Chi Sigma Iota

Exemplar

Focus on Play and Creative Arts in Counseling

Contents

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

In this edition of the *CSI Exemplar*, we highlight the power of creative arts and play in counseling. As a firm believer in the healing power of creativity, I am excited to share these wonderful articles that exemplify the various ways creativity can be incorporated into counseling to meet diverse clients' needs and support progress towards treatment goals.

The edition begins with an inspiring article by our CSI President, Dr. Peggy Ceballos, and Mac Minick, who discuss the application of creative counseling techniques to assist preadolescents to process the significant and traumatic events of 2020. We then turn to an example of citizenship during tumultuous times by Camille Jorek, Chelse Pike, and Madison Seyres of the Gamma Zeta Chapter. During Fall 2020, the chapter leadership engaged in a food drive and were able to make a difference in their community by stocking a *Little Free Pantry*. Next, Kelsey DeMart and Dr. Jake Protivnak tell us about multiple creative strategies used by the Eta Chapter to facilitate member engagement and support through virtual formats. Turning our attention to a clinical focus, Claire Gregory explains her approach to using improvisation, psychodrama, and dance with adult clients to facilitate therapeutic progress. Relatedly, Crystal Morris discusses the application of positive psychology and mindfulness to trauma therapy, particularly focused on the integration of creative strategies to facilitate supportive interpersonal relationships. Next, Dr. Mary Huffstead and Jasmaine Ataga provide multiple considerations and recommendations for utilizing play therapy through a telemental health platform with special attention towards multicultural counseling. In line with a focus on inclusive practices, Gene Dockery explains the application of creative art intervention to support transgender and gender expansive youth. Shifting to a supervision focus, Dr. Julia Whisenhunt, Alicia Hall, and Dr. Victoria Kress present considerations and strategies for utilizing creative supervision techniques with supervisees who work with clients who self-injure. Wrapping up our standard articles, Dr. Rebecca Edelman provides an update from the CSI Chapter Development Committee regarding their work to promote CSI member engagement through virtual means during the pandemic.

In addition to these compelling and helpful standard articles, we are excited to present the newly developed CSI Counselor Wellness Competencies and to highlight the important work of Dr. Sandra Logan-McKibben—a CSI Professional Advocacy Agent. We also enthusiastically present the winners of the 2020-2021 Leadership Essay Contest which was co-sponsored by Chi Sigma Iota and CACREP.

As you can see, this edition is packed with exciting content that is applicable to our multiple member audiences. We hope you will be able to use content provided in this edition to support your practice.

| Dr. Nicole Stargell | Dr. Devon Romero | Madeleine Stevens | Dr. Julia Whisenhunt |

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

For 36 years, spring has been a busy and special time when many CSI chapters welcome new members during initiation celebrations and host professional development events, advocacy initiatives, and other networking opportunities. During 2020 and enduring into 2021, most CSI chapters pivoted away from planning typical initiation ceremonies and other in-person events that had filled their spring calendars year to year and instead began serving their members within newly socially-distanced communities, hosting online initiations as well as professional development and networking opportunities. As the pandemic has worn on, some CSI chapters are finding ways to reconnect in-person, but most continue to connect in creative, socially distanced ways. As they do, CSI chapters continue to rise to the challenge of reaching out and serving others, even in such uncertain times and within changing modalities.

One example of the numerous creative ways that so many CSI chapters have served - and continue to serve - their communities can be seen in the programs that the Alpha Sigma Omega chapter at the University of the Philippines – Diliman has developed this year. With the support from a CSI Chapter Development Grant and the generosity of CSI leaders who have given of their time and expertise, the Alpha Sigma Omega chapter has hosted an Excellence in Professional Counseling Webinar Series that was highlighted by the Philippine Guidance and Counseling Association, Inc. CSI's mission, to promote excellence in counseling, was reflected in the webinar topics designed to enhance counselors' professional development, clinical work, and involvement in professional service.

- *Wellness Matters, Pursing Personal Excellence and Wellness in Counseling*, presented by Dr. Laura Shannonhouse
- *Excellence, Leadership and Advocacy: A Call to the Profession*, presented by Dr. Victoria Kress

- *Creating a Culture of Excellence in Professional Counseling through Mentoring*, presented by Dr. Philip Clarke
- *Developing Our Identities as People and Professionals*, presented by Dr. Sam Gladding
- *Excellence in Counseling Supervision*, presented by Dr. Anita Neuer Colburn

Hundreds of counselors from various backgrounds came together for these webinars to connect, learn, and encourage each other. New chapter officers are coming on board to serve alongside long-serving, dedicated chapter leaders (CFAs Dr. Jaclyn Cauyan and Dr. Liezel Angeles, and President Ms. Ces Resurreccion). As these new officers assume leadership roles within their chapter, they are taking intentional steps to ensure the ongoing stability and vitality of their chapter. CSI Headquarters has been delighted to be part of meeting with the chapter leadership to support and celebrate their legacy of service.

Take a look at this special video created by the Alpha Sigma Omega chapter celebrating their chapter and our Chi Sigma Iota mission and community.

To see more examples of how CSI chapters are serving their communities (and get ideas for what your chapter might plan), scroll through the Fall Annual Plans and Spring Annual Reports that have been submitted by CSI chapters (for years!) and that are available on the CSI website. (Reminder for chapter leaders: Spring Annual Reports are due April 30th!)

Your chapter can connect with other CSI chapters to learn from one another and collaborate. Utilize the CSI Chapters Directory to find chapters with which to connect – even online!

It is because of the meaningful work that thousands of CSI members regularly devote to their communities, clients, and the profession that CSI continues to establish new chapters within counselor education programs. So far this year, our Society has chartered 14 new chapters – more than twice as many as the Society chartered last year! We're delighted to welcome these most recently chartered chapters:

- Chi Alpha Omega - Gordon-Conwell Theological Seminary
- Mu Chi Nu - Molloy College
- Nu Lambda Upsilon - National Louis University-Tampa
- Sigma Chi Omega - Webster University-Columbia
- Sigma Upsilon Gamma - South University-Savannah
- Upsilon Tau Theta - University of Texas-Tyler

We celebrate the reactivation of these chapters as well:
- Lambda Iota Upsilon - Long Island University - Post
- Lambda Iota Beta - Long Island University - Brentwood

We have been delighted to connect with so many CSI members who have attended our spring webinars, including a special CSI, ACES and CACREP collaborative panel webinar, *Counselor Education Transitions and Responses Due to the Pandemic*, hosted by CSI on February 17, 2021. As always, CSI members can earn NBCC-approved continuing education credit for attending live webinars and/or viewing the recordings. CSI's spring webinar series has included:

Neurobiology and Neurotransmitters: Psychopharmacology for Counselors
Dr. E. Franc Hudspeth, January 14, 2021

The Impact of Dual Pandemics on the Future of Counseling
Dr. Matt Glowiak, Dr. Autumn Cabell, Erik Messinger, & Deanna Revels, February 11, 2021

CSI, ACES, & CACREP Collaborative Panel Webinar: Counselor Education Transitions and Responses Due to the Pandemic
Dr. Jake Protivnak (Moderator), Dr. Peggy Ceballos, Dr. Linwood G. Vereen, Dr. Casey Barrio Minton, Dr. Victoria E. Kress, Dr. Karl Gauby, & Dr. Earl Grey-Brooks, February 17, 2021

Wellness Research: Practical Tips to Secure Grant Funding
Dr. Matthew Fullen & Dr. Cheryl Pence, March 4, 2021

Making Counseling Services Available to People with Disabilities
K. Lynn Pierce, March 18, 2021

CACREP Standards Revision: Promoting Excellence in the Profession of Counseling
Dr. Dana Heller Levitt, Dr. Brandy K. Richeson, & Dr. Le'Ann Solmonson, April 8, 2021

Advancing Advocacy: Thinking Through CSI's Six Advocacy Themes
Dr. Beth Gilfillan, Ray Blanchard, Dr. Patrice Bounds, Dr. Isabel Farrell, Dr. Madeleine Stevens, & Dr. John Harrichand, April 14, 2021

Also be sure to download a free copy of the COVID-19 Counselor Education and Supervision Resource List that contains invaluable resources to support faculty, students, and clients in light of the pandemic. Our thanks to Dr. Tanisha Sapp, CSI Secretary, and the CSI Leadership Fellows and Interns and ACES Graduate Student Representatives who collaboratively developed this timely and comprehensive resource!

Although we would have preferred to connect in-person for our annual CSI Days events, the health and safety of our members remained our priority during the ongoing pandemic. As such, CSI Days events were held online again this spring. CSI's Executive Council chose a theme for this year's CSI Days, "Culturally Responsive Leadership in Times of Crisis," that was reflected within the events held online during the week of March 23, 2021. Visit the CSI website for more details about all of the 2021 CSI Days events that included the following:

Tuesday, March 23, 2021
Chapter Faculty Advisors Training   2:00-3:30 PM EDT
Chapter Leaders Training   4:00-5:30 PM EDT

Wednesday, March 24, 2021
Poster Sessions   1:00-2:15 PM EDT
Educational Session, "Globalization of Counseling"   2:30-3:45 PM EDT
Poster Sessions   4:00-5:00 PM EDT

Thursday, March 25, 2021
Poster Sessions   1:00-2:15 PM EDT
Educational Session, "Servant Leadership in Times of Crisis"   2:30-3:45 PM EDT
Poster Sessions   4:00-5:00 PM EDT

Friday, March 26, 2021
CSI Delegate Business Meeting   1:00-2:00 PM EDT
CSI Awards Ceremony   2:00-3:00 PM EDT

A special thank you to the 55 members who presented 18 poster sessions over two days! We very much appreciate all of the leaders who facilitated CFA and chapter leader trainings and everyone

who attended and contributed to the success of all the 2021 CSI Days events this year!

Chapters will be able to see the recorded attendance of their delegate at the 2021 CSI Annual Delegate Business Meeting included in the meeting minutes and reflected within their online chapter profile. Chapters are required to have a delegate attend the Business Meeting at least once every three years to remain an active chapter and eligible to earn a chapter rebate!

We look forward to continuing to connect online this spring and we eagerly anticipate the time when we will connect again in-person. Thank you for being part of CSI and contributing to making our Society a thriving, creative, responsive, and growing community of members who are united in our unwavering commitment to excellence in service to others – online, face-to-face, and across modalities!

Chi Sigma Iota

Online Store

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You can visit the CSI Store to purchase CSI regalia for your graduation ceremony including honor cords, honor stoles, and medallions. The store also offers customized chapter T-shirts that chapters can order for members. The CSI Store stocks CSI International apparel for all of members, including t-shirts, long sleeve shirts, polo shirts, microfleece pullovers, and sweatshirts, as well as CSI logo merchandise including laptop skins, travel mouses, pens, pencils, flash drives, and jewelry.

Download and share this brochure highlighting the benefits of CSI membership, created by the CSI Professional Members Committee.

CHI SIGMA IOTA

Connect with CSI Counselors!

- Membership in CSI offers opportunities for you to connect with other professionals who have similar interests, passions, and specialty areas.
- Perhaps you have heard the following comment, "One of the primary reasons I go to a conference is to see my friends!" CSI membership provides plenty of opportunities to build relationships.
- To name a few connection opportunities, CSI offers annual CSI Days events at the ACA Conference & Expo, CSI trainings at the bi-annual ACES conferences and ample statewide and local meetings.
- CSI encourages all of our members to get involved! A fantastic way to give back to the profession is to volunteer for the many CSI committees that tap into your talents while providing variety to your counselor identity.

Come, Join, Belong!

Would you like to be more involved in your profession?

- Attend CSI Days and events at the ACA and ACES conferences.
- Use and contribute to the Counselors' Bookshelf, an online resource for members!
- Participate in statewide CSI meetings.
- Volunteer on committees or review panels S and consult with other CSI members.
- Transfer to another chapter if you have moved—contact CSI at info@csi-net.org to find out how to change your chapter affiliation.

Would you like to develop your identity as a professional counselor?

- Publishing or presenting with other CSI members: This includes not only peer reviewed publications, but also chapter newsletters or local/state conferences. In June 2014, the first issue of the *Journal of Counselor Leadership & Advocacy*, CSI's peer reviewed journal was released, and it remains a fantastic avenue for peer reviewed editing and publishing.
- Continue your development as a counselor and stay connected to the counseling field: As a member of CSI you have the opportunity to meet and collaborate with other members on local, state, and/or national conferences.
- CSI continues to provide its members with not only incredible opportunities to connect, but also opportunities to engage in leadership, advocacy, and scholarship.

Are you interested in being a mentor for other CSI members? CSI's professional members can mentor new members!

- Mentors and mentees can both benefit from mentoring.
- Mentors share a wealth of knowledge and networking experiences and can form working alliances with mentees.
- Mentees benefit from observing expert skills, gaining networking opportunities, and learning clear professional purposes and goals from their mentors.
- Both mentors and mentees benefit from having supportive relationships.
- Meet new professional counselors and post information on the CSI website and blogs to be matched.

Do you need professional counseling CE hours?

