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Compass Points

MARYLAND COUNSELING ASSOCIATION (MCA) A BRANCH OF ACA

“SERVING THE COUNSELING, GUIDANCE, AND HUMAN DEVELOPMENT PROFESSIONS”



President's Letter

Dear Maryland Counseling Association Members,

It is an immense honor to welcome the MCA membership and write to you in my new role as MCA President for the 2016-2017 fiscal year (FY) term. Assuming my term on July 1st has incurred plenty of exciting projects and responsibilities to take our state branch to the next level. Transitioning the presidency from Dr. Stephanie Dailey, our Immediate Past-President, I am deeply appreciative and grateful of the hard work, successful accomplishments, and major growth tied to her fiscal year term. She has done so much with immediate attention and a deep commitment to ensuring our state branch continues to thrive. I would also like to welcome our newest member of the Executive Committee, our President-Elect Karol Taylor, who is ready to continue the upward trend of growth for our state branch.

As I reflect on my new role, it continues to be an honor and privilege to serve the Maryland Counseling Association membership. Please know that I would not be standing in my place without the phenomenal leaders on the Executive Board and the wonderful members of our state branch. Consequently, it is my utmost responsibility to ensure that I am serving the needs of our members. I am a firm believer that servant leadership coalesces with authenticity and a relational perspective—one in which my role as a leader involves empowerment and a mutually fostering relationship. As a result, I learn plenty from our members and other leaders, specifically from the wide breadth of expertise each member has to offer our organization.

Embarking on this year entails specific strategic initiatives to grow our association, my presidential vision, and additional projects to embolden the continued presence of the association. One of my areas of interest involve the operationalization of intersectionality in multiculturalism and social justice within counseling practices, considering the multidimensional manner in which we experience our social identities contextually and politically. Our annual conference theme this year Multiculturalism and Social Justice at the Crossroads: Creating a Multidimensional Intersectionality Lens is a piece of the vision to highlight the launching point of counselor professional identity focused on empowerment, ally development, and advocacy for communities deeply and historically affected by oppression, trauma, and violence. In addition, I am working logistically with our leadership team to launch a series of Courageous Conversations as a form of professional development with the goal to instill a narrative of resilience, hope, action, and social change. Another special project I plan to create within this FY is the development of a Past Presidents' Council for MCA. We have an extensive and valuable history and legacy of leaders from our state branch in addition to the continued mentoring to guide our state branch to future development of leadership and success. As MCA has become a home to me, I hope that our organization continues to serve as a home for you. Your expertise and voice represent valuable components to our organization, and we can certainly involve you in an endeavor that purposes and inspires you! If there is any information or support I could provide in my time as MCA President, feel free to reach out to me at any time with the contact information listed below.

Christian D. Chan, MA, NCC
President, Maryland Counseling Association

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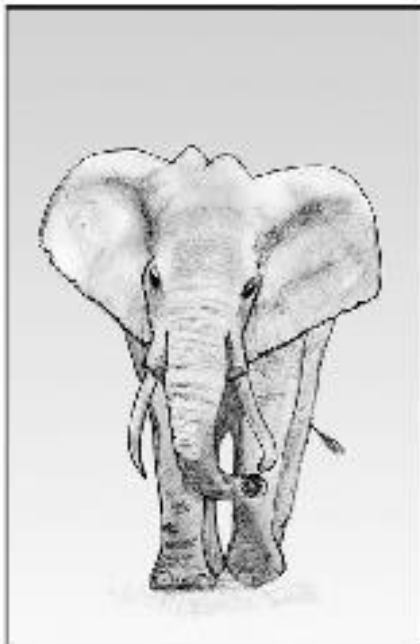
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To register for MCA or any of our events, please go to www.md counseling.org

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Don't miss out! We'll publish the next newsletter in November. Check your email for contribution deadlines.



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News & Events

MCA Conference

- What:**
Maryland Counseling Association 2016 Annual Conference with Keynote Speaker Dr. Courtland Lee
- Theme:**
Multiculturalism and Social Justice at the Crossroads: Creating a Multidimensional Intersectionality Lens
- Where:**
Embassy Suites BWI, Linthicum Heights MD
- When:**
Nov 3-5, 2016
- Registration:**
<http://www.md counseling.org/event-2193807>

