Leadership Letter

DR. LENESE STEPHENS, LPC – Vice President – vicepresident@nvlpc.org

Dr. Lenese Stephens reflects on the challenges and rewards of her first year as Vice President of NVLPC.

Dear NVLPC Members:

Holding a leadership position requires patience and openness to learning the processes and order within an organization. My name is Dr. Lenese N. Stephens, LPC, and I am the current Vice-President of NVLPC. During my first year in this position, I have learned much of how this organization contributes to the evolving counseling profession. One of the main contributions is assisting neophyte counselors, seasoned counselors, and graduate counseling students to continue the learning process needed to become culturally competent licensed counselors.

During the COVID pandemic, many transitioned to electronic platforms, in support of continuing business and ensuring that the continuity of care and education remained consistent – not only for educators, but also for behavioral and medical providers. This transition required NVLPC’s team to pull together resources and make the necessary changes to continue offering breakfast seminars and workshops for the 2020-2021 fiscal year. Educational seminars during this time were offered to all – NVLPC members and the community – to aid in supporting everyone during a very difficult time our country endured.

As mentioned in the beginning, leadership requires patience and an openness to learn. By taking this position, I have been grateful to learn the inner workings of NVLPC and to see how each member of the board demonstrates their personal strengths, individual dedication, and personal time to ensuring our profession remains supported and educated, as well as providing a safe space for counselors to unload their concerns and frustrations during the period of COVID. Witnessing the level of compassion and gratitude each member has demonstrated throughout my first year has made my welcome to NVLPC even more meaningful and receptive. I look forward to furthering my work within this organization, along with meeting, greeting, and further educating counselors and students.

Go to www.nvlpc.org and your Inbox for the most up-to-date information before heading to an event!
Mindfulness as a Way to Offset Racial Bias

BY TERRI PILKERTON, LPC, NCC

None of us would consciously admit to being racist. We know that discriminating against an entire race is wrong. At the same time, research indicates that, on an unconscious level, we are all racially biased.

In their book, *Blindspot: Hidden Biases of Good People*, authors Mahzarin Banaji and Anthony Greenwald explore the extent to which subconscious group-based preferences exist. The book draws from a research method called the Implicit Association Test (IAT). The test, developed in 1995 by Greenwald, was designed to explore unconscious levels of racial bias. Within the IAT, test participants are asked to distinguish faces of European and African origins. Results of the study indicate that most Americans, regardless of their own race, have an automatic preference for white over black. The test is available to the public and posted on the Harvard University’s Project Implicit website.

The test measures the speed at which associations are made. For example, the test can measure how quickly an individual pairs a face that reflects their own ethnicity with a positive term, compared to the response time of a face of a person of a different ethnicity with a positive term.

It is important to distinguish implicit bias from explicit bias. Implicit bias occurs almost entirely outside of our conscious awareness. In the case of explicit bias, individuals are aware of their prejudices and attitudes, positive or negative, toward certain groups. Examples of explicit bias include overt racism and racist remarks.

Implicit bias involves rapid and automatic associations, and is the result of mental associations that have been formed over time. From early childhood we receive direct and indirect messages about different groups of people. Exposure to certain groups over time imprints in our brain to unconsciously and automatically identify certain characteristics with certain groups, regardless of whether or not they align with reality.

What is happening in our brain to cause biased thoughts and behaviors? The simplest explanation is related to survival instincts and dates back to our early ancestors. Because resources were scarce, there was safety in numbers. We learned to cooperate with and stay close to those in our tribe, our kin. The more kin – those who shared our genetic traits – the safer we became. Therefore, those people that look like I do must be kin. Those who look different must be the enemy.

In order to figure out a way to correct implicit bias, we must first understand what is happening in our brain. Fortunately, neuroscience has become increasingly able to pinpoint specific regions of the brain that are responsible. The amygdala, an almond-shaped collection of cells located near the base of the brain, has emerged as a key region. The amygdala is the part of the brain that processes fear and creates a stress response. Activation of the amygdala causes a form of rapid “social categorization” whereby we routinely and swiftly sort people into groups. The amygdala is where emotions are given meaning, remembered, and attached to associations and responses to them. We use these “emotional memories” to form a narrative. A narrative is a storyline consisting of connected events, complete with characters interacting with one another. Biases arise as a result of our brain working to find patterns and creating narratives, in order to navigate the vast amount of stimuli coming at it. Culture, media, and upbringing also contribute to the formation of emotional memory.