- CSI Webinars offer free NBCC-approved clock hours - can be viewed live or as recorded - 24 hour access to recorded webinars - proof of CE certificate earned immediately upon completion. Log in to the CSI website at
  http://www.csi.net.org/?Webinars for:
- Information about trainings
- Knowledge that can be shared with supervisees, your professional community, your school or your agency - allowing you to provide consultation to others!

https://www.csi-net.org/page/Membership_Benefits

President's Message: The Use of Expressive Arts with Preadolescents: Addressing the Impact of 2021 Crises

Dr. Peggy Ceballos and Mac Minick
Rho Kappa Chapter

According to Richardson et al. (2020), preadolescence is a key developmental period during which a person begins to move from childhood to adulthood. Although culture influences this transitional period, it is agreed that during this time young people go through rapid physical, socio-emotional, and cognitive changes (Gerald et al., 2016). This period heralds significant changes in both coping skills and increases in socio-emotional problems (Richardson et al., 2020). Due to the rapid changes that occur during this time, the socio-emotional needs of preadolescents are particularly affected by exposure to crisis such as the pandemic and racial injustices that have been highlighted this past year. The effects of these crises disproportionately affect minoritized children.

Over the course of the past year, the threat posed by COVID-19 has caused many schools to close and begin operating in an exclusively online format. This, coupled with the restrictions placed on the operation of business and public gatherings, has caused many preadolescents to experience a period of social isolation. This extended period of reduced socialization and isolation poses a variety of risks to this population that are both proximal and distal. One of the most noticeable impacts of this isolation is an increased reported rate of feelings of loneliness (Loades et al., 2020). The experience of social isolation and loneliness increases the risk of depression and anxiety (Loades et al., 2020). The risk of psychosocial difficulties becomes even greater in children with special educational needs, and/or acute or chronic disease, single-parent families, and low-income families (Tso et al., 2020).

This past year has not only been marked by social isolation in the face of a global pandemic, but also by widespread social unrest centered on racial injustice. Research has shown that exposure to killings of unarmed black individuals has a wide impact on the mental health of Black Americans (Bor et al., 2018). Exposures to news of racial injustices contributes to an estimated 1.7 day increase in poor mental health days per year for members of the Black community (Bor et al., 2018). Seeing media coverage of racial injustices has been associated with higher rates of depressive and PTSD symptoms among children and adolescents of color, with female and Latinx adolescents being at particular risk (Tynes et al., 2019).

For preadolescents who have experienced traumatic events, the effect of social isolation

may be even more acutely felt. Research has shown that the experience of traumatic life events can lead to psychosocial consequences including disrupted neurodevelopment, social, emotional, and cognitive impairment; adoption of health-risk behaviors; disease, disability, social problems, and early death (Phelps & Sperry, 2020; Ports et al., 2016). Many children who have experienced traumatic events are unable to obtain consistent behavioral health services and support. This is especially true for African American and Latinx youths (Cook et al., 2013; Phelps & Sperry, 2020). For many preadolescents, schools are the only source of available behavioral health services. With schools being closed due to COVID-19 counseling services are not available, which increases the risk of developing mood and anxiety disorders and elevated hyperarousal symptoms (Phelps & Sperry, 2020).

In response to the effects of the double pandemic on preadolescents' socio-emotional development, researchers in the field have emphasized how pivotal it is to provide mental health interventions (Singh et al., 2020). According to National Institute of Mental Health (2011) although preadolescents can engage in abstract thinking, when they face emotional stress, they tend to revert back to concrete thinking. Due to this tendency, it is essential to use interventions that accommodate to preadolescents' need to move between concrete and abstract thoughts and between verbal and nonverbal communication. Through the use of expressive art media such as drawing, collages, painting, sculpting, music, movement, writing, sand trays, imagery and puppetry, among others, counselors can meet preadolescents' cognitive development by providing them nonverbal ways of communication.

The Benefits of Expressive Arts

Malchiodi (2020) highlights four unique characteristics of expressive arts therapy that differentiates it from other approaches: self-expression, active participation, imagination, and the mind-body connection. According to McNamee (2011), the use of expressive arts engages the right brain and allows clients to have access to metaphorical non-verbal symbolic expression. Kwong (2021) states that the non-verbal communication that occurs through the use of expressive arts allows clients to engage in a decentering process which allows the individual to integrate disorganized sensations and action patterns. In this manner, expressive arts therapists engage preadolescents in self-exploration through a creative non-verbal self-expression. This way of self-expression can facilitate their ability to reflect in a way that can deepen their understanding of emotions and bring about new perceptions as well as a sense of control over the presenting problem (Malchiodi, 2020). Shade (2018) highlights that the use of expressive art helps adolescents engage in self-awareness and therapeutic change.

Although expressive arts can be integrated into different theoretical orientations to counseling, in this article, we propose their use within a humanistic paradigm. Corey (2017) explains that a humanistic approach is based on the counselor's trust in the client's ability to

make decisions that lead to self-actualization and therefore accepts the client's internal unique experiences. This sense of autonomy is important when working with preadolescents due to their developmental need for independence (Ceballos et al., 2017). From a humanistic approach, the client-counselor relationship characterized by the core conditions of empathy, unconditional acceptance and geniuses (Rogers, 1961) is the vehicle for therapeutic growth. To this end, the use of expressive art activities is a developmentally appropriate means of communication that enhances the therapeutic alliance between counselor and preadolescents.

Considerations when Using Expressive Arts

Expressive arts activities can be selected to facilitate initial interactions with the preadolescent, exploration of one's emotions and perceptions and/or as a way to find solutions. When choosing an expressive art, the therapist must carefully consider the preadolescent's developmental level, presenting problem, emotional readiness, and preference for expressive art media (Ceballos et al., 2017). Landgarten (1987) was the first scholar to suggest a link between art mediums and clients' level of control over their creations. The author described that the type of media used impacts the client's level of self-expression, defensiveness, and emotional state. For example, drawing with lead pencils provides the preadolescent more control over their creation than drawing with oil paint. For this reason, it is pivotal for counselors to have prior personal experience with diverse expressive mediums to deepen their understanding of the process and sensitivity to it.

Congruent with a humanistic orientation, the counselor can expose the preadolescent to the different expressive arts medium and allow the client to choose which one they want to use. Once the preadolescent engages in the making of the creation, the counselor acts as a witness to the process. The counselor's attitude of genuine acceptance, regard, and confidence in the preadolescent's capacity for self-understanding, self-regulation, and self-responsibility, is what facilitates the healing process. Once the preadolescent finishes the creation, the counselor reflects on the process with an intentional focus on expressed emotions, needs, and perceptions, not on the final product. Flahive and Ray (2007) cautioned counselors to be mindful of the client's capacity to engage in abstract thinking when processing expressive arts with preadolescents.

Expressive Arts Activities for Preadolescents

Below we provide examples of expressive arts activity based on different types of media. The activities presented are not meant to be definitive, rather intended as a guide to facilitate deeper therapeutic exploration. These activities can be adapted to the individual needs of each preadolescent. When conducted via telehealth, it is important to arrange for the preadolescent to have access to all materials prior to the session. Other modifications to art activities can include changing the size of the art media being used, limiting supplies, and changing expectations

for the time an activity will take (Treadon, 2020). When the preadolescent is engaging in the creation, it is best to have the camera angled in a way in which the counselor can see both the preadolescent's face as well as how they are using the media.

Music

Music can often be a powerful media for preadolescents to express their emotions, especially emotions surrounding shame, oppression, and fear (Sharma & Jagdev, 2012). Fukui and Toyoshima (2008) suggested that music stimulates the process of regeneration and replenishment of brain neurons, possibly contributing to brain plasticity. These results provide supporting evidence that music can bring positive therapeutic outcome when incorporated in counseling. Indeed, Sharma and Jagdev (2012) found that music can increase adolescents' self-esteem for those who struggle with academic stress.

A simple prompt may be given, such as *"Pick a song that relates to yourself"* or *"Pick a song to represent your world"* the preadolescent can share the song during the session. The counselor can enhance the process of self-exploration by using prompts such as: *Tell me about the song; how does the song relate to you or symbolize your life?; Which part of the song do you like most?; What part of the song you dislike if any?; Would you change anything about the song if you could?; What is this experience like?; How is it for you to share the song with me?*

Art

Research shows that the use of art with preadolescents in the counseling process enhances career exploration, conflict resolution, and decreases substance use (Veach & Gladding, 2007). Furthermore, art could facilitate preadolescents' processing of their experience with depression, disability, addiction recovery, and past sexual abuse trauma (Coholic, Lougheed, & Cadell, 2009; Veach & Gladding, 2007).

Wall of Images (adapted from Paone, 2011). This activity is intended to help preadolescents explore their self-concept and self-esteem (Paone, 2011). Counselors may prompt preadolescents to create a collage that represents them. This could be a way for preadolescents to share feelings related to their exposure to oppressive messages and the impact of these on their self-esteem. Counselor processes the creation of the wall of images by asking preadolescents about their creation, emotions that came up, and their perceptions of how others see them in society.

Photography. The use of photography as a therapeutic medium, or phototherapy, is concerned with photo taking, viewing, presenting, and manipulating of pictures in counseling (Krauss & Fryrear, 1983). Phototherapy can be utilized as a direct or supplemental strategy in counseling (Ginicola et al., 2012). Phototherapy has been found to bring about positive changes with students in school (Goessling & Doyle, 2009). Due to the wide applicability of using photography, the activity described below is intentionally to focus on processing a

preadolescent's experience related to COVID-19. We hope that practitioners can modify it to serve the specific needs of their clients and presenting concerns.

Counselors give adolescents the prompt to take up to 10 pictures that represent how their life changed due to COVID-19. Preferably, preadolescents can snap pictures from both indoor and outdoor areas as to provide more variety. Counselors can process by asking questions such as: *Describe your pictures. How did you choose these pictures?; How are they meaningful to you?; What was it like to take pictures?; Any similarities that you see across pictures?; What was this process like for you?*

Poetry. Poetry therapy is defined as the use of poem in therapeutic experience in one-on-one or group setting (Ramsey-Wade & Devine, 2018). When using poetry in counseling, Ramsey-Wade and Devine (2018) emphasized counselors focusing on the poet rather than the poem. Creating or completing a poem can typically reveal insights regarding preadolescents' life in illuminating ways. Expressive media such as poetry can assist preadolescents in being more aware of their perception of self, others, and the world. The activity starts by explaining to the client the use of poetry. If client is comfortable with the media, the counselor can ask the client to engage in the making of a poem with prompts such as "I Am" "My fear is" "My life." Similarly, the counselor can bring into the session different poems and ask the client to choose the one they identified with the most at that moment. Processing prompts may include: *What came up during the completion of your poem? What did you realize about yourself as a result of completing this poem?; Are there particular parts that you like/dislike most?; How is it for you to read it to me?; What, if anything, would you change about it?*

Dr. Peggy Ceballos, Ph.D.

Mac Minick, M.A.

JCLA Call for Manuscripts

The *Journal of Counselor Leadership and Advocacy (JCLA)* invites manuscripts for a special issue on wellness, social justice, and leadership. Professional counselors will serve an essential role in the nation's recovery and continued pursuits for social justice as the United States emerges from the worst pandemic in over a century. In this special issue, we seek manuscripts examining leadership and social justice advocacy through the lens of counselor, client, and student wellness. Authors are encouraged to use advocacy and leadership competencies and best practices of the counseling profession including, but not limited to the CSI Wellness Competencies, Indivisible Self, Multicultural/Social Justice Counseling Competencies, ACA Advocacy Competencies, and/or CSI Principles and Practices of Leadership Excellence. Manuscripts must conform to *JCLA* author guidelines (see http://www.tandfonline.com/ucla). The submission deadline is August 15. Please address inquiries to: jcla@csi--net.org.

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Chapter Happenings:
A Creative Approach to Service

Camille Jorek, Chelse Pike, and Madison Seyres,
Gamma Zeta Chapter

The Gamma Zeta chapter is located in Carrollton, Georgia at the University of West Georgia. Each year, a service project is conducted; however, the 2020-2021 academic year required a creative approach to ensure safety while giving back to the Carrollton community. Members of the Gamma Zeta chapter leadership team believe that it is essential, as counselors-in-training, to be leaders in the community. This sentiment stands true despite the hardships of the past year regarding the pandemic. Serving the local community at a time when it was needed most was of the utmost importance to the Gamma Zeta leadership team. The population of Carrollton is 26,397 with around 13% of the population living below the poverty line (U.S. Census Bureau, 2018). As unemployment rates within Carrollton increased due to the impact of COVID-19, Gamma Zeta felt it was necessary to provide the community with additional food and toiletry items during this particularly difficult time.

In the Carroll County community, and particularly in the historic downtown area, there are a number of "Little Free Pantries" located in key locations that allow locals to obtain grocery and toiletry items free-of-charge. The Gamma Zeta leadership team decided that one tangible way to give back to our community would be to collect donations to stock one of the Little Free Pantries. To that end, we accepted donations of canned goods, non-perishable grocery items, and toiletry items, in addition to small monetary donations that were used to purchase additional supplies. Donations came from counseling students and faculty, as well as College of Education staff. During the colder months, the Little Free Pantry tends to be more barren than usual, making the timing of this drive (end of Fall 2020) particularly important.

As in-person classes were transformed to hybrid/majority online, Gamma Zeta decided that, in order to be successful and safe in this service project, creative measures should be taken. In the past, Gamma Zeta was able to use in-person interactions such as speaking to classes to promote service projects. However, this year, Gamma Zeta promoted their service project through their self-published online monthly newsletter. This newsletter is distributed to students enrolled in the Clinical Mental Health and School Counseling programs at the University of West Georgia. Gamma Zeta also sent email messages to encourage other students, faculty, and staff members to donate to the service project.

