but I think it is important to refer back to my initial point that there are standards to help us guide these courses. So, in addition to using expertise and experience, counselor educators must remember to ground our work in evidence-based practice and the existing standards of practice, even if they do not align with our preferences, experience, or experience.

For students and professional counselors, the research shows that the majority of training on trauma and crisis is from conference presentations, post-master’s continuing education, and independent reading. As previously mentioned, because most programs provide trauma and crisis training as a standalone course elective, it is left up to the student/professional counselor to opt into the course if it fits their schedule. Due to the high number of people who have experienced traumatic events (Kilpatrick et al., 2013) and the likelihood that professional counselors will provide services to these individuals (Cunningham, 2004), it is imperative that professional counselors and counseling students seek out high quality, research-informed training. Additionally, this is a call to all professional counselors, counselors in training, and counselor educators to challenge their colleagues and professors to ground their presentations, courses, and continuing education in available trauma and crisis standards in addition to evidence-based information. By using the AMHCA provides trauma informed care standards for clinical mental health counselors, those are available through the AMHCA website. Additionally, the National Child Trauma Stress Network (NCTSN) published the Core Curriculum on Childhood Trauma that can be helpful for students and practicing counselors working with children and families. This resource is also available through their website. One of the most in-depth resources currently available is the Trauma-Informed Care in Behavioral Health Services Treatment Improvement Protocol (TIP) published by SAMHSA in 2014. This document includes a literature review, a free PDF of the treatment protocol, and a brief. All of these resources are free, and are a great addition to clinical practice and counseling classrooms.

It can be easy to be swept up in pop-psychology, especially since trauma and crisis are receiving so much attention. Many counselors are working on the frontlines to support individuals struggling with the ramifications of these devastating events, but we must remember that the majority of the research in this area...
Finding Your Purpose in the Chi Sigma Iota Community: An Interview with CSI 2019-2020 President, Dr. Amanda La Guardia

Annaleise Fisher, Kappa Sigma Upsilon Chapter

I am thrilled to have the opportunity to introduce the 2019-2020 Chi Sigma Iota (CSI) president, Dr. Amanda La Guardia. I had the honor of interviewing Dr. La Guardia about her plans and visions for her CSI presidency. It was a pleasure to learn more about Dr. La Guardia's professional development and leadership experiences, and I am delighted to have the opportunity to share this information about her. Dr. La Guardia is an Assistant Professor and the Clinical Mental Health Counseling Program Coordinator at the University of Pittsburgh. She first attended the University of Pittsburgh to major in physics and biology, but after receiving a position with Western Psychiatric Institute conducting assessments on cognitive processing with older adults, she soon shifted gears and changed her major to psychology. Dr. La Guardia graduated with undergraduate majors in Psychology and Biology and a minor in criminal justice. After graduating, she was employed as a case manager working with children who experienced trauma and severe psychological concerns.

She was motivated to learn more about helping clients. Therefore, she applied to graduate school. Dr. La Guardia attended East Tennessee State University, receiving training in both marriage and family therapy and community counseling (now known as clinical mental health counseling). Throughout her graduate school career, she became aware of systemic injustices, poor perceptions regarding treatment, and lack of intercollaborative care among professionals. She then decided to apply for doctoral programs in Counselor Education and Supervision and chose to attend Old Dominion University where she completed two cognates in research methodology and women's studies.

Dr. La Guardia first became involved with CSI during her doctoral experience at Old Dominion. She credits her exposure to CSI to two of her mentors: Dr. Danica Hays and Dr. Ted Remley. Dr. La Guardia said Dr. Remley oriented her toward professional leadership and professional issues, and Dr. Hays encouraged her to join CSI during her first semester of the doctoral program and get involved in research. She began engaging with her CSI chapter as the fundraising committee chair and became the president of her chapter the following year. Regarding her involvement with CSI, La Guardia stated, “It was a lot of the encouragement. I wasn’t ever thinking about leadership or doing anything in the chapter, and because I was there and showed up and seemed interested Danica said ‘You seem dedicated and you can organize well, let’s do this’. She really supported me the whole way through. I found out more about [CSI] as I was involved with [the chapter].’ This message can be encouraging for new professionals: professional engagement and leadership begins with the simple act of showing interest!