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Calendar of Events

Thank you to everyone who attended NVLPC events this past year. We are currently in the process of creating the 2021-22 Calendar of Events. Whether to hold events virtually or in-person this fall is also under consideration. The NVLPC Board looks forward to offering a diverse and exciting mix of workshops, trainings, and more. Keep an eye out for emails or check the NVLPC website for information later this summer.
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OK, so we are all a little racist. What can we do to change this? Several studies suggest that practicing Mindfulness can help us to reduce prejudice by lessening our cognitive biases—automatic errors in our thinking, which impact our judgments of other people. Mindfulness is an awareness, in the moment, of our thoughts, feelings and environment, in a gentle and nonjudgmental way.

The first step to making any change is to recognize it. As we begin to notice cues or triggers for prejudiced thoughts, we can begin to replace those biased responses. This may sound easy, but it takes practice. Research is offering evidence that we can reduce racial bias with intentional practice. These practices include:

- Exposure to counter-stereotypes. In one experiment, individuals showed measurably less implicit bias toward Asian Americans after viewing the movie, The Joy Luck Club, about Asian American immigrants to the United States.
- Empathy. Imagining the perspective of someone of another race if you were in their situation, can help you to develop an appreciation for what their concerns are.
- Create positive interactions. Increased engagement with members of another race will increase positive interactions.
- Contrasting negative stereotypes. As an example, when you think or hear of a negative stereotype about African Americans, compare that stereotype to a friend, or famous person of the race, such as Shirley Chisholm, or President Obama.
- In reducing our susceptibility to cognitive biases, mindfulness could play a role in improving social relationships and create more harmony.

As counselors, we access our training in Multicultural competence in order to acquire positive clinical outcomes in cross-cultural encounters with patients. This, of course, is a necessary part of our training. The glitch is that traditional counselor education programs tend to focus more on explicit forms of bias. As a result, unconscious negative attitudes and stereotypes often continue to impact individuals of color. It is important for counselors to identify cultural blind spots and areas of inexperience. A first step toward this goal is to take the Implicit Association Test (IAT). From there, forming a consultation and accountability group with peers can also help begin to break down racial bias.

During intake sessions with new patients, consider incorporating the Cultural Formulation Interview (CFI) DSM 5 CULTURAL FORMULATION INTERVIEW QUESTIONS. This can help you to identify the unique needs of your patients.

To gain a better understanding of family context, you may also want to work with your patient to create a culturagram. Consider reading Blindspot by psychologists Mahzarin Banaji and Anthony Greenwald. Seek out and attend workshops and seminars on unconscious bias, and engage in and initiate dialogue about implicit bias with other therapists.

Mindfulness opens us up to greater control over our emotions, focus, and increased capacity to think clearly and act with purpose. While far from being a quick fix in addressing the vast racial inequities embedded in our society, mindfulness may be a good first step toward acknowledging bias and becoming more compassionate. Daily practice may help to recognize and interrupt the thought patterns that contribute to actions based on bias.

Perhaps the words of the Pulitzer Prize winning author Toni Morrison, best known for chronicling the black American experience, sum it up best, “Race is the least reliable information you can have about someone. It’s real information, but it tells you next to nothing.”
CONGRATULATIONS to the 2021 NVLPC Scholarship Winner

BY SHARON WATSON – Interim Education Director – education@nvlpc.org

NVLPC is committed to supporting our profession, and has proudly offered a scholarship for masters-level students since 2012 with the goal of encouraging future practitioners in the counseling field.

This year we had four graduate students apply for the scholarship. Applicants were asked to write a 600-word essay about a topic of interest, including their experiences of any personal pain, challenges, or difficult situations that led to their topic. The students were also asked to include an explanation of how they hope to apply their experience to their career goals and how they plan to make a difference in the counseling field.