The leadership team was met with gracious donations and eager students and faculty, excited to help the community. To collect monetary donations, chapter leadership was able to use Venmo, an online payment platform. Gamma Zeta's leadership team collected over $200 worth of grocery goods and toiletry items to stock the Little Free Pantry, leaving it overflowing for the holiday season.

Through campaigning and engaging the community, Gamma Zeta ensured that their service project would make an impact and assist those who needed it the most this past holiday season. Despite the hardships of the past few months due to the lasting effects of COVID-19, Gamma Zeta made it their priority to serve their community in a safe manner and provide much needed resources to those in need.

From left to right: Hannah Black, Madison Seyres, and Jessie Holloman
(making the UWG Wolves hand gesture)

Student Success—
Penguin-to-Penguin: Creating a Connection in a Disconnected World

Kelsey M. DeMart and Dr. Jake J. Protivnak
Eta Chapter

Penguins are extremely social creatures, so it is rare that one is found alone. Not only are they generally found in large gatherings, but this large group is usually comprised of smaller sub-groupings. Yet over the course of the year, students at Youngstown State University (YSU) have found themselves to be socially-isolated penguins. Eta Chapter is based in northeastern Ohio, home of the YSU Penguins. Spring 2020 brought about unforeseen challenges due to the global pandemic (COVID-19), which forced Eta Chapter to adapt and move our induction ceremony to a virtual format. Summer 2020 continued as such with all Counseling Program courses continuing in an online format. With COVID-19 still limiting in-person contact, for the 2020-2021 academic year, our YSU faculty offered a mix of 100% online synchronous courses as well as hybrid (i.e., mix of online and in-person on campus) counseling courses. Many students selected the YSU program because they were looking for an on-campus traditional graduate program experience. While the shift to online learning was important for safety and has offered some convenience, a number of students have remarked that they have missed the in-person classroom learning environment and the social opportunities that come from being on campus.

Isolated and Alone

The feelings of being isolated and alone are not only experienced by students in counseling programs. Colleges around the country agree that loneliness is a huge concern on campus right now, as the typical events that would normally bring students together in person are prohibited or limited due to COVID-19 (Laskowski, 2020). In a recent survey by New America and Third Way, college students have become more concerned about their mental
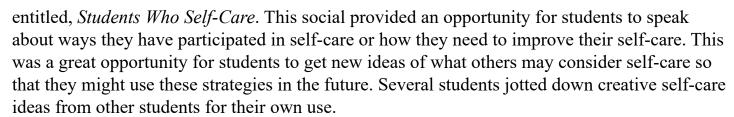
health as they have continued coping with the social and economic consequences of the pandemic (Williams June, 2021). Additionally, non-traditional students who are not as familiar with technology have struggled with this unconventional way of learning. These significant disruptions encompass not only changes to learning modality, but include health concerns, care of family members, online/home schooling for children, and financial insecurities which add to the daily stress of counseling students. Home isolation, per safety guidelines, has resulted in decreased human interaction and friendship-building opportunities. Students often want to establish friendships and connections with individuals who can serve as a support system during their time in the program and then eventually as colleagues in the community following graduation. Beyond the classroom environment, CSI chapters can also contribute to student wellness during this pandemic by helping to facilitate opportunities for students to create connections virtually.

Together and Socially Distanced

Over the past year, CSI chapters have been prompted to consider ways that they can increase participation in an online setting (McKinney & Rynyan, 2020) and facilitate student-faculty relationships online (Pellegrino Kohutis & Pool, 2020). Eta Chapter recognized the importance of helping our counseling students connect during this difficult time. For example, one of our new students who began the program in Fall 2020 was from Canada. She arrived in Youngstown and then immediately had to quarantine for two weeks. This new student did not have any local family or friends and she did not have knowledge of where to find basic necessities in the area. The chapter president felt it was important to reach out in an effort to provide support and mentorship to this student via Zoom, and then follow-up with that student. While students who move to a new area or country need support, students within an existing program are also interested in opportunities to meet and connect. Subsequently, Eta Chapter established small virtual social meeting opportunities available two different days a week during the month. As the year progressed, we hosted several social meetings that gave students space to connect about their favorite things, as well as discuss how they were coping with the new circumstances brought about by the pandemic. For example, during one meeting students were asked to introduce their pet (or house plant if they did not have pets). Participants enjoyed the humor of introducing their pet followed by conversation about how they are coping with their current circumstances.

Another meeting was titled *Peers Who Netflix*, which included students talking about their favorite movies or shows. Those who attended gave their peers ideas on how to beat the weekend boredom of watching the same TV series or movies. They also discussed features on streaming devices that allow you to watch a show at the same time as another person virtually as if you were sitting in the same room watching it together. Another example of a social was

entitled, *Students Who Self-Care*. This social provided an opportunity for students to speak about ways they have participated in self-care or how they need to improve their self-care. This was a great opportunity for students to get new ideas of what others may consider self-care so that they might use these strategies in the future. Several students jotted down creative self-care ideas from other students for their own use.

This spring, Eta Chapter hosted a social entitled *Students Who Are Musicians*. At this workshop, a number of students who play musical instruments and/or sing were able to get together and share their love of music. This workshop was led by our Eta Chapter Vice President, Chris Yannon, who is a guitarist, singer, and school counseling intern. Eta Chapter will conclude the Spring Semester with the following upcoming socials: *Classmates Who Are Gamers,* where students will share their favorite online or traditional games and another social entitled, *Extroverts (or Introverts) Who Exercise*, where students will share their workout tips. While our students are spending time together online in class, it is also important to find connection during non-stressful and related experiences. Students need time where they can relax and discuss personal areas of interest. These non-structured times have been lost as students are no longer walking from their car to the classroom, spending time with their peers or faculty before class, and catching up with classmates for coffee around campus.

Connecting Beyond the Classroom

We are aware of the many tasks that occupy the time of a student. Students are busy and are currently spending an increasing amount of time online. It is important to consider how to get busy students to engage in optional meetings. There are a few suggestions that we have found to be helpful to ensure a sizeable group to attend and utilize the meeting time to its full potential. First, send out a few meeting times to students so they have options to choose what time works best for their schedules. Students have several responsibilities during the week and it is important to have flexible times for these individuals. Additionally, making sure the invitation is personable when reaching out. Addressing the student by name or taking the time to personally invite the student while in a class together helps make the meeting more desirable to the student, as opposed to another required meeting.

Topics that appeal to students are essential for increasing attendance. Topics should be specific enough to capture the interest of students who believe that they would have something to contribute if they attended. When choosing topics for the meeting times, try to include a wide variety of interests that will attract a diverse group of students. The structure of the meeting is also essential. While the agreed upon social topic should certainly be covered at the meeting, it is also important to allow for an open discussion about how students are coping with the pandemic. These small social groups are a great way to check in with students and to let them know that they have a community who cares about them. If the meeting starts going in another

direction, have some flexibility to allow for the natural flow of the conversation. Students may bring up issues or concerns that are off subject, and it is important to give them a place where they can share their thoughts and feelings. There are a number of ideas that CSI chapters can utilize to create their own online social groups. For example: have students share their favorite memes, play two truths and one lie, hold a virtual show-and-tell, give exercise tips, hold a workshop on how to make a successful LinkedIn page, or even share book recommendations. Chi Sigma Iota is an organization that believes in the importance of fostering wellness to create a healthy society. In order for our CSI chapters to fully live up to our mission of pursuing academic and clinical excellence, we must attend to the wellness of the students in our programs. Our CSI chapters are uniquely positioned with a leadership structure and financial resources that can benefit our students. By working collaboratively with Counseling Program faculty and students, CSI chapter leaders can identify ways that they can best serve students and we can contribute to the wellness of counseling students during the pandemic.

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Counselors' Corner: Movement and Action-Oriented Techniques for Adults

J. Claire Gregory, Sigma Alpha Chi Chapter

The majority of counseling sessions utilize a sedentary sit-and-talk model (Gladding, 2016). This is interesting, as counselors tend to acknowledge that a large portion of communication is nonverbal. At times, the sit-and-talk model can lack nonverbal communication with clients and result in counseling sessions feeling stuck or stale, potentially lacking in creativity. The use of movement and action-oriented methods could help the client uncover new insights and personal expression (Clark & Davis-Gage, 2010; Duffey et al., 2016) and provide the counselor with a new creative method. In this article, I will focus on movement and action-oriented interventions that include improvisation, psychodrama, and dance. A common premise of these modalities is asking the client, or clients, to be in a state of movement and helping them express themselves through a mind/body connection. However, counselors asking their clients to use movement and action in sessions comes with some ethical considerations. According to the *ACA Code of Ethics* (American Counseling Association [ACA], 2014),

counselors should offer services within the limits of their competence. This article will highlight improvisation, psychodrama, and dance while providing ethical information for implementation.

During my previous work as an inpatient counselor, I was determined to figure out ways to help my clients socially connect. I recall clients at various times commenting about the "same type of treatment centers and group sessions" and how they "hated talking in groups." These are a few statements that led me toward my journey of infusing movement and action into counseling sessions and advocating for these techniques. In the following sections, I present three methods for counselors to infuse in their sessions.

Improvisation

Historically, the purpose for improvisation was comedic expression and entertainment. Today, literature is acknowledging the psychological, relational, and social benefits of improvisation (improv; Sheesley et al., 2016). Counselors use improv exercises in a wide array of settings to improve overall wellness and mental health (Krueger et al., 2017). Improv requires participants to stay in the present moment while letting go of anxiousness and over-thinking. According to Farley (2017), improv encourages clients to set aside their intellectualization while trusting in their subconscious to respond. This is a vital aspect of improv as it requires clients to take a risk and trust their intuition.

Throughout my journey of incorporating improv with my clients, I noticed an important

characteristic: the main audience for improv books are acting students. To illustrate, the primary purpose of improv games is preparing acting students for improv use on the stage and during performances (Krueger et al., 2017). Ideally the improv games encourage a mindset of creativity which students transfer to the stage. This aids the students in enhancing their skill of improv for live performance events or transferring these skills to life situations. From a counseling viewpoint, the next step is conceptualizing how to ethically utilize improv with counseling clients.

Literature searches revealed a paucity of research for improv interventions with clients. Most resources are anecdotal in nature; however, Krueger et al. (2017) noted that improv exercises are increasing in settings (e.g., medical schools, communication careers) to improve mental health. Within the counseling profession, a few articles highlighted the potential benefits of improv for counseling students (Farley, 2017; Patrick, 2020) and clients with social anxiety (Sheesley et al., 2016). I turned to these articles and improv books, engaged in counseling peer consultation, and participated in improv groups myself before attempting improv with my inpatient clients.

For any counselor, the idea of stepping into the arena of movement and action-oriented techniques may feel anxiety provoking. I can assure you the client or clients are feeling the same way. With improv and action-oriented methods, one counselor role is "selling" the new method to the clients,

as this will decrease some client anxiety. The term "selling," in my vocabulary, simply means the counselor should display feelings of excitement or belief in the innovative method. During improv groups, I recommend processing with clients before jumping into the exercises. Additionally, I recommend using an improv book as a reference guide for game ideas, action words exercises, and how to guide the overall improv session.

Psychodrama

"The body remembers what the mind forgets" is a famous statement by J. L. Moreno which encompasses the spirit of psychodrama. Moreno, the creator of psychodrama, was using movement and action-oriented sessions during the same time Freud was asking clients to lay on sofas while processing past events. Radical and before his time, Moreno's goal with psychodramas were for his clients to express their subjective experiences through structured role-playing that mimicked childhood imagination (Nolte, 2019). Currently, psychodrama is popular among social researchers, individuals seeking personal growth, and helping professionals.

However, becoming a psychodramatist is no easy feat as the certification requires a master's degree (e.g., counseling or similar), 780 training hours, psychodramatist supervisors, a written exam, and an on-site examination of a psychodrama (American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy, n.d.). This may deter counselors from seeking full certification. As of 2019, only 400-450 certified psychodramatists existed in the United States (Nolte, 2019). Nolte, a Moreno-trained psychodramatist, feels that unfortunately psychodrama has never reached the level of popularity in the United States that it deserves. Other areas of the world (e.g., Brazil, Argentina, Europe) recognize psychodrama more readily as a therapeutic tool and certify more psychodramatists.

Psychodrama sessions, although creative and flexible, consist of three specific phases. These phases are the warm-up, action, and sharing phases. Psychodramatists use the warm-up phase to help group members feel investment in the group, engage with the process, and get their bodies up and out of their chairs (Clark & Davis-Gage, 2010; Nolte, 2019). A warm-up example is a spectrogram, or a real-life rating scale. The counselor first asks the group members a question. Next, the members line up according to how they would rate themselves. For example, a question could be, "How in-touch are you with your anger?" Then the clients talk among themselves and place themselves along the imaginary spectrogram. This rating scale, or spectrogram, may then lead into the next phase of action.