MCA Retreat & Social

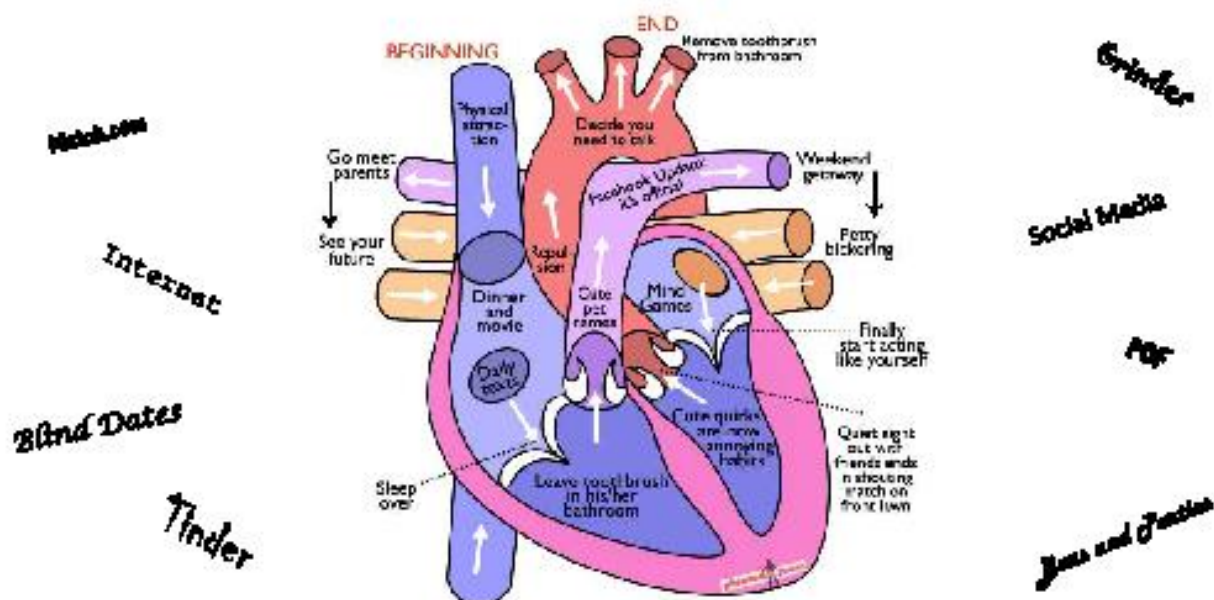
Our annual board retreat and association social were held July 23rd.



Check out our weekly digest for other upcoming events!

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Articles

Michelle Obama's Reach Higher Initiative to Promote Higher Education *Written by Stephanie Rickards, M. Ed, NCC, LGPC*

First Lady, Michelle Obama has always been one of the biggest supporters of the education system and has shown her support by speaking at schools, motivating school counselors at ASCA, and helping to push legislation to make sure everyone gets the education they deserve.

Michelle Obama created the Reach Higher initiative to inspire all people, in particular young people, to further their education past high school. Whether it's a professional training program, community college, or a 4-year University; every person should know their options so they can create the best life possible for themselves. Mrs. Obama's goal is that by 2020 the United States, once again, will have the highest number of college graduates in the world.

To help reach this goal, Reach Higher is working with school counselors to provide them with the tools necessary to help their students examine their post-secondary options. There are resources to help students determine net cost of attending an institution (and tools to help them minimize the cost of these institutions), tools to help them determine which college is the right one for them, and a detailed explanation of applying for federal student loans.

Reach Higher has also created "National College Signing Day" because all schools should celebrate the successes of their graduates pursuing their academic goals past high school. This national day provides ideas on ways to get the whole school involved; whether it's a college t-shirt day, promoting student successes on social media or having a local celebrity come and speak to your school (you can even get a White House/Reach Higher spokesperson to come and speak to your school). College Signing Day is meant to get graduates excited about their future and to show the underclassmen what an exciting time this will be for them when it's time for them to graduate.

Even though I work in a small private school, we took part in College Signing Day this past April. Our graduating seniors all wore shirts/paraphernalia of the college of their choice. Throughout the day there were booths set up around the school where they could take #ReachHigher pictures which we put up on social media. We also had a formal signing/declaration during lunch where we announced where our graduates would be attending in the fall and did a huge senior class picture of them in their college gear. It was a special day for our seniors and it got the underclassmen pumped about their own post high school searches.

It is so important to get young people excited about continuing their education. Their future depends on what they do after high school. Anyone who counsels/educates young people should be aware of the Reach Higher initiative and how they can help create the best future possible for our youth. If you want to be part of the movement, you can register for email updates at <https://www.whitehouse.gov/reach-higher>.