Thank you to the students who spent the time completing the application and writing such excellent essays. Thank you as well to the five NVLPC volunteers who read and scored the essays in this very challenging year. In addition to the first-place winner receiving $1,000, the remaining three students will receive a free NVLPC breakfast event admission during the 2021-2022 year. Everyone who submitted an essay is a winner in our minds. All the essays are being published in our newsletter, with the winner and runner up in this edition. The remaining two essays, which tied for third place, will be published in our September 2021 edition.

Correction Notice: Due to a communication error, the scholarship winner announced at the membership meeting was incorrect. However, the essay read at the meeting was the correct winning essay. We would like to once again express our sincere apologies for the error.

The winning essay was written by Amy Zacaroli, who will receive a $1,000 scholarship:

Amy attends the DC campus of Dallas Theological Seminary. This is her second career after working in journalism, raising children, and volunteering as a CASA in Fairfax. In 2003, Amy and her husband founded and continue to operate a nonprofit to serve orphans and vulnerable children in rural South Africa, many of whom are victims of trauma and abuse. Amy is currently an intern at Seek Serenity in Sterling, VA, where her counseling focus is working with young children. As you can see from her essay, her childhood experiences formed a passion for traumatized children.

“No, Debbie!”

Those were the only two words the tiny 2-year-old could offer her emergency-care foster family, who didn’t know any Debbie. Debbie was an unknown ghost who lived in the previous foster family from whom this dark-haired toddler came, accompanied by a large bottle of phenobarbital to control her daily seizures. Even at the new home, she was deathly afraid of the dog and of the bathtub. She screamed in fear of the warm running water in the sink that would wash her hands clean.

What she needed was something and someone to help her wash her wounds clean – the ones on the inside that no one could see. She needed secure attachment, a safe place to grow, and as the
new foster mother would say, “Just some tender loving care.”

That little toddler was me and that new foster mother became my mom, who nursed me back to health with the tender loving care that she was gifted to pour out. My new family provided safety, patience, compassion and love. After a very long journey of healing, I defied words from the experts that I would never be “adoptable.”

Growing up with the family that built me, my mom repeated the story of my first weeks with them over and over again. The retelling of the story made me feel chosen, loved, grafted into a caring and compassionate family of tall blondes. I was never the adopted daughter – always just the youngest daughter who had two older brothers and a slightly jealous older sister (after all, I had kicked her out of the cherished roles of only girl and youngest).

Many children are not as fortunate. They spend their entire childhood in homes like my first foster family, with adult figures who are incapable, uncaring, angry, addicted, violent, wounded themselves from childhood. Older children could be there too, taking out on the younger ones the violence heaped on them. There are so many nightmare scenarios playing out right now under the roofs of houses that we will never know. And I am haunted by those innocent young children who bear the brunt of the cycle of trauma and violence. These children are innocent targets who – if not healed like I was – are likely to carry on the cycle of trauma and violence into their own families as adults. When does the cycle stop?

This is why I am called into counseling – to help break that tragic cycle. For children and adults who have suffered trauma, I want to be someone in their lives who helps them into the healing process and to grow into a place where their wounds are washed clean. I want my clients to be able to say to themselves:

“I am worthy.”

“I don’t deserve this.”

“It’s not my fault.”

“I know how to protect myself.”

“I am strong.”

“I want to learn to love.”

“I want to move through this.”

“I want to forgive.”

I understand it is not an easy task and even in the first few months of my internship, I’m seeing clients who have scars so deep that they will take a lifetime to heal. During the short time I have the honor to walk with them in their journeys, I hope I can plant seeds of healing and growth that will allow them to break out of brokenness. I hope to help them adopt an identity that is not one of shame and scars, but one of honor and healing – one that will leave a lasting legacy of wholeness, compassion, security and love for generations to come.
The essay with the second highest score was written by Jackie Bailey

Jackie is in her second year at George Mason University and will start her internship in Spring 2022. Counseling will be her second career, as she currently works as a nurse practitioner. She shared with us that she enjoys developing authentic relationships with clients, which is part of what led her to this field.