The action phase is the main psychodrama process. During this stage the psychodramatist and protagonist (i.e., client of focus) co-create the psychodramatic story using other group members as auxiliary egos (Nolte, 2019). An auxiliary ego is a group member playing a significant character/role from the protagonist's life. This leads the psychodrama session to be full of role-
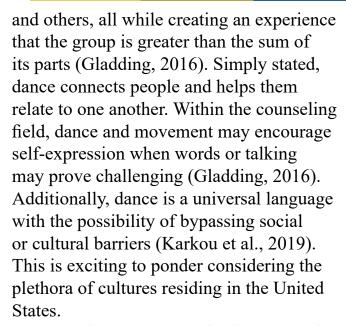
reversals and asking the auxiliary ego to embody their role. Another important aspect of the action phase is setting the scene (Nolte, 2019). To illustrate, if the protagonist mentions an argument at their childhood home, the group leader will create the scene using auxiliary roles, chairs, and imagination. After the action phase, the final phase is the sharing phase. Group leaders should not confuse this with a talk therapy session and use analysis, but instead encourage clients to share how they relate to the psychodrama. A client may share how the session reminds them of their tumultuous relationship with their father. Moreover, this is a time for self-disclosure and connection.

Obviously, this is a very brief account of psychodrama. Similar to Nolte (2019), I am surprised at the limited amount of psychodramatists in the United States as I have seen this technique help clients explore their worlds with creative insight and depth that talk therapy could never reach. However, I feel the certification process may deter some counselors from becoming a psychodramatist. Psychodrama is outside the norm of counseling as it uses movement, role-playing, and requires vast amounts of client vulnerability. Yet, psychodramas also can lead to fun, humor, and greater group connection. The possibilities are truly endless with psychodrama, as it is a magical place (Nolte, 2019).

Dance

Throughout human history, dance exists as a universal form of connecting to one's self and others, all while creating an experience that the group is greater than the sum of its parts (Gladding, 2016). Simply stated, dance connects people and helps them relate to one another. Within the counseling field, dance and movement may encourage self-expression when words or talking may prove challenging (Gladding, 2016). Additionally, dance is a universal language with the possibility of bypassing social or cultural barriers (Karkou et al., 2019). This is exciting to ponder considering the plethora of cultures residing in the United States.

An important organization promoting dance therapy in the United States is the American Dance Therapy Association (ADTA; 2015) which began in the 1940s. The ADTA certifies Dance Movement Therapists (DMT). Research involving DMT techniques display mostly small/moderate positive effects for well-being of clients (Gladding, 2016) while one systematic review article reveals ample evidence for dance in relieving depression (Karkou et al., 2019). Researchers continue to apply increasingly rigorous methodologies with DMT to support dance as a sound therapy.

Approaching clients with the idea of dance tends to bring an array of comments and feelings. As with improvisation and psychodrama, the clients will need a warm-up phase. This phase may consist of stretching, taking a walk, or improvisation exercises. I highly recommend the

counselor takes an introduction to ballet, modern, contemporary, or social dance (i.e., ballroom, swing) before use in client sessions. Counselors will also want to remain aware of their overall goal for adding dance to a session. Using dance as a fun method to connect the group is ethical. However, attempting to ask a client to explore trauma with dance may extend beyond the scope of the *ACA Code of Ethics* (APA, 2014). For example, asking clients to explore trauma through movement may resurface a blocked sexual trauma. The body remembers positions from the trauma and the movement triggers these past experiences. Counselors may or may not have training to guide clients through the experiences in a beneficial manner.

Ethical Considerations

When using movement and action-oriented techniques, the *ACA Code of Ethics* (ACA, 2014) urges counselors to seek additional education, competence, monitor their effectiveness, and use peer supervision. With any of the above techniques, I suggest the counselor participate in an improv class, psychodrama workshop, or dance class. This will help ensure the counselor is competent and confident. In my experience, seeking peer interaction is extremely helpful for consultation and brainstorming new ideas.

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Chi Sigma Iota

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Counselor's Corner: Using Positive Creative Arts to Build Positive Relationships Post Trauma

Crystal Morris,
Sigma Alpha Chi Chapter

Throughout the years, creative arts have become more prevalent in counseling practices. Several creative processes are integrated into therapeutic modalities (e.g., visual arts, music, writing, drama, bibliotherapy, play, sand, and mindfulness) to alleviate psychological disorders that promote personal growth and societal development (International Expressive Arts Therapy Association, 2012; Pappas, 2014). Artistic expressions provide an individual the opportunity to self-express, think of original ideas, establish interpersonal skills, regulate behaviors, reduce stress, build self-esteem, and facilitate self-awareness (Dilawari & Tripathi, 2014; Power, 2013). The relevance of creative arts in counseling draws upon eight key components that include: (a) connects individuals in mind and body; (b) utilizes energy and movement; (c) builds a pictorial image of thoughts, emotions, and goals; (d) is innovative like counseling; (e) helps establish a better version of self; (f) translates conceptual to practical; (g) furnishes perception; and (h) is focused on a socialistic alliance (Gladding, 2011). According to Kiesler (1988), to use nonverbal behaviors or activities (e.g., expressive arts, experiential, playful) is expressing a language of emotions, magnifying the dynamics in a relationship (Drewes & Mullen, 2008).

In this article, I propose using positive, creative arts such as mindfulness-based practices (MBP), character strengths (CS), and positive psychology interventions (PPI) to foster positive relationships in trauma survivors. Best practices in trauma-informed creative art interventions will be discussed and an application of integrative approaches to trauma treatment will be provided.

Surviving Trauma in Relationships

Trauma survivors may experience an array of symptoms lasting thirty days or more (intrusive thoughts, avoidance of places, hypervigilance, dissociation, and physiological hyperarousal), resulting in possible posttraumatic stress disorder (PTSD), acute stress disorder, or complex trauma (Kress et al., 2018; Watkins et al., 2018). Furthermore, individuals who have PTSD often find it difficult to develop healthy interpersonal relationships (Sigurdardottir et al., 2016). Therefore, a healthy, safe counselor-client relationship is critical in healing PTSD and trauma-related stressors (Brown et al., 2018; Weis, 2010). Trauma survivors who lack social support can form interpersonal change processes that become strained (Riecj et al., 2005).

By integrating MBPs, CS, and PPIs into counseling it can produce positive effects for both the client and counselor and assist in healing psychological well-being, promote positive interpersonal relationships, decrease depressive symptoms, increase self-awareness of emotions, and induce changes in relationships (Asebedo & Seay, 2014; Bihari & Mullan, 2014; Brown et al., 2013).

Positive Psychology

In positive psychology, Seligman's (1999) research consists of strengthening the human condition by enhancing positive traits (character strengths), improving individuals' positive emotions, and fostering positive institutions. Positive psychologists have explored several ways to achieve well-being, such as hope therapy (Snyder et al., 2000), gratitude exercises (Harbaugh & Vasey, 2014; Seligman et al., 2005), and evidence-based positive psychological interventions (PPI) practices (e.g., savoring, gratitude, kindness, empathy, optimism, strength-building, and meaning; Aknin et al., 2012; Rusk & Waters, 2015; Seligman, 2011).

One of the most utilized modalities in positive psychology is positive psychotherapy (PPT). PPT consists of two main theories: Seligman's PERMA model of well-being and a cross-cultural, humanistic approach (Peseschkian, 1987; Seligman, 1999). The PERMA model of well-being consists of positive emotions, engagement, relationships, meaning, and accomplishments (Seligman, 2012). Researchers have shown that the five pillars of PERMA and PPIs are linked to

lower depression, relationship satisfaction, higher fulfillment in life, and assisting trauma survivors in establishing healthy relationships and healing (Asebedo & Seay, 2014; Cebolla et al., 2017). Therefore, implementing the PERMA model along with PPIs can potentially improve psychological issues (e.g., anxiety, depression, intrusive thoughts, and interpersonal conflict) often experienced by trauma survivors.

Mindfulness as a Practice

Mindfulness has been around for years and is defined as staying in the present moment and noticing thoughts non-judgmentally (Kabat-Zinn, 1994). Approximately 5% or fewer Americans use mindfulness (Peregoy et al., 2014); however, it is becoming more prevalent in the counseling fields (Brown et al., 2013). MBPs are applied and validated as an effective modality of well-being in various settings, such as in
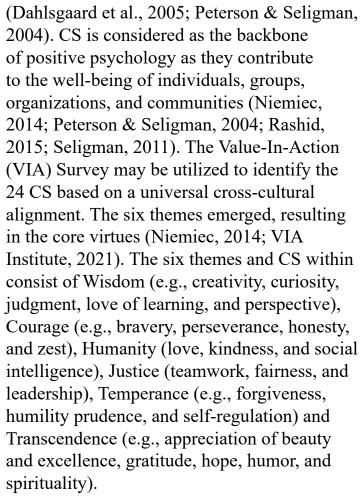
schools, workplaces, coaching, medicine, law, and counseling settings (Chiesa et al., 2011; Grossman et al., 2004; Wingert et al., 2020).

Basic components of mindfulness are breathing when meditating, mindfully walking, or doing a body scan (Carlson et al., 2003; Kuyken et al., 2016). There are several well-developed MBPs such as Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1990), Mindfulness-Based Cognitive Therapy (MBCT; Segal et al., 2002, 2013), Dialectical Behavioral Therapy (DBT; Linehan, 1994), Acceptance and Commitment Therapy (ACT; Baer, 2010; Hayes et al., 2006), and Mindfulness-Based Strengths Practice (MBSP; Niemiec, 2014). These evidence-based mindfulness programs have proven effective in enhancing outcomes such as personal and academic accomplishment, reduced occupational burnout, self-compassion, resiliency, stress and anxiety reduction, improved emotion regulation and depression, quality of sleep, interpersonal skills, positive relationships, chronic pain, and positive relationships (Hilton et al., 2017; Janssen et al., 2018; Langer et al., 2017; Segal et al., 2002; Sharp Donahoo et al., 2018; Zenner et al., 2014). Multiple studies have linked mindfulness with positive psychology tenants to lead individuals into optimal well-being (Baer, 2015; Ivtzan & Lomas 2016; Seligman, 2011).

Character Strengths

The use of character strengths (CS) was developed after careful consideration of various virtues across diverse cultures (Dahlsgaard et al., 2005; Peterson & Seligman, 2004). CS is considered as the backbone of positive psychology as they contribute to the well-being of individuals, groups, organizations, and communities (Niemiec, 2014; Peterson & Seligman, 2004; Rashid, 2015; Seligman, 2011). The Value-In-Action (VIA) Survey may be utilized to identify the 24 CS based on a universal cross-cultural alignment. The six themes emerged, resulting in the core virtues (Niemiec, 2014; VIA Institute, 2021). The six themes and CS within consist of Wisdom (e.g., creativity, curiosity, judgment, love of learning, and perspective), Courage (e.g., bravery, perseverance, honesty, and zest), Humanity (love, kindness, and social intelligence), Justice (teamwork, fairness, and leadership), Temperance (e.g., forgiveness, humility prudence, and self-regulation) and Transcendence (e.g., appreciation of beauty and excellence, gratitude, hope, humor, and spirituality).

Within CS are Signature Strengths, which are the highest CS that come naturally to us and appear on the top of the VIA survey results (Peterson & Seligman, 2004). When we can focus on signature strengths, we become the best version of ourselves (Forest et al., 2012; Park & Peterson, 2009; Proctor et al., 2011). Character strengths use is vital to healing interpersonal disconnects in trauma survivors because CS use can strengthen relationships. Furthermore, research on enhancing CS integrated with mindfulness is well in progress and shows promising results with new strategies (Martínez-Martí & Ruch,

2017; Niemiec, 2014; Ruch et al., 2010).

Best Practices of Trauma-Informed Creative Art Interventions

Trauma-informed care is arising as a standard approach in all health and behavioral health settings. A trauma-informed approach requires the therapist to be sensitive, display unconditional positive regard, empathy, and acceptance as not to re-traumatize the client (Badenoch, 2018; Porges, 2009; Siegel, 2010). Having well-trained counselors in trauma-informed care will help with the intricacies of different types of trauma, its nature and its effects, and the most constructive ways to create safe and practical supports (Edwards, 2017).

According to Malchiodi and Crenshaw (2017) art therapies are appropriate for individuals who experienced trauma because they are sensory-based and behavior-oriented. Interventions that involve body movement can assist in relational trauma because they activate the right hemisphere and limbic system to engage nonverbal memories while regulating emotions through kinesthetic-sensory paths (Chong, 2015; Lusebrink, 2004). However, having a strong counselor-client relationship is imperative to using the creative arts in trauma work. Integrating positive, creative interventions with a trauma-informed perspective can facilitate posttraumatic growth in individuals suffering from relational trauma.

Applications of Positive Creative Arts

Mindfulness-based chair yoga is a positive, creative intervention used to relax that can be completed in five minutes during a counseling session or any setting (Ancona & Mendelson, 2014). A mindfulness-based chair yoga sequence involves mindful breathing, present-moment awareness, body movement such as shoulder rolls, head rolls, chair sun salutation, chair forward fold, side stretch/seated crescent moon, fingers/wrist strengthening and stretching, chair twist, chair figure four, and ending with a chair sun salutation.

Another positive, creative arts intervention is assessing character strengths use by having the client take the free survey on the VIA Institute (2019) website on character. Counselors can ask clients to assess how they used their character strengths during the week, to overcome challenges, and ask three people such as a family member, friend, or co-worker to spot their top five strengths and why (Niemiec, 2018; Seligman, 2011). Research shows when character strengths are in use, individuals display higher self-esteem, reframe negative thoughts, strengths spotting, a boost in confidence, increased happiness, stress reduction, as well as strengthen relationships (VIA Institute, 2021).