"I believe that education is the single-most important civil rights issue that we face today. Because in the end, if we really want to solve issues like mass incarceration, poverty, racial profiling, voting rights, and the kinds of challenges that shocked so many of us over the past year, then we simply cannot afford to lose out on the potential of even one young person. We cannot allow even one more young person to fall through the cracks."
— First Lady Michelle Obama, February 20, 2015

Modern Science and Buddhist Practice *Written by Elizabeth Nyang, Ed.D., LCPC*

Gil Fronsdale once wrote that you can have mindfulness meditation without Buddhism but, you cannot have Buddhism without mindfulness meditation. Mr. Fronsdale is a co-teacher at the Insight Meditation Center in Redwood City, California and had a Ph. D. in Buddhist Studies for Stanford University. I listen to Mr. Fronsdale's podcasts often and find them to be very educational (<http://www.audiodharma.org/teacher/1/>). Mindfulness meditation, according to literature from the Insight Meditation Center, allows us to get to know our minds, train our minds, and free our minds. I use meditation to free my mind, relax and reduce stress. One of the methods that I use to meditate and teach meditation is "concentration meditation". When using concentration meditation, I focus on my breath. I count every deep breath in and I can count from 1 to 10 or from 1 to what every number I feel comfortable with.

Focusing on the breath and counting every deep breath in helps me to keep focused on my meditation and prevents me from thinking about the different thoughts going through my head. These thoughts may be facilitated by the Default Mode Network (DMN) or the part of the brain that becomes engaged when the mind is not active or is not engaged in any particular activity. For example, when I am not reading, watching TV, driving or working, my mind starts to wander. Many of my clients with anxiety and depression report that their minds wander to places that cause them stress and/or anxiety. They report that they have a lot of thoughts going through their head. According to Dr. Susan Smalley, the DMN is a brain state that helps us to self-reference (or learn who we are) in addition to causing the mind to wander (<https://www.psychologytoday.com/blog/look-around-and-look-within/201201/mind-wandering-and-mindfulness>).

Dr. Smalley cites a study of mindfulness meditation that reports that our minds are wandering 50 percent of the time (or just wasting time). However, the study also states that the mind becomes quiet during mindfulness meditation. My clients report that they do not have wandering thoughts going through their mind when they meditate. We discuss the fact that the thoughts are there. However, when they are focused on their breath, the thoughts fade into the background. In my personal meditation practice, when I focus on the breath, I am not aware of the thoughts.

selfunderstanding.org, facebook.com/journeytoselfunderstanding

Nondirective Counseling *Written by Peter Modlin – MCA Advocacy Committee*

Take a minute to think about your favorite teacher(s) ... write down this person's name. What, in particular, do you remember learning at that time? Was it fun? Challenging? (Excerpt; Nondirective Teaching; Daniels, 2011)

I don't remember having a favorite teacher. I never had a teacher who really challenged me to be all I could be. I remember cultivating a spirit of animosity towards my teachers. It wasn't cool to be cool with my teachers. (Just like it wasn't cool to be cool with police officers.) I had teachers who tried to be hip and failed. Most of my teachers were patronizing and condescending, they saw themselves as white saviors who came from the county to help poor little black me. I saw through the facade...hence, my anger. Not all memories of school were bad. I had one person who tried to help me. Actually, that person was the reason I graduated from high school. She was genuine and really cared about me getting a diploma. She was my School Counselor.

Yes, my School Counselor cared about me getting a high school diploma...but that was about it. She never asked me whether or not I wanted to attend college. It was basically a given, that college was not to be a part of my immediate or future goals. I believe she really thought she had my best interests at heart. As a result of not being challenged or driven to succeed, I did not care about school or at least my school. I figured I was going to fail the 12th grade because I did not have enough credits to graduate. I saw my counselor as a last resort. She told me that I would not be able to walk across the stage, but that I could graduate, provided I attended night, Saturday and summer school. Not being able to walk across the stage? In my mind the last thing I wanted to do was walk across the stage. I was happy that I did not fail; in my mind that was more than I could ask for. I repeat, she never asked me whether or not I wanted to attend college.

The only people in my school who went to college were hard-working female students and a few males who either went on a sports scholarship or were one of the very few who had the vision to attend college. I did not have that vision. My heroes were blue collar workers, enlisted men in the military, or drug dealers. So I worked to achieve my vision of success. I joined the US Navy two weeks after finishing high school. After four years of Honorable duty, I was discharged and soon after, got a job with the Postal Service. I figured my life was a success. I planned on working 40 years for the Postal Service, raising a family and retiring...that was it. That was the vision I had realistically cultivated for myself. When it came crashing down, because of an on the job injury, I had to reevaluate my life. I made the scary decision to attend college at age 45. I started at community college in 2007, not even knowing what a square root was and I am now three classes short of having a Master's degree in School Counseling from John Hopkins University. It has not been an easy road and depression is a good friend of mine. But, I believe that becoming a School Counselor is a calling that will allow me to do what wasn't done for me. That means becoming a School Counselor that listens, that believes in non-directive counseling.