Many of my life experiences have led me to the field of counseling. People have often told me that they felt comfortable telling me things they couldn't tell others. In addition, as a young child, I watched my mom go to therapy and group counseling weekly. She lost her mother at age five and dealt with lifelong depression. I was always curious about what was happening in session. All I knew was that the one thing in her week she would never miss was counseling.

I have worked in healthcare for the past 16 years with people of all ages, races, cultures, and diagnoses. I have found that building rapport with another human being and their comfort in being vulnerable makes my life meaningful. A large portion of my career has involved treating oncology patients. I have worked in pediatric oncology. In that role, I witnessed the pain and daily struggles the children and families endured, and I aimed to have a greater relationship with the families than all the tubes, machines, chemotherapy, and blood draws. In this role, I witnessed recovery and I witnessed death, but mostly I witnessed children with strength and resilience. I noticed many parents needed to talk, to cry, or to share about their child and experiences.

More recently, I began working with adult oncology clients and I found a population that amazes me. I witness a beautiful phenomenon in people with cancer, they let the small stuff go. They may cry, they may grieve, but despite their pain and fear, they have grace and wisdom. They inspired me to pursue a degree in counseling as there have been countless occasions where I wanted to talk with someone, to hear their story, their difficulties, their strengths, and help them navigate their experience. In a recent encounter with a 42-year-old woman dying of breast cancer, I found myself less interested in the chemotherapy and radiation, but more interested in talking with her about her fears about leaving her young children behind. We laughed and we cried together. This is the type of work I am meant to do.

When I was twenty-eight years old, I lost my own mother to cancer. I know the pain of loss and grief and am preparing to work with others as they deal with life's major challenges. In addition, when I was 36 years old, I became sick and had developed an autoimmune disease. My kids were very young at the time and I wasn't ready to accept that I had a chronic disease. There were tears, grief, and feelings of anxiety and depression. It took me awhile, and some therapy, to come to a place of acceptance. I did not live in the healthy body I once had. As I am doing much better today, I want to help others who may be feeling what I was at that time.

When I am a counselor, I plan to work with people who are dealing with serious and chronic illnesses. I see myself in the role of individual, family, and group counselor and look forward to supervision in the future. There is a grieving of one's previous healthy life, change in family roles, change in friendships, often changes in career trajectory, fear, anxiety, depression, and more. I want to work with clients when they are unsure of what's happening, obtaining new diagnoses, proceeding through treatment, or in hospice care. I will share in their joys and sorrows and most importantly, build a healing relationship as mental health challenges come with physical health challenges.
From the Supervision Corner

BY SHARON WATSON, LPC, LMFT, LSATP, NCC, ACS — Supervision Chair — supervision@nvlpc.org

NVLPC functions on a fiscal year, July 1 to June 30, which prompted me to think about some of the Important Notes and Updates I’ve written about over the past year that deserve a second look.

LSATP & CSAC Guidance Document “Scope of Practice”:

For those of you who are or planning to supervise a LSATP or CSAC resident, there is a guidance document on the Virginia Board of Counseling website that was made effective January 23, 2020:

115-11, Scope of Practice for Persons Regulated by the Board to provide Substance Abuse Treatment

To summarize in part, LSATPs may practice “substance abuse treatment functions” independently, but CSACs cannot, unless “under appropriate supervision or direction.” LSATPs can diagnose but CSACs cannot. LSATPs can treat individuals with substance abuse as a co-occurring diagnosis, but CSACs can only treat those whose primary diagnosis is substance abuse. The document specifically states: “Certified substance abuse counselors shall not engage in independent or autonomous practice.”

Petition to Allow Residents to Take Direct Payment from Their Clients:

About a year ago, this petition was presented to the Board of Counseling. One goal of the Board is to ensure that clients are supremely aware that residents are not licensed independent practitioners. However, compelling residents to avoid direct payments seems an unnecessary burden and restriction, since everything a resident is to tell their client and every piece of paperwork they give to their clients must show they are under supervision and not practicing independently. There were 70 comments in response, with an overwhelming majority in favor of the petition. The Board responded with: “The Board decided to take no action based on its concern that direct billing by residents is contrary to the reimbursement policy of DMAS and other third-party payors, and that it might incentivize residents to engage in independent practice without appropriate supervision.”