Self-compassion and positive journaling is another positive creative arts intervention. The counselor can assign as homework for the client to create a journal where they are intentionally focusing on three positive experiences of their day and treating themselves as a friend would (showing kindness) with a less critical voice.

The last positive, creative arts intervention is creating a positivity board

(option-digital) or jar. Counselors can complete this during a session with the client or assign it as homework. Materials needed are poster board or mason jar, magazines, glue, tape scissors, marker, and inspirational stickers. Counselors will encourage clients to find positive traits within themselves and find images and words to decorate their boards or mason jars. Clients can also write positive affirmations and place them inside the mason jar to pull out each day to read for positive affirmations.

Implications for Counselors and Counselor Educators

Counselors and counselor educators can identify the benefits of creatively utilizing mindfulness and positive psychology with trauma survivors and how it affects their relationships. Also, counselors and counselor educators should receive more training in trauma-informed care and how to integrate it with other creative art modalities. Furthermore, counselors should be aware of their worldviews and their clients' and use culturally appropriate interventions. Using positive, creative arts interventions with trauma counseling can yield promising outcomes for trauma survivors. Future research could include follow-up exploring the change in trauma survivors' relationships after positive, creative art interventions.

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Excellence in the Field:
TelePlay Through A Multicultural Lens
Dr. Mary Huffstead and Jasmaine Ataga,
Gamma Zeta and Chi Epsilon Chapters

Over the past year, the world has experienced the impact of a global pandemic due to COVID-19. Counselors, similar to other helping professionals, were responsible for ethically making an abrupt transition overnight from face-to-face to virtual services while simultaneously experiencing the pandemic themselves. Arguably, Play Therapists and those implementing Play Therapy techniques, were required to stretch themselves by identifying or developing creative online platforms. Play Therapy finds its strength in meeting children where they are and recognizing that a child's primary language is play (Landreth, 2012). Counselors were faced with the challenge of creating an environment of openness and exploration through a digital online platform. Counselors were challenged with reimagining the use of physical props, like play-specific toys and expressive art material, into the virtual environment. Teleplay is the treatment modality that is primarily synchronously conducted online with the use of a virtual video conferencing platform with the sole therapeutic use of play therapy techniques and interventions. Transitioning to a virtual form of play brought challenges which specifically required ingenuity with the use of creative technology like virtual playrooms, sandtray platforms, and other expressive arts software.

Before the pandemic, Association for Play Therapy Best Practices (APT; 2020) section J.5 *Use of Telemental Health in Play Therapy* provided general guidelines for counselors on how to best use this modality, and steps to ensure safety and confidentiality, even at a distance. Play Therapists and leading play scholars Dugan et al. (2020) developed a comprehensive *Ethical Considerations for Implementing Telemental Health in Play Therapy* at the beginning of the pandemic due to the rush of counselors switching to teleplay. This document provided an in-depth guideline and reflective tool for counselors. Seven of the nine core APT Best Practices areas were addressed in Dugan and colleagues' document related to client care. However, there is a lack of information about multicultural-specific best practices when providing virtual play services. Counselors are limited to reviewing section A.2 *Respecting Individual Differences* for how best to serve diverse clients on the virtual frontier. Similarly, the majority of the available literature related to play and multicultural interventions is limited to face-to-face services (Baggerly & Parker, 2005; Chang et al., 2005; Davis & Pereira, 2014). Notably, Eliana Gils and Athena A. Drewes' (2005) *Cultural Issues in Play Therapy* provides tangible, culturally-

specific techniques for those seeking to incorporate multicultural-specific activities and material in their work, yet the interventions are limited to in-person therapy.

The dearth of multicultural techniques in virtual play sessions became more apparent during the summer of 2020. While concurrently dealing with the global pandemic, the United States faced an ever present and undeniable truth of racial injustice and discrimination that reached its breaking point. Clients and Counselors of Color were reminded that their lived experiences were not valued or taken into consideration. Counselors and trainees are often left with feelings of a lack of self-efficacy pondering questions, such as, "How do I help [all] my clients, acknowledge their humanity, and support them?" At the same time, they are trying to provide efficient treatment tools in a virtual environment while trying to find multicultural specific therapeutic tools. In this entry, the authors will describe ways in which Professional Counselors and trainees who work with children from a multitude of backgrounds and identities develop awareness, knowledge, skills, and actionable steps when utilizing virtual platforms through a multicultural lens.

Multicultural Competence in TelePlay Therapy

As Professional Counselors, we are reminded of the importance to view our clients through the Multicultural and Social Justice Cultural Competencies (MSJCC) quadrants and domains (Ratts et al., 2016). Moving through the quadrants and domains is an active and fluid experience; culturally responsive counselors should be consistently engaging when working with clients. Counselors using play therapy are charged with the responsibility to develop cross cultural competence in their work. Gil and Drewes (2005) provide three distinct responses to "develop insight and sensitivity, which will lead to a gained knowledge, which in turn will lead to taking action." (p. 19). Adhering to Gil and Drewes' cultural response in play therapy and the MSJCC, counselors should use both as they move through their case conceptualization and treatment planning when working with clients and especially those from diverse backgrounds. The description and examples of how to incorporate both Gil's and Drewes' cultural responses and MSJCC is explained below:

1. Counselors move through insight and sensitivity expressed through introspection and empathy for the client's lived experience. Through teleplay, the counselor can utilize

introspection by having empathy for the client's experience, by recognizing the client no longer has access to a physical playroom. Clients being limited to their homes may contribute to their symptoms and feelings of vulnerability.

    a. MSJCC: Assessing and acknowledging attitudes and beliefs through the domains of *counselor self awareness* and *client worldview*.

2. Counselors will develop understanding of their client's experience and seek out opportunities to develop knowledge about the client's cultural background(s) by reading literature, consulting with experts within that cultural area, and seeking out other resources such as online groups that support individuals from those communities. This task becomes even more tangible as resources and information become readily available online.

    a. MSJCC: Reviewing and developing knowledge about all four domains, especially the *client worldview* and *counseling relationship*.

3. Counselors will utilize knowledge they acquired to incorporate actionable skills.

    a. MSJCC: Development of skills and implementation of actions, such as, interventions and other therapeutic tools most beneficial for tbe domain of providing *counseling and advocacy interventions*.

4. Additionally, MSJCC includes the praxis that counselors are responsible for concomitantly and always viewing their clients through a multicultural and social justice lens. While also assessing the client and their intersecting identities and the roles oppression, privilege, and power is experienced in the counseling relationship.

    Teleplay prior to the COVID-19 pandemic was in its infancy, and culturally-specific actionable steps were still a developing aspect of the work.

Teleplay Multicultural Interventions and Techniques

    The abrupt transition to teleplay in March 2020 came with many challenges for mental health professionals. Specifically, software access, telemental-health ethics, and training all had to be understood for effective telemental therapy. Additionally, Professional Counselors working with children had to accommodate expressive therapeutic needs in an emerging teleplay field. Play therapy is infinite in that the play room facilitates fantasy play, skill-building, role play, and emotive language (Davis & Pereira, 2014). Similar to a physical playroom, a virtual playroom may include books, mindfulness tools, online games, and links to interactive websites to facilitate play therapy. By reviewing the APT best practices and MSJCC (Ratts et al., 2016), the counselors ensure that the virtual playroom and teleplay services are inclusive for all clients. There are several play-based interventions that can be modified for teleplay through a multicultural lens. Virtual game play website options are helpful for clients who enjoy playing board games, but may not have access to similar games in their homes. Another intervention involves a play therapy room created on a google slide(s). The counselor adds themed rooms

similar to a physical playroom, such as: bibliotherapy, stress and anxiety interventions, sandtray, gaming, etc. When creating the rooms, counselors are conscientious of cultural images and items they place within their virtual rooms. For instance, bibliotherapy rooms contain virtual images of books with hyperlinks to YouTube to read aloud to the child (Thompson & Melchior, 2020). Within these bibliotherapy rooms, a book like *Mixed Me!* by Taye Diggs is linked to a video with captions included to accommodate a biracial child with learning and/or hearing disabilities by reinforcing reading skills, self-esteem, and image, while also acknowledging culture. Similarly, sand play promotes mindfulness, imaginative play, and experiential scene play (Paone et al., 2015). In teleplay, a client can utilize an online sandtray accompanied with virtual miniatures to set up their sandtray world. Similar to a physical playroom, the counselor would need to ensure that the figurines represent communities of color, LGBTQIA families, differently-abled persons, and culturally specific foods (Chang et al., 2005).

Additional interventions may involve more expressive modalities for client creation. Virtual collage making and online painting allows the client through virtual expression to make vision boards and paint worldviews for clients who struggle with verbal communication, especially if English is their second language. Furthermore, poetry therapy, online drawing, music therapy, and arts-based interventions can be facilitated via teleplay. Overall, most counselors who transitioned into teleplay were already trained to challenge and stretch their multicultural awareness, knowledge, and skills. However, every teleplay intervention should be intentionally facilitated by the counselor with space for processing, encouraging the best possible therapeutic results.

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Excellence in the Field: Using Creative Art Interventions with Transgender & Gender Expansive Youth

Gene Dockery,
Alpha Chapter

Creative art interventions in counseling have been shown to be helpful in assisting clients in making meaning of their experiences for a variety of issues and with diverse populations (Luke & Peters, 2019). However, there are important considerations when using therapeutic interventions with marginalized populations. It is a counselor's responsibility to attend to the intersectionality of working with clients, which requires counselors to have self-awareness of their own identities and how these may interact with their client's identities (Ratts, 2017). An intersectional framework should be applied when using creative art interventions to acknowledge power, reflexivity, and the social construction of meaning, especially when working with minority identified clients (Kuri, 2017). Transgender and gender expansive individuals continue to be discriminated against and villainized by American society (Jenkins, et al., 2020). This has been demonstrated through several policy changes and governmental legislation decisions, including the transgender military ban (Jackson & Kube, 2019), the removal of nondiscrimination protections for healthcare (Simmons-Duffin, 2020), the proposed legislation in 27 states which limits the rights of transgender folx (American Civil Liberties Union, 2020), and the 44 transgender and gender expansive Americans who were violently murdered in 2020 (Human Rights Campaign, 2020). Research supports the fact that transgender and gender expansive people experience minority stress (Hendricks & Testa, 2012). Pervasive anti-LGBTQ+ sentiments in American culture detrimentally carry over into the level of care received by this population from medical professionals, including counselors (Mizra & Rooney, 2018).

The Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (SAIGE), previously the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling, provides competencies for counseling with transgender clients which require counselors to affirm transgender mental and medical healthcare and recognize that affirmative approaches are supported by research and best practices (Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling [ALGBTIC], 2009). These competencies are valuable, but they are only a starting place for transgender and gender expansive client care. More work must be done to assure the quality of care in counseling this population, especially

with transgender youth, who are particularly vulnerable (Grossman, et al., 2011).

Counseling Values & Ethics

Counselors using creative art interventions with clients should have a firm grounding in counseling ethics (Ling et al., 2019). The core values of the counseling profession include "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts; and promoting social justice" (American Counseling Association [ACA], 2014, p.3). Ratts et al. (2016) expanded on these values by providing counselors with a conceptual framework in which to ground their work in. The Multicultural and Social Justice Counseling Competencies (MSJCC) identify four domains that impact their effective implementation: counselor self-awareness, client worldview, the counseling relationship, and counseling and advocacy interventions (Ratts et al., 2016).

While this framework is recommended for use with all clients, it is especially relevant to working with individuals who belong to minority groups, such as transgender and gender expansive individuals. The authors also highlight the importance of intersectionality by acknowledging the intersection of identities and the dynamics of power, privilege, and oppression that influence the counseling relationship (Ratts et al., 2016).

Considerations for Counselors

To work with transgender and gender expansive individuals, counselors should have training (ALGBTIC, 2009). An in depth understanding of the SAIGE Competencies for Counseling with Transgender Clients is likewise important. It cannot be emphasized enough that efforts by a counselor to change the gender identities and/or the sexual orientation of transgender clients is detrimental to client wellbeing, life-threatening, and not empirically supported (ALGBTIC, 2009). Transgender and gender expansive clients also come to counseling for issues outside of their gender identity and in those cases, the counselor's focus should not be gender.

When using creative interventions in therapy, a counselor ought to be mindful of their developmental appropriateness (Slyter, 2012). Counselors should be cognizant of the clients' developmental stages to provide ethical (ACA, 2014) and affirmative care to transgender and gender expansive clients (ALGBTIC, 2009). While developmental stages do include age, they are not limited

to this. Identity development around their understanding of themselves, their gender, and their sexuality are likely occurring simultaneously.

There are systemic issues at play that create a hostile environment for transgender and gender expansive individuals (Nadal et al., 2012). Creative art interventions that recognize these systems should be used when working with marginalized clients (Kuri, 2017). Acknowledging the dynamics of power, privilege, and oppression that work against transgender and gender expansive individuals counteracts the societal narrative that they are the problem. This can empower the client and improve the therapeutic alliance (ALGBTIC, 2009).