According to "Self-Knowledge for Creative Personal Growth" Rogerian Counseling differs from most other kinds of counseling in that the counselor does not direct the client at all. The counselor must be able to work in accordance with core conditions. They must be non-directive and non-judgmental and they must themselves be able to be genuine, show positive regard and have empathy. (creative-personal-growth.com; 2006) Students need to have a chance to have someone listen to them...a School Counselor that can meet them where they are. I believe at-risk students will continue to be at-risk and suffer the subsequent consequences as a result. Selected Child Health Indicators in a 2007 National Survey of Children's Health studied a population of Children in Maryland; Community and School Activities; Question: 5.2; Children 6-17 who have repeated a grade in school: Hispanic (5,154), White (28,412), and Black (50,403). (childheathdata.org) I feel a precursor to dropping out of school, besides the feeling of hopelessness of achieving success in school that accompanies repeating grades, is the very high placement of African Americans and Hispanic students in Special education classes. In a position paper entitled "Special Education and the Mis-education of African American Children" by J. Codrington, Ph.D & H.H. Fairchild, Ph.D (2012) cited: "In sum, the disproportionate placement of African-American (*and Latino and Native American*) students in special education programs reverberates throughout the lifespan: higher incarceration rates, lower college attendance, stunted employment opportunities, lower socio-economic well-being, more dire health statistics and lower life expectancies (Frazier, 2009; Garibaldi, 1992).

Students are being placed in classes that will never give them a sense of accomplishment. They are essentially being "left behind" from the minute they are tracked as candidates for Special Education classes. I have taught students as a substitute teacher and I have used the classroom as a safe place for ideas to be stated, frustration to be communicated, and dreams to be listened to. In many instances, African-American students projected an air of survival that manifested itself by way of nonchalant, devil may care, pseudo-tough personas. As a result, the first 10-15 minutes of classroom instruction included my having to "reach" all of the students. My approach was always a non-directive approach. I never judged the students, instead I would relate a story of my youth or I would encourage feedback from the entire class. This approach worked well for me, because I was genuine in my wanting to learn about the students as well as accomplish my goal of effective classroom management. In my experience, the students want to be heard; they want to be listened to in a safe place that will allow them to express themselves. School Counselors need to be that ear especially since, counselors may be the only one that will truly listen.

Orlando Shooting: Impact for the LGBTQ Community and Counselors *Written by Catherine Eaton, M.S. LCPC, NCC and Janelle Bettis, MA, LCPC, NCC - MCA Advocacy Committee*

On June 12, 2016 Pulse nightclub, located in Orlando, Florida was attacked killing 49 people and wounding 53. This horrendous tragedy has had a profound impact on the LGBTQ community.

Pulse, a historical location for the LGBTQ community was founded in 2004 on love, acceptance, and respect. Those within the community were welcomed within this safe space. It is essential to understand the impacts this devastating event will have on the LGBTQ community and counselors.

Impact on the LGBTQ Community

This horrific tragedy has had an immediate and will have a long lasting impact on survivors and those within the LGBTQ community. Pulse is seen as one of many locations that are a safe haven for those within the LGBTQ community. This attack has the potential to dissuade people from choosing to come out, for fear of their lives. Additionally, we may see an increased avoidance of attending nightclubs or bars. This attack disrupted the sense of well-being and protection within the LGBTQ community.

Counselors may see an increase in mental health symptoms of those individuals within the LGBTQ community. Post-Traumatic Stress Disorder (PTSD), acute stress disorder, anxiety, or depression are disorders that may be seen within this community as a result of this attack. For example, survivors within the LGBTQ community have experienced direct exposure and/or witnessed the attack (APA, 2013). Additionally, others may be impacted indirectly, by learning that a close relative or close friend was exposed to trauma. It is important to keep those symptoms in mind when thinking of your clients.

Self-Care for Clients and Counselors: Considerations for Vicarious Trauma

Nearly 20 years ago, the 1999 Columbine High School shooting in Colorado shocked our nation. We hoped to never see devastation like such again yet we have seen Virginia Tech, 9-11, Boston, Orlando, Michigan, Texas, Paris, Brussels, and Ferguson. Unfortunately, it seems every time the news is on, there is another mass shooting reported.

What can we do to help our clients?

With my clients, I gently ask if recent news items have affected them in any way. Sometimes they deny knowledge of recent events or minimize its effect on them. Other times my client may give much more background information than previously disclosed. This leads to authentic engagement and allows for deeper interventions. It is important to be mindful that mass shootings or other local news events may significantly impact our clients, whether or not they have a current anxiety or trauma disorder.