Exam Changes:

NBCC has announced that the NCMHCE examination will change in early 2022, after years of the same format (10 scenarios each with decision tree-style questions). For information about the changes go to this website. The new format will be 12-14 scenarios, each with multiple choice questions related to the domains of: Professional Practice and Ethics; Intake, Assessment, and Diagnosis; Treatment Planning; Counseling Skills and Resources for Members

NVLPC hosts an email group/listserv just for members who are current in their paid membership. Request to join our NVLPC listserv here!

Looking for support, camaraderie, and connection with fellow therapists? Consider joining a Peer Support Group. Sign up here!

Additional resources available under “For Members” on the website.

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Interventions; and Core Counseling Attributes. I suggest taking the exam before it changes since there are a multitude of study materials available now and it may take some time for the exam prep providers to develop new study materials.

**Resident Licensing Changes:**
The Board developed emergency regulations which became effective December 23, 2019, and a comparison chart was published on the Board of Counseling homepage clearly outlining what changes went into effect. If you haven’t read them, I encourage you to take a look because as a supervisor or resident it’s important to be aware of the changes. This is the link to the WORD doc chart of the: Regulations changes for Resident in Counseling effective December 23, 2019.

**IN ADDITION, HERE ARE THREE IMPORTANT RECENT DEVELOPMENTS:**

**Resident Licensing – The Latest:**
Be aware that the LPC regulations dated 10/15/2020 appear to be changing and may already be in effect by the date of publication of this article. The Board of Counseling’s Action: Resident-License is in Stage: Final. The current LPC regulations don’t reflect the “Emergency Regulations” that went into effect December 23, 2019. The pending set of regulations appear to incorporate the emergency regs, grammatical corrections, and other changes.

Typically, when a new set of regulations is published, it can be difficult to compare the new and old regulations when looking for changes. This change is pending, so it’s still on the Virginia Regulatory Townhall for us to review. Portions that are to be deleted are shown as stricken and the additions shown as underlined, for example:

“Resident” means an individual who has submitted a supervisory contract and has received board approval been issued a temporary license by the board to provide clinical services in professional counseling under supervision.

**Intern Hours Applied to Residency:**
A petition (#341) was made 3/24/21: “To allow all face-to-face client contact hours accrued during the supervised graduate internship in excess of the minimum required 240 direct client hours to be counted towards the 2000 total required direct client contact hours required for residency,” with a comment period that ended 5/12/21. The Board of Counseling stated it will “decide whether to initiate rulemaking at its meeting on August 20, 2021” regarding the petition.

What’s confusing to me is in reviewing the guidance documents on the Board of Counseling website, I found a guidance document: 115-4.3, Direct Client Contact Hours in an internship that can be applied towards residency, adopted February 19, 2010, Reaffirmed February 5, 2021 that appears to already address this. It states in its entirety:
“Regulation 18VAC115-20-51(A)(13) states that a supervised internship of 600 hours must include a minimum of 240 hours of face-to-face direct client contact, but it does not specify a maximum number of face-to-face hours. The consensus of the Board is that any amount of additional direct client contact hours in excess of 240 hours required in an internship can be counted towards the 2,000 direct client contact hours required for the Residency.”

Licensure by Endorsement Course Requirement Change:
There is a petition (#346) which will be open for comment between 7/5/21 and 8/4/21: “To amend the education requirement for licensure by endorsement to require only 36 class hours if all class hours were focused on Addiction Counseling.” If you’d like to comment, go to this website.

The ideas and suggestions expressed here are my own and not those of NVLPC. If you have any questions about this article or any of my previous articles or if you have ideas for future supervision topics, please email me. I’m happy to research any questions you may have regarding supervision, residency, and the regulations. You can email me at supervision@nvlpc.org.

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