Using Creative Art Interventions in an Ethical & Affirmative Manner

Art interventions can reach youth in ways that often go beyond traditional methods (Darke & Scott-Miller, 2020). It provides means to connect inner and outer worlds in a way that explores and develops identity (Kuri, 2017). Creative art interventions allow space for clients to experience freedom in a way that is often curtailed in daily life (Duffey et al., 2009). Authenticity is needed for effective therapeutic interventions, but this is a challenge for LGBTQ+ individuals that have shame from experiences with marginalization and oppression (Flores & Sheely, 2020). Acceptance from the counselor can assist in bridging this gap; growth-fostering relationships can not only deepen connection but also support creativity (Duffey et al.,

2009).

Art interventions often give counselors and clients a deeper understanding of how they see themselves (Darke & Scott-Miller, 2020). However, an intervention should not be used by counselors to explain or prove the client's gender identity for themselves or others. This could reinforce damaging norms and induce gender dysphoria. Transgender and gender expansive clients should be believed and affirmed by counselors not forced to defend their existence and legitimacy (ALGBTIC, 2009).

To ensure art interventions are being utilized ethically, ongoing commitment to self-awareness and reflexivity by counselors must be maintained in a way that not only applies to the internal understanding of the self but also continued education (Kuri, 2017). When working with transgender and gender expansive youth this means staying abreast of current issues and research, preferably from transgender and gender expansive individuals and scholars.

Personal and Clinical Experience

I am a queer and nonbinary counselor who works primarily with LGBTQ+ youth in my clinical practice. About thirty percent of my caseload is transgender or gender expansive. Much of the work I do is shaped by my lived experiences but is grounded in best practices.

In utilizing creative art interventions with my transgender and gender expansive clients, I have noticed that art often becomes their safe place. They can explore any of

their feelings, experiences, gender identity, dysphoria, trauma, and more in ways that cannot be wrong. Together, we discover truths that they were unable to uncover on their own because they were never invited to or were shamed for expressing. This has been an effective tool for therapy in working with both transgender and gender expansive individuals and in groups.

Grief

Grief and loss are themes that come up in my clinical work with transgender and gender expansive folx. Art interventions are an effective technique to process grief in a healthy way that supports the complexity of loss and identity (Buser et al., 2005). Grief can come from others in a transgender or gender expansive person's life as a reaction to transition, which is a form of oppression and increases stigma. "It reduces a person's very being to their gender and reveals that a loved one cares more about a phantom image than for the trans person they supposedly love, who is right in front of them" (Talusan, 2019, para. 7). Affirming counselors should push back on that narrative to affirm clients and normalize transition. Nevertheless, clients do lose things and relationships that they valued when they transition. Counselors must leave space for that grief in their therapeutic work and interventions.

Trauma

When counselors work with transgender or gender expansive people, they are doing trauma work. There is a type of trauma that comes from existing as a transgender or gender expansive person in a heterosexist, trans-prejudiced, binary, and cisgendered world. It is incredibly invalidating and harmful for this population to know who they are and have strangers tell them that they are, at best confused and at worst a predator. It is the counselor's responsibility to address this trauma. Creative art interventions and expressive methods are valuable and often necessary in work with traumatized youth (Malchiodi, 2015). These methods can be used to assist clients in processing their experiences and reimagining their stories.

Coping Skills

Counselors should not normalize the oppression that transgender and gender expansive clients experience as it paints clients as the problem and disempowers them. This does not mean that clients do not need coping skills, just that they must be realized in an affirmative way. Developing coping skills that work with the strengths of transgender and gender expansive clients are vital to their wellbeing. Art can become a coping strategy for clients that starts in therapy but is carried through to everyday life.

Connection

The significance of social connection and belonging cannot be underestimated for LGBTQ+ individuals to deal with a heterosexist society in a meaningful way (Singh & Moss, 2016). Yet, experiences of oppression can make creating connection more difficult (Duffey et al., 2009), especially when authenticity is regarded with scorn. Interventions that provide a

visual representation of the connections and disconnections in a client's life can assist them in understanding themselves and developing deeper connections (Flores & Sheely, 2020).

Conclusion

Transgender and gender expansive youth are a marginalized group that need affirmative and ethical counselors. Creative art interventions can be used in an affirming way to address common themes in the experiences of transgender and gender expansive youth such as grief, trauma, and connection. Counselors using creative art interventions with transgender and gender expansive clients should actively work towards self-awareness and carefully examine systems of power that shape the experiences of this population as to not be additional sources of oppression faced by them.

Gene Dockery, M.A., LPC, NCC

Educational Advances—
Supervision and Client Self-Injury:
Using Creativity to Support Supervisees' Growth

Dr. Julia Whisenhunt, Alicia Hall, and Dr. Victoria Kress,
Gamma Zeta and Eta Chapters

Nonsuicidal self-injury (hereafter referred to as self-injury or SI) is defined by the International Society for the Study of Self-Injury (ISSS; n.d.) as "the deliberate, self-inflicted damage of body tissue without suicidal intent and for purposes not socially or culturally sanctioned" (para 1). SI can take on multiple forms, such as cutting (Glenn & Klonsky, 2009), banging/hitting self, cutting, burning, pinching, or wall/object punching (Kimbrel et al., 2018). As such, it is important to provide effective supervision to new counselors working with this complex population.

Reasons for Self-Injury

There are multiple, evolving reasons people self-injure. Klonsky (2014) reviewed the research on SI and identified the following common functions of SI: (a) emotion regulation, (b) self-punishment, (c) anti-suicide, (d) feeling generation/anti-dissociation, (e) interpersonal influence and communication, and (f) sensation seeking. When working with clients who self-injure, it is important to conduct a functional assessment of SI (see Klonksy et al., 2011). This can be done by assessing the feelings, thoughts, and events that precede, accompany, and follow episodes of SI. Additionally, counselors may utilize instruments such as the Inventory of Statements about Self-Injury (ISAS; Klonsky & Glenn, 2009) or the Non-Suicidal Self-Injury–Assessment Tool (NSSI-AT; Whitlock et al., 2014) to determine the functions of SI.

Considerations for Supervision

Supervisors are tasked with being aware of and helping supervisees navigate myriad complex considerations as they counsel those who self-injure, and a few of these follow.

Supervisee Reactions to SI

SI can be anxiety-provoking and intimidating to professional counselors and it is a potentially dangerous and complex treatment issue that can be difficult to predict and to address therapeutically (Janis & Nock, 2008). Trainees who are new to working with those who SI report experiencing emotional reactivity to SI, feelings of incompetence, and difficulty resolving ethical dilemmas, and they report a lack of confidence in the supervision they receive (De Stefano et al., 2012). It is important that supervisees have a safe place in which to share their

reactions to clients who self-injure.

Preparedness to Manage SI

There is limited research on new professional preparedness to work with clients who SI, but research suggests that new counselors often do not feel prepared to work with this population. New trainees report confusion about why clients self-injure and uncertainty around how they can best address SI with their clients (Kibler, 2009; Simpson et al., 2010). Because of the high levels of risk associated with SI and the low levels of supervisee knowledge and confidence in how to intervene with SI, thoughtful and attentive supervision of SI is necessary. Training, education, and clear directives for how supervisees can intervene with this population are needed.

Differentiating SI from Suicide

It is essential that supervisees are able to differentiate between SI and suicide risk. This includes being able to competently assess the level of safety when clients report SI. Not all clients who self-injure are at risk for suicide (Hoffman & Kress, 2008). However, studies have demonstrated that the severity or frequency of current and overall lifetime engagement in SI, along with current and lifetime number of SI methods, may predict suicidal ideation (Wester et al., 2016). In fact, Glenn and Klonsky (2009) found that individuals who self-injure were eight times more likely to seriously consider suicide and 25 times more likely to attempt suicide. In addition, supervisors need to ensure that new counselors are accounting for multicultural factors when working with clients who self-injure, as ethnic and cultural differences have been shown to impact SI risk and protective factors (Polanco-Roman et al., 2014). Supervisors should also support supervisees in identifying SI and suicide risk factors and working through ethical decision-making processes for establishing safety plans with clients (Hoffman & Kress, 2008).

Evidence-Based Therapeutic Intervention for SI

Although specific treatments have not been consistently proven effective for SI, there are variations of established treatments that demonstrate some effectiveness. According to Glenn et al. (2015), these include Cognitive Behavioral Therapy (CBT), Family Based Therapy (FBT), Interpersonal Psychotherapy, and Psychodynamic Therapy. Although the efficacy of Dialectical Behavior Therapy (DBT) in treating SI is not yet clear (see Glenn et al., 2015), multiple studies suggest that DBT may be efficacious for addressing SI (see Whisenhunt, 2020 for a summary of these studies).

In the absence of a single identified effective treatment protocol, counselors may address SI by focusing on core treatment issues. Perhaps most central, Glenn et al. (2015) discussed the importance of focusing on relationships and interpersonal functioning. In consideration of the role relationships play in SI (Toprak et al., 2011; Wester et al., 2016) and suicide (Centers for Disease Control, 2018), it is important to help clients establish or enhance relationship skills

that contribute to healthy interpersonal dynamics. Additionally, Glenn et al. (2015) stated that SI treatment should involve skills training. This might include skills such as emotion regulation, anger or anxiety management, and distress tolerance. SI treatment should also address related maladaptive behaviors such as impulsivity, substance misuse, and self-deprecation. Further, Whisenhunt (2020) stated that intervention for SI should bolster protective factors that can reduce the need to self-injure and/or limit the inherent risk associated with SI (e.g., expanding systems of support, exploring healthy coping skills, enhancing problem-solving abilities).

Theoretically Grounded Intervention for SI

Secondary to the limited evidence base available to support counselor practice in this area, professional counselors must adapt their counseling intervention to meet their clients' unique needs. Counselors should practice from an intentional and theoretically-framed perspective, and they should use a theory base to guide the interventions they use. Although all three authors operate from a person-centered framework, the creative supervision techniques offered in this article can be adapted for use within various theoretical orientations.

The Supervisor's Role

Supervision involving client SI is a complex task that must be engaged with a keen eye toward risk management (see Hoffman & Kress, 2010). We believe the primary tasks for supervision of SI include: (a) teaching supervisees accurate information about SI; (b) identifying and monitoring supervisees' reactions to clients who self-injure; (c) teaching supervisees how to assess for SI and suicide, and manage the risk involved with each; and (d) modeling the use of evidence-based and theoretically-based interventions for SI. It is beyond the scope of this article to address all elements of effective supervision of SI. However, in the following section, we present sample supervision strategies that can be used to support supervisees in intervening with clients who self-injure.

Creative Supervision Techniques

Creative supervision techniques are grounded in humanistic, strengths-based principles, namely the ideas that we create, construct, and discover our reality, and that we are moving toward health and growth. Clients who self-injure often tend to have poor emotion regulation and distress tolerance, which also impacts coping self-efficacy (e.g., the belief that one can cope effectively; Midkiff et al., 2018). In fact, SI is more likely to be utilized as a short-term solution to alleviate distressing emotions because clients do not have confidence in their ability to regulate their emotions (Midkiff et al., 2018). Because of the difficulties those who self-injure can have with feeling identification, creative and experiential counseling activities may be especially helpful. Creative activities help to give voice to the experiences, feelings, thoughts, and reactions clients may otherwise struggle to express. The use of these techniques with supervisees may help empower supervisees to use similar interventions with their

clients. Specifically in this article, we address ways in which supervisors can utilize creative applications related to mindfulness and emotion regulation to promote supervisee functioning when counseling clients who self-injure. We discuss these interventions from a parallel perspective—noting the application to both client intervention and counseling supervision.

Mindfulness

Mindfulness is defined as "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experiences moment by moment" (Kabat-Zinn, 2003, p. 145). Mindfulness can help facilitate self-soothing and awareness of negative emotions, thereby reducing emotional reactivity (Van Vliet & Kalnins, 2011) by shifting mood and affect modulation to promote acceptance and change (Hooker & Fodor, 2008). This happens through a process of (a) paying purposeful attention, (b) maintaining a present-moment focus, and (c) practicing nonjudgmental attention (Treleaven, 2018). Ultimately, mindfulness is "a process of enhanced self-regulation," which includes attention regulation, emotional regulation, and body awareness (Treleaven, 2018, p. 31). The use of meditation techniques in sessions has been found to positively impact clients' affective and cognitive responses within and outside sessions, while also improving the therapeutic alliance (O'Brien & Likis-Werle, 2020). As such, mindfulness techniques may be particularly helpful with supervisees whose clients self-injure.

Guided meditations are a common approach to mindfulness and can be useful for individuals who struggle with meditation. When utilized in supervision, guided meditation can help supervisees draw attention to their mind-body interactions and note ways that their internal experiences may manifest physically, cognitively, and/or behaviorally. Guided meditations may include interventions such as visualizing a safe place, exploring imagery related to SI, and creating pathways from emotional pain to healing. Generally, guided meditations are most effective when they employ the five senses of vision, hearing, touch, smell, and taste. As the supervisee develops the visualization, supervisors can provide prompts to explore the imagery more fully while processing their emotional response to the imagery. Supervisors can then gently guide supervisees to visualize how they can cope with or alleviate their emotional responses to the imagery. After exiting the guided meditation, supervisors can process with supervisees to draw attention to their experiences of the client and SI and discuss application of a similar intervention for use with their clients.

