

2021-2022 CSI & CACREP Leadership Essay Contest

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Balancing Core Values and Adaptability to Increase Equity in the Digital Age of Counseling



The prompt “Technology and Counseling: Now to 2030!” led me to think about where we were as a country and profession nine years ago compared to now. Nine years ago in 2012 Trayvon Martin’s murder was rocking the nation, President Obama was reelected for his second term, CACREP was operating off of the 2009 standards, and I was a sophomore in high school. Few could have predicted the political divisions, COVID-19 pandemic, and the sudden and massive rise of telehealth, yet here we are still moving into the future. As difficult as it is to accurately predict what this country and counseling profession could look like in the year 2030, as leaders in the field it is essential to continue to look forward. It is not necessarily about being correct in the predictions, but it is about always striving for excellence and advancing the field along with our changing world. The technology changes in our field spurred on by the COVID-19 pandemic are likely here to stay. Not only that, but technological advancements will continue far beyond where they are now with the potential of crypto currencies, non fungible tokens, virtual reality, and more infiltrating the counseling space. If the counseling field wants to train ethical counselors who are prepared to provide best practice, then continuing to work in interdisciplinary settings and promoting equity will be necessities.

Healthcare is moving toward interdisciplinary collaboration among various healthcare providers, specifically through virtual means. One of the most exciting areas for the future of counseling is the expansion of interdisciplinary settings that specialize with certain populations. Underserved and misunderstood populations often face limits to access and stigma when they seek medical and mental healthcare. Interdisciplinary settings that have been researched with positive results include those focused on maternal health (Selix et al., 2017) and transgender individuals (Oransky et al., 2019). These specialized interdisciplinary settings can also help create a more holistic view of clients, which can help better meet their interrelated needs. Specialized interdisciplinary settings cannot be available in person in many rural areas, and as someone whose hometown has a population of under one thousand people, creating more of these

areas of care virtually has the chance to radically change the medical and mental health fields for the better.

However, as much as interdisciplinary settings with virtual capabilities offer exciting possibilities, this change necessitates a few considerations. When counselors work in settings with other medical providers, there is a risk that counselors could be seen as simply another medical specialist. Reducing a counseling relationship down to a transactional exchange of treatment and information underscores the very essence of what makes counseling both unique and effective. One of the most important ways to combat this misconception is to continue educating stakeholders and advocating for the counseling profession to be recognized as an integral component of wellness that must be approached differently than physical health. Counseling in interdisciplinary settings, especially those moving toward telehealth, can have great benefits as long as the drawbacks are considered and mitigated.

With the migration to virtual counseling, there are concerns related to access and equity. Virtual services have increased equity for certain groups such as individuals with transportation challenges, in rural settings, or with anxiety about seeking in-person services. Yet as these groups benefit from virtual counseling, others are neglected. The geriatric population faces unique barriers that include frustrations with technology and cognitive, visual, or hearing impairments (Danilewitz et al., 2020; Wildenbos et al., 2018). Considering there is already a shortage of counselors specializing in geriatric counseling (Kunik et al., 2017), if more counselors move to exclusively online practices, the gap between counselors and geriatric clients needing services will continue to widen. Another group that faces barriers to care in virtual settings is individuals with lower socioeconomic status. While some of these individuals may benefit from virtual counseling if they do not have reliable transportation, others may face the barriers of not having access to high speed internet or smart phones (Nadkarni, 2020). Other groups who face challenges with virtual counseling are children who struggle with focus, individuals with varying disabilities, and individuals looking to build in person social skills among others. Continuing to offer in person services when possible and pursuing research and advocacy opportunities that can minimize these barriers are essential for counselors to increase the level of equity.

Promoting this equity and access then becomes the responsibility of each individual and organization involved in the counseling field, including both CACREP and CSI. CACREP could consider promoting equity in virtual counseling that aligns with the mission of the development of preparation standards (CACREP, 2021). Virtual and face-to-face counseling are similar, yet there are some differences that counselors-in-training (CITs) must receive training in such as ethical concerns and adapting counseling skills. CACREP could consider requiring accredited programs to train CITs about these differences. CSI's mission to promote scholarship and research (CSI, 2018) can also help promote equity in virtual counseling. A recommendation for CSI would be to publish research in the Journal of Counseling Leadership and Advocacy (JCLA) specifically about different groups of populations that may struggle with equity in virtual counseling. The article in the JCLA about wellness competencies could serve as a model for virtual counseling competencies (Gibson et al., 2021).

How do we adapt to a virtual world in a field that was founded on face-to-face interactions? That is a big question that I think all counselors are grappling with now. I believe we must approach the paradigm shift by maintaining our values, but embracing the two polarities. Balance is the key, just like we often encourage in our clients. Abandoning face-to-face is not going to work at this time for many groups of people, but resisting technology will only set the field behind. Clay's (2021) article said it best, "We're either going to be part of the technological revolution—and help create it and direct it with proper values—or we're going to be left behind."

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