When asked what inspired her to run for CSI president, Dr. La Guardia provided three reasons: invitation/mentorship, passion, and networking. She spoke about the relationship she developed with Dr. Jane Myers, who encouraged her to run for CSI president. She also stated that because she is passionate about CSI, she desired to stay involved after her term as secretary ended. Dr. La Guardia described herself as an introverted person and spoke to the importance of pushing herself beyond her comfort zone to speak with, network, and build new relationships with professionals and colleagues.

Dr. La Guardia also highlighted goals during her presidency at the micro, meso, and macro levels. She is hopeful to continue supporting the structure and foundation of CSI and hopes CSI can continue to have a positive influence on the community. She strongly believes that CSI is not an organization developed for self-promotion, but an organization about contributing and giving. For example, she encourages members of CSI to consider, “What can I learn from this to grow myself and what can I contribute that is going to grow our profession and the organization I’m involved with?” She believes this culture, consistent with servant leadership, is currently present in CSI and hopes to continue supporting this culture. La Guardia also believes CSI is special because we have a “unique opportunity to grow leaders into their professional identity”. During her presidency, she hopes to motivate professionals to contribute to community growth and...
development. She is also inspired to reach CSI chapters, encouraging them to develop a mission to become more purposeful and influential.

Dr. La Guardia spoke about how her vision for CSI aligns with the celebration of its 35th anniversary this year. She believes CSI has a strong history, and it is important to honor this history and continue to contribute to CSI's development. Counseling is still considered a relatively new profession, and Dr. La Guardia provided a helpful analogy to paint a picture of her vision for the continued growth and development of CSI. She stated that flight attendants advise passengers to place their oxygen masks over their own faces before helping others. Dr. La Guardia believes, as the counseling profession was developing, it was indeed critical to place our own oxygen masks on ourselves first, determining if the structure was sound and functioning properly. Dr. La Guardia believes, although it is still important to put on our own oxygen masks and stay connected with who we are, we are now in a place in our profession that we can begin to intentionally, as unique contributors to the healthcare system, assist others with putting on their masks as well. Dr. La Guardia hopes to continue to evaluate the functioning of CSI, while beginning to take the initiative to assist our nearby passengers, including our communities.

During her presidency, Dr. La Guardia is most looking forward to the opportunity to contribute her strengths to this organization about which she is so passionate. She is excited to network with members of CSI and especially have the opportunity to learn from past leaders of CSI. Dr. La Guardia envisions her time as President as a scene from the Disney movie Moana. In the movie, Dr. La Guardia stated, when new leaders are elected, they each place a stone on top of a foundation of stones placed by previous leaders, literally elevating the entire community. This column of stones is meant to support the leaders to come and help the community to grow. She hopes that during her presidency she will contribute a “useful stone” to CSI.

Finally, during the interview, Dr. La Guardia was asked to share a message of inspiration to CSI members and potential members. Dr. La Guardia stated she would like to encourage readers of all professional levels to “keep pushing yourself, keep moving through those moments when things are difficult, and focus on how you can contribute to those around you but also how you can grow and take care of yourself. Don’t lose sight of who you are, because who you are is the most important part of helping those around you and helping our profession grow... I would just encourage everyone to find professional contributors to the healthcare system, assist others with putting on their masks as well. Dr. La Guardia hopes to continue to evaluate the functioning of CSI, while beginning to take the initiative to assist our nearby passengers, including our communities.

Dr. La Guardia’s final message to CSI members centers on the importance of the counseling profession: “Who you are and who we are as a profession.” Find ways to “get reinvigorated when you feel lost, so that we can stay true to our mission, because ultimately what we do is going to help us, our communities, our families, and our respective countries. Healthcare is important and what we do is important; we have to stay focused.” I am fortunate I had the opportunity to speak with Dr. La Guardia. Her message helped reinvigorate and inspire me to take a more active and purposeful role in my leadership opportunities.

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Call for Submissions

The CSI Exemplar Editorial Team is accepting submissions for consideration for the Fall 2019 newsletter. The theme for this edition will be professional identity and ethics. Please submit proposals by September 23, 2019 to exemplar@csi-net.org in the form of an APA-style abstract. Please note the proposed Exemplar column section: Chapter Happenings, Student Success, Counselors’ Corner, Educational Advances, Chapter Resources, or Excellence in the Field.

Through high-quality research, scholarship, and professional dialogue, JCLA will promote the development of leaders to serve in diverse counseling settings, bring awareness to professional and client advocacy initiatives, and provide a forum for discussing professional issues. JCLA welcomes empirical, theoretical, and conceptual manuscripts focused on leadership, professional and client advocacy, and professional identity for counselors, counseling students, and counselor educators.

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