Emotion Regulation

The intersection of emotion and cognition are critical. As Navarro-Haro et al. (2015) noted, expressive suppression can interfere with the positive effects of cognitive reappraisal. As such, teaching clients strategies to appropriately express emotions may improve their ability to apply cognitive reappraisal techniques to manage negative emotions (Navarro-Haro et al.,

2015). To this end, counseling clients who self-injure may involve strategies such as: (a) identifying safe, healthy coping skills that align with the functions of SI; (b) exploring emotional antecedents and triggers for SI; (c) maximizing distress tolerance; (d) improving impulse control; and (e) facilitating goal-directed behavior.

Assuming that the same premise of emotional suppression hindering the positive effects of cognitive reappraisal may be true for supervisees, supervisors can work with their supervisees to address any or all of the above listed skill areas, based on supervisee need. Examples of creative interventions may include the following: (a) creating a self-care toolbox and filling it with various self-care items and descriptions of self-care strategies; (b) drawing a comic strip-style depiction of their antecedents, behaviors, and consequences for a specific supervision topic; (c) expressing difficult emotions through spontaneous drawing or painting to heighten distress tolerance; (d) utilizing expressive stretching and movement exercises to bring awareness to improve impulse control; and (e) creating a vision board for specific supervision growth areas.

Additionally, supervisors can support supervisees in enhancing their emotional awareness and regulation skills through the use of various forms of creative media, such as drawings, collages, and using metaphorical objects as a means to address their uncertainty and anxiety related to counseling those who self-injure. As an example, supervisors might use an activity aimed at promoting supervisee awareness of their internal experiences related to counseling clients who self-injure, an activity that can be adapted to working with clients. Supervisors begin by inviting supervisees to close their eyes and engage in deep breathing exercises in order to bring awareness to the current emotions that come up for them when they think about counseling clients who self-injure. Supervisees are encouraged to focus on that emotion. When they are ready, supervisees use their chosen art medium (e.g., colored pencils, markers, paints), and they begin to draw out their emotions. Supervisees are encouraged to not think about what they are drawing, to choose colors that feel right, and to allow each stroke to be guided by the emotion. Thus, supervisees engage fully with their emotions and the art that emerges on their paper/canvas reflects that emotion. Supervisors can then process the activity with their supervisees, identifying the emotion and its various facets, discussing underlying

origins of the emotion, and highlighting the intersection of the emotion with their thoughts. Even for supervisees who are verbal processors, this experience can help supervisees learn to conceptualize their internal experiences more fully and with heightened awareness of the possibility of a parallel process between the client and counselor. Further, an adaptation of this intervention can be used with clients who self-injure to support their recognition and understanding of emotion.

Conclusion

The supervisor's role when addressing issues of SI is complex. The primary tasks of supervision include: (a) working with supervisees to teach them accurate information about SI; (b) identifying and monitoring supervisees' reactions to clients who self-injure; (c) teaching supervisees how to assess for SI and suicide, and manage the risk involved with each; and (d) modeling the use of evidence-based and theoretically-based interventions for SI. In this article, we provided suggested application of creative strategies for fostering mindfulness and emotion regulation among supervisees who work with clients who self-injure.

There are a number of considerations that should be made when using creative modalities for counseling and supervision, and many of these considerations relate to the trauma-based reactivity some individuals experience. Although we did not address that point in the present article, readers may refer to Paige et al. (2017) for information regarding trauma competent counseling practice. Additionally, readers may refer to Whisenhunt and Kress (2013) for information regarding the application of creativity to counseling clients who self-injure and Bradley et al. (2013) for creative approaches to counselor self-care.

Dr. Julia Whisenhunt

Alicia Hall,
M.A., LPCC-S

Dr. Victoria Kress

Chapter Resources:
CSI Chapter Development Committee Update
Rebecca Edelman, Mu Nu Tau Chapter

The CSI Chapter Development Committee is responsible for helping to develop, promote, and enhance CSI Chapters. The Committee communicated with chapters and provided training for chapter leaders during CSI Days. Each year the Committee targets specific areas of chapter activities for training and support (Chi Sigma Iota, 2021).

This year, the Chapter Development Committee was busy at work providing virtual trainings, summits, and support to all our chapters through these uncertain times. In the fall, two Chapter Leaders Trainings were held online. One was held during the Rocky Mountain ACES conference, and the other was a virtual open general training webinar. These trainings highlighted mentorship, involving alumni, online resources, and Robert's Rules of Order. In November, the Fall Regional Networking Summit focused on Developing Virtual Connections: Maintaining and Strengthening CSI Chapters During COVID-19. We have worked hard as a committee to meet your chapters' needs and provided places for support and community through our initiatives and yearly programming.

Members of the Chapter Development Committee have diligently worked to create a Stakeholder Infographic to engage, recognize, and support all CSI members and stakeholders. This infographic highlights specific stakeholders ranging from students to the specific university and community members, encouraging engagement, recognizing stakeholders, and resources available on the CSI website (see attached infographic).
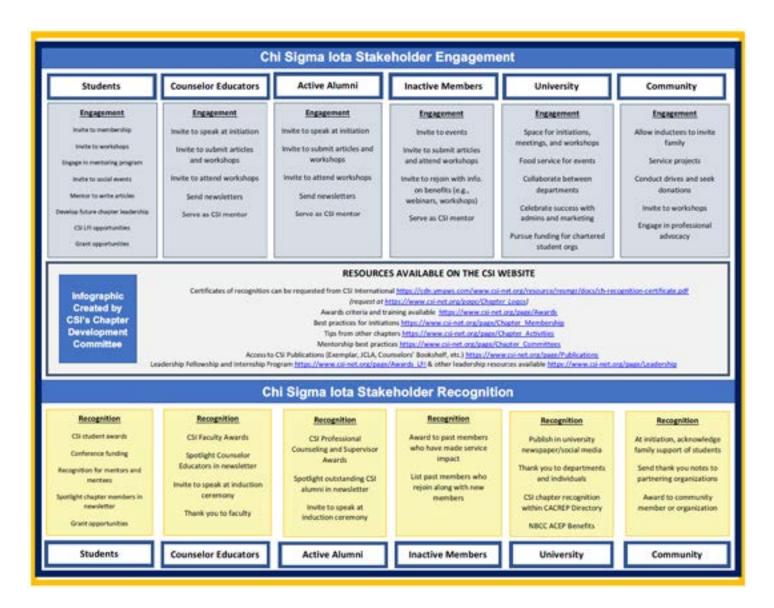
Events and Webinars:

Online Regional Networking Summit on Friday, April 16, 2021. More information on regional times and topics to come.

Chapter Development Committee Meeting (open to all!) on Wednesday, April 21, 2021, from 4:30 pm-5:30 pm EST.

To stay up-to-date on the latest happenings and trainings please visit the CSI website and join the Chapter Development Committee's Facebook group at https://www.facebook.com/groups/csi.cdc/.

Chi Sigma Iota Stakeholder Engagement

Students	Counselor Educators	Active Alumni	Inactive Members	University	Community
Engagement	**Engagement**	**Engagement**	**Engagement**	**Engagement**	**Engagement**
Invite to membership	Invite to speak at initiation	Invite to speak at initiation	Invite to events	Space for initiations, meetings, and workshops	Allow inductees to invite family
Invite to workshops	Invite to submit articles and workshops	Invite to submit articles and workshops	Invite to submit articles and attend workshops	Food service for events	Service projects
Engage in mentoring program	Invite to attend workshops	Invite to attend workshops	Invite to rejoin with info. on benefits (e.g., webinars, workshops)	Collaborate between departments	Conduct drives and seek donations
Invite to social events	Send newsletters	Send newsletters	Serve as CSI mentor	Celebrate success with admins and marketing	Invite to workshops
Mentor to write articles	Serve as CSI mentor	Serve as CSI mentor		Pursue funding for chartered student orgs	Engage in professional advocacy
Develop future chapter leadership					
CSI LFI opportunities					
Grant opportunities					

Infographic Created by CSI's Chapter Development Committee

RESOURCES AVAILABLE ON THE CSI WEBSITE

Certificates of recognition can be requested from CSI International https://cdn.ymaws.com/www.csi-net.org/resource/resmgr/docs/ch-recognition-certificate.pdf
(request at https://www.csi-net.org/page/Chapter_Logos)
Awards criteria and training available https://www.csi-net.org/page/Awards
Best practices for initiations https://www.csi-net.org/page/Chapter_Membership
Tips from other chapters https://www.csi-net.org/page/Chapter_Activities
Mentorship best practices https://www.csi-net.org/page/Chapter_Committees
Access to CSI Publications (Exemplar, JCLA, Counselors' Bookshelf, etc.) https://www.csi-net.org/page/Publications
Leadership Fellowship and Internship Program https://www.csi-net.org/page/Awards_LFI & other leadership resources available https://www.csi-net.org/page/Leadership

Chi Sigma Iota Stakeholder Recognition

Students	Counselor Educators	Active Alumni	Inactive Members	University	Community
Recognition	**Recognition**	**Recognition**	**Recognition**	**Recognition**	**Recognition**
CSI student awards	CSI Faculty Awards	CSI Professional Counseling and Supervisor Awards	Award to past members who have made service impact	Publish in university newspaper/social media	At initiation, acknowledge family support of students
Conference funding	Spotlight Counselor Educators in newsletter	Spotlight outstanding CSI alumni in newsletter	List past members who rejoin along with new members	Thank you to departments and individuals	Send thank you notes to partnering organizations
Recognition for mentors and mentees	Invite to speak at induction ceremony	Invite to speak at induction ceremony		CSI chapter recognition within CACREP Directory	Award to community member or organization
Spotlight chapter members in newsletter	Thank you to faculty			NBCC ACEP Benefits	
Grant opportunities					

Students	Counselor Educators	Active Alumni	Inactive Members	University	Community

[Direct link to infographic]

The Chi Sigma Iota Stakeholder Engagement Infographic is designed to show ways to engage and recognize CSI members at all membership levels from students to inactive members, as well as providing resources available on the Chi Sigma Iota website to support engagement and chapter development.

CSI Counselor Wellness Competencies

 The CSI Wellness Committee charged the CSI Counselor Wellness Competencies Sub-Committee with developing a set of wellness competencies for the counseling profession. In October 2020, the sub-committee presented the following CSI Counselor Wellness Competencies to the CSI Wellness Committee that were endorsed, subsequently, by the CSI Executive Council on November 6, 2020.

To read the sub-committee's complete description of the CSI Counselor Wellness Competencies, please download the attached document.

Counselor Wellness Competencies

Counselor-Centered   Professional-Centered   Client-Centered

Competencies

1   2   3   4   5   6   7   8   9

Competency 1: Self-Care
Counselors practice self-care by monitoring personal wellness; devoting time to utilizing self-care strategies that maintain mental, emotional, physical, spiritual, social, and cultural health; and making choices that promote optimal well-being.

Competency 2: Personal Relationships
Counselors develop and maintain intimate and trusting relationships with family, significant others, and supportive friends.

Competency 3: Boundaries
Counselors establish and maintain healthy personal and professional boundaries to support their wellness.

Competency 4: Stress, Burnout, and Impairment
Counselors engage in self-reflective practices that allow them to assess their holistic wellness in order to develop and maintain professional effectiveness by addressing stress, burnout, and impairment.

Competency 5: Professional Support Practices
Counselors appropriately seek, utilize, and provide consultation, supervision, education, mentorship, and/or personal counseling to maintain healthy personal/professional environments.

Competency 6: Wellness Promotion
Counselors model and encourage wellness practices that help others realize the benefits of making choices that promote wellness across the life span.

Competency 7: Wellness Research
Counselors incorporate theoretical and empirical wellness models and tools in their counseling, consultation, supervision, instructional, and leadership roles.

Competency 8: Wellness Assessment
Counselors appropriately utilize empirically-based wellness assessments and help clients interpret the results of these assessments for optimal well-being.

Competency 9: Wellness-Based Goal-Setting and Plans
Counselors appropriately utilize assessment data to help them and their clients implement a "personal wellness plan" with specific, measurable, and manageable goals designed to increase holistic wellness.

Professional Advocacy Agent:
Dr. Sandra Logan-McKibben

Interviewed by Jennifer Toof, Leadership & Professional Advocacy Committee Member, Theta Chi Sigma Chapter

I was honored to interview, Dr. Sandra Logan-McKibben, NCC, NCSC, ACS, BC-TMH, a former school counselor turned counselor educator, about her various advocacy efforts and her ultimate goal to positively impact future generations. Dr. Logan-McKibben's passion toward three concepts that comprise her motto and social media hashtag (#AdvocateCollaborateEducate) was infectious, and I left feeling inspired by her words.

It was quickly evident that Dr. Logan-McKibben holds great value and respect for the school counseling profession. She currently fills many positions at Florida International University, including Clinical Assistant Professor, Program Director, School Counseling Coordinator, and Co-PI for the SCISSORS Project —a US Department of Education grant that provides specialized training and funding for school counselors and interventionists. Previously, she was a school counselor on the brink of burnout, working at two schools with an annual ratio of 1,300 students to her 1 part-time position at each. She recognized firsthand the need for school counselor supervision, as well as having optimal work conditions including manageable caseloads. This realization was seminal in impacting her future advocacy efforts and subsequently pursuing her doctoral education and training.

Upon reflection, Dr. Logan-McKibben shared her first advocacy effort was advocating for herself, as her job position was in jeopardy. She rallied her students, families, and colleagues, informing them of the possibility of excluding school counselors in the school's budget. This ultimately saved her job, and, more importantly, she succeeded in preserving school counseling services districtwide. She stresses that there is much more to advocacy than government advocacy, an important effort, but one that can be scary for some. She emphasizes that advocacy can be for oneself, one's clients, one's place

of employment, one's community, or the counseling profession itself, and counselors should play to their strengths when determining how to advocate. Recently, Dr. Logan-McKibben has advocated for the profession by collaborating with local school districts and her state school counseling association to create appropriate job descriptions for school counselors, serving on formal job study projects, and contacting her local legislators during National School Counseling Week.

       When asked about the most urgent professional advocacy issues professionals are currently facing, Dr. Logan-McKibben believes that reducing mental health stigma is vital, noting that mental health should be discussed in the same way we discuss physical health. Additionally, increasing the school counselor work force and strengthening telehealth training, particularly regarding ethics, are also pressing issues in our field. Less time-sensitive, but still important, is advocating for licensure portability and changes within the healthcare system.

       Dr. Logan-McKibben attributes the success of her advocacy efforts to persistence, recognizing that systemic change rarely happens quickly. In fact, having realistic expectations is the most important lesson she's learned through her advocacy efforts. Our interview ends inspirationally with her emphasizing that anyone can, and should, be an advocate, regardless of the stage (education or career) they are in. Advocacy is an ethical imperative, she says, and we can all serve as a role model to others. Reflecting on this interview, I can unequivocally state that Dr. Logan-McKibben serves as my role model, and I intend to follow her lead by advocating, collaborating, and educating however I can.

Access Resources from CSI's Leadership and Professional Advocacy Committee on the CSI website.

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

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

Review advocacy tips from key leaders.

2020-2021 Leadership Essay Contest Winners Co-sponsored by Chi Sigma Iota and CACREP

Coronavirus and Counseling: Navigating the New Normal and Traversing the Landscape of COVID-19

Rebekah Orr, Omega Chapter
Entry-Level Student First Place Award Recipient

The counseling profession is having to creatively overcome obstacles presented by COVID-19. By coming together, with support from CSI and CACREP, the counseling profession can continue to ethically serve our communities and provide even more accessible services. To do this, we must be aware of the issues presented by COVID-19 and reframe them into opportunities to expand our competency within the counseling profession. With technology increasingly at the forefront of many services; counselors, counselor educators, and students are having to navigate incorporating technology into their education and sessions. Telehealth has become the norm in many fields and is becoming necessary as the pandemic restricts many from leaving their homes. While it seems simple to hold sessions with clients via tele-health, it raises some ethical concerns and risks for the client and counselor.

Screen fatigue and feeling emotionally drained is associated with a greater number of online meetings (Sander, 2020). This could potentially lead to burnout, which may compromise the ethical treatment of clients (Thompson, Amatea, & Thompson, 2014). COVID-19 and counselor burnout can increase risk for mental health issues. With the growth of online communication, it is important to weigh the pros and cons of tele-mental health services for clients. While it is easy to assume that telehealth is accessible and safe, there are situations in which tele-mental health is not the best option culturally or ethically. Assessing risk factors before providing tele-health sessions is imperative, including self-harm, suicide, and homicide; as well as the level of confidentiality that the client has at their location. Confidentiality is vital to counseling and many clients lack the availability of a confidential space to fully experience the benefits of the session and to ensure client privacy. Practices also need to ensure that they are using a secure, HIPPA compliant platform (Wheeler, 2020). Accessibility to Wi-Fi, cell phones and lap-tops is often assumed of clients, but this priviledge is not always the reality for those experiencing housing insecurity, poverty, or housemates who have the

ability to control usage of the needed technology. Counselors may only provide services in the state of which they are licensed

which could raise issues if an individual is quarantining at a family members house out of state (Wheeler, 2016).

Cultural and ethical considerations must be taken with in-person sessions as well. There is a risk of illness for any in-person interaction, even if it is compliant with social distancing and mask mandates. It is ethically necessary that we consider the comfort level of the client and the underlying issues that may increase the risk of COVID-19. It is shown that those with certain underlying medical conditions are more susceptible to life threatening symptoms of the COVID-19 virus (CDC, 2020). Supervision is another area in which these factors must be considered, as student counselors and other supervisees are faced with the same risks. Consideration of access to technology, confidentiality of case discussions, and health concerns by both supervisor and supervisee must be taken.

While many of these factors can seem overwhelming as counselors and students navigate this new normal, reframing these issues as opportunities to grow alongside technology and society can lighten the burden. CSI principle number 8 is "mentoring, encouragement and empowerment" (Chi Sigma Iota Academy of Leaders, 1999). This is a time to exercise that principle through promoting counselor self-care and building a community of students and educators where they can support and learn from each other. Now, more than ever, counselor self-care and a strong support system within the profession is needed and CACREP and CSI can assist with promoting these. Counselor educators are in the unique situation of having to support and teach their students about topics they are also experiencing for the first time. Holding council meetings for counselor educators where pressing topics such as safe practices, telehealth services, and the effects of the pandemic on client and counselor mental health would be beneficial. Another way in which CSI and CACREP can be a support to the profession is partnering with local universities, CACREP programs, and CSI chapters to develop and implement trainings on tele-mental health. In years past, tele-mental health was not the norm in counseling services and many insurance companies did not provide coverage for counseling via video chat (Wheeler, 2020). That is changing, to the benefit of many, and young counselors and students are having to figure out how to adapt their techniques to an online platform. Being the forefront of academic excellence and leadership, CACREP and CSI are the best candidates for providing tools to the next generation of counselors by offering education and insight on these services.

A way in which counselor educators can ensure the integrity of the profession is by promoting counselor self-care and providing support resources for counseling students. Counselor self-care is imperative to ethical service. This pandemic has brought hardship on many, and counselors and counseling students are certainly not excluded. Counselor educator awareness of screen fatigue, burnout and grief in their students as well as assisting them in creating and implementing their own self care plan is a practical, yet important, role in counseling education. Ensuring that supervision and

support is provided at the counselor educator level is important in keeping countertransference in check with counseling students, as many are facing similar situations as their clients (Pies, 2020).

In conclusion, the counseling profession is adapting to the trials and tribulations that COVID-19 has thrown its way. While technology provides many opportunities to offer services from the safety of home, many cultural and ethical factors must be considered when making that choice. CSI and CACREP are both valuable to the integrity of counseling in supporting counselors as they to navigate the "new normal." While this year has provided many obstacles, counselors and counselor educators are given the opportunity to learn from them and expand competency in growing areas of the profession.

Preparing Counselors for Telemental Health in a Pandemic through Wellness, Social Connection, and Telemental Health Training

Rohan Arcot, Lambda Chapter,
Doctoral Student/Professional Counselor/Counselor
Educator First Place Award Recipient

COVID-19 is a global health pandemic more severe than we have ever seen before, and after eight months of lockdowns and safety protocols, the U.S. still continues to set new records for most cases per day with over 184,000 cases recorded daily (Pengelly & Bekiempis, 2020). One of the many deleterious effects of COVID is the increased mental health needs due to rising cases of anxiety, depression, and PTSD which necessitates a greater need for counseling services (Xiong et al., 2020). It is incumbent on counselor education programs with support from Chi Sigma Iota (CSI) and CACREP to meet this need by preparing current and future counselors for the changing landscape of the counseling profession. There has been a fundamental shift in the delivery of mental health services and counselor education and supervision from in-person to online and hybrid formats. The CSI Principles and Practices of Leadership Excellence (PPLEs) and CACREP 2016 Standards to fulfill its mission statement offer guidance for how these three entities can work together through servant leadership and rise to the occasion (CACREP, 2016;2018 & CSI, 1999;2011). In addition to greater client needs, counselors are also impacted by the pandemic, and as organizations that promote counselor training, CSI, CACREP, and counseling programs must focus on wellness, social connection, and training for telemental health to fulfill their obligations to students, practitioners, and clients.

The need for counselor self-care is heightened during globally stressful times. According to the American Counseling Associations (ACA) code of ethics, counselors have a responsibility for self-care (ACA, 2014). Counselor education programs must promote student wellness by responding with empathy to the difficult circumstances students face. I currently work as a teaching assistant, and role-modeling empathy for students is how I show that I deserve to be a counselor and an educator. Courses should also incorporate additional time for students to process their feelings and experiences to avoid burnout and promote wellness. Our CSI chapter (which I am the Operations Director for and coordinate our advocacy efforts) has advocated for increased mental health resources for students (PPLE 5: Long-Range Perspective & 7: Respect for Membership). We also organized a workshop series on anxiety and stress management and a self-care event to help students cope with the additional stress they faced during the pandemic. An increased focus on wellness is crucial to help students manage stress and prepare them to help their clients manage their increased stress.

Interconnected with wellness is the need for social connection which is more difficult when in-person social activities are discouraged. Our CSI chapter focused on expanding our mentorship

program this year to ensure that all new students had a mentor to help guide them through the difficulties they are facing and serve as an extra social support (PPLE 8: Mentoring, Encouragement, and Empowerment). We conducted orientation trainings for mentors and mentees, and we have seen 29% growth in mentee sign-ups and 123% growth in mentor sign-ups as a result of these efforts (PPLE 3: Preservation of History & 4: Vision of the Future). Moreover, 91% of our mentorship pairs met which shows the need and desire for connection and mentorship during this challenging time. We also developed an incoming student connection document where 22 students filled out their interests and contact information to arrange meet-ups and watch parties to foster connections with their new classmates. The social aspect of a counseling program is integral, and as a student organization, CSI is key to ensuring students can form necessary social connections during remote learning.

The main change to the mental health landscape due to the pandemic is providing the majority of services through telemental health, and CSI, CACREP, and counseling programs must meet this need through training and supervision in an ethically and culturally responsive way. Our CSI board conducted a holistic needs assessment of the student body and advocated for increased training and supervision for telemental health. (PPLE 10: Feedback and Self-Reflection). We presented these results to our program and school leadership. This feedback enabled our program to realize an increased desire and need to provide telemental health training and resources to students in field experience so that they are prepared for internship and to navigate the future landscape of telemental health as practitioners. In addition to ensuring students were able to deliver services safely, our program worked with site supervisors to assist students in receiving telemental health training. Practicum and internship courses also continuously focus on how to provide effective services through this new modality. CACREP also has a role to play in understanding how the pandemic adversely affected people from marginalized groups which necessitates incorporating racial justice into its 2023 standards to promote optimal human development to fulfill its mission (CACREP, 2018). Between the pandemic and social movement, this year has laid bare the racial injustices in our country. As an accrediting body, CACREP can work to help programs incorporate racial justice themes throughout curriculums to promote culturally aware counseling. With advocacy from CSI, culturally responsive training from counseling programs, and updated standards that reflect the current cultural and ethical climate from CACREP, future counselors will be better prepared to face the telemental health challenges the future entails.

The COVID-19 pandemic exacerbated the polarization and marginalization in the U.S. because of the adverse impact on ethnic minorities and low-income individuals (Selden & Berdahl, 2020). As counselors, we have the privilege and responsibility to rise to this challenge and meet the increased mental health needs stemming from the pandemic (Xiong et al., 2020). In order to support and facilitate counselors' and clients' needs, CSI, CACREP, and counseling programs have an ethical obligation to promote wellness, increase social connection, and train students for increased telemental health delivery in an ethical and culturally responsive manner.

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CSI Webinars

Recorded webinars on a variety of professional topics are available at on the CSI website. Recently added webinars include:

Counselor Education Transitions and Responses Due to the Pandemic
Dr. Jake Protivnak (Moderator), Dr. Linwood Vereen, Dr. Casey Barrio Minton, Dr. Victoria Kress, Dr. Karl Gauby, & Dr. Earl Grey-Brooks

The Impact of Dual Pandemics on the Future of Counseling
Dr. Matt Glowiak, Dr. Autumn Cabell, Erik Messinger, & Deanna Revels

Neurobiology and Neurotransmitters: Psychopharmacology for Counselors
Dr. E. Franc Hudspeth

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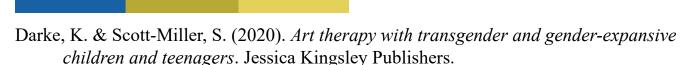
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Call for Submissions

CSI Exemplar Editorial Team is accepting submissions for consideration for the Summer 2021 newsletter. This edition will focus on research for excellence in the profession. Please submit proposals by **May 3, 2021** to exemplar@csi-net.org in the form of an APA-style abstract. Proposals should address the edition theme within one of the following columns: (a) Chapter Happenings, 400-650 words; (b) Student Success, 1300-1700 words; (c) Counselors' Corner, 1300-1700 words; (d) Educational Advances, 1300-1700 words; (e) Chapter Resources, 400-650 words; or (f) Excellence in the Field, 1300-1700 words.

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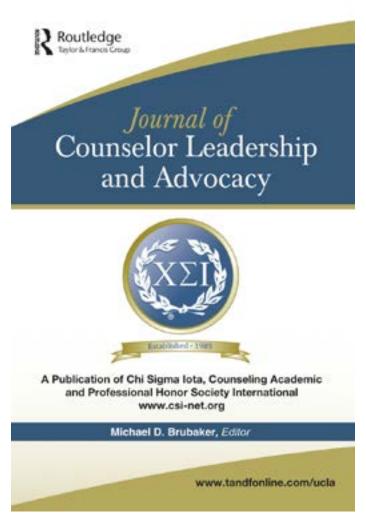

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