Maintaining authenticity is valuable to supporting the therapeutic alliance. Additionally, understanding your client gives a safe space to process and experience emotions. This is where real change can take place by educating our clients on how to minimize symptoms in light of constant deluge of trauma that leads to complicated grief and PTSD.

What can we do to help ourselves?

For myself, I am mindful of sensory and vicarious trauma overload so I avoid newsfeeds and talk radio as much as possible. I cannot be an effective therapist if my own mental health is fragile from heartache of watching the news. In fact, when I had cable television I watched sitcoms from my childhood and Saturday morning cartoons to give myself relaxation and relief from counseling sessions. I have been known to change the television channel in the car dealership waiting room to either off so I can read or to a show like "The Jeffersons" or "Gilligan's Island".

I am intentional about ensuring I am drinking enough water, choosing good foods to eat at proper intervals, maintaining exercise, and allowing time for peaceful meditation. Even if it is only 2 minutes between clients I take time for deep breathing, lighting incense and saying prayers. Additionally, I will fill my cooler with water and protein bars in my car to make it easier for me to choose healthy options. Moreover, I reach out to other therapists for support, perhaps hosting an unofficial mentoring/venting session. If I am feeling overwhelmed then I will increase my self-care, intentionally completing tasks with the mantra "I am doing this for me". Furthermore, I allow myself the space to cry, to acknowledge how much the violence and hurt in the news affects me. Lastly, I accept that if my own symptoms return I know I am not doing enough self-care and know I need to do better for my clients and myself.

Additional resources: <https://pflagmd.org/>, www.namimd.org, <http://www.nimh.nih.gov/health/topics/coping-with-traumatic-events/index.shtml>

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American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*, (5th ed.). Washington, DC: Author.

Compton, J. (2016). Orlando attack likely to have lasting impact on LGBTQ community [website]. Retrieved at <http://www.nbcnews.com/feature/nbc-out/orlando-attacks-likely-have-lasting-impact-lgbt-community-n591611>.

African-Americans – They are all the same... *Written by Nerissa Snyder, LPC*

Are African-Americans all the same? The conclusions drawn from archaic studies would have you think so as time and again groups of individuals have been misdiagnosed because of clinician biases, specifically around assumptions of ethnicity and culture. Modern reasoning may attribute this to a lack of knowledge stemming from limited research on and in the African-American community from the early 20th century. These stereotypes and accounts are not limited to the African-American community but, for the purpose of this article, examples will be used from that community.

Cloudy Lens Leads to Misdiagnoses

Of concern is the impact that archaic studies still have on modern-day clinicians and their patients. Specifically, what is the impact on clients' treatment and diagnoses when mental health providers sit at the therapeutic table with cultural misconceptions or subconscious belief of cultural stereotypes that stem from their own biases and experiences? Undoubtedly, there are documented effects of clinician biases on diagnoses and methods of treatment for clients.

Coleman and Baker (1994) highlighted a poignant example of clinician biases in the re-examination of the diagnoses of African-American male war veterans. They were all diagnosed with schizophrenia but, upon further examination, researchers found that all of the veterans fit the criteria for schizoaffective disorder or bipolar disorder instead of schizophrenia and psychotic disorders (Coleman & Baker, 1994).

Regrettably, misconceptions and stereotypes exist, and they affect our practices whether we are willing to admit it or not. For instance, Davison and Ford (2001) examined a qualitative study that was conducted in 1994 based on responses from 25 professionals in an African American community with a population of 112,000. The participants' professions ranged from school personnel to doctor to counselor. One medical professional made the comment that, "I always had a gut sense that they [African Americans]...expect more activity and voice response and less of the compulsively well-behaved kids. In white families, you're expected to sit and listen...You don't get into things that aren't yours. It's not necessarily the expectations of African Americans, but to be very open and busy and boisterous and robust is accepted" (Davison & Ford, 2001, p. 269).

With that "gut sense" at the core of a medical professional's beliefs, how would that clinician be able to successfully treat an African-American child whose parent expects them to sit and listen and not get into things that do not belong to them? How can they have a fair evaluation if the treating clinician thinks that all African-American parents expect and accept open, busy, boisterous, and robust behaviors? How can we, as modern day mental health professionals, recognize our clients' history and culture and incorporate that into their treatment?

Looking at Our Own Culture

As we continue to gather historical information to provide us with the context for what mental health has become, we must delve into cultures other than our own so that we can increase our knowledge and gain perspective for helping. As a clinician with an African-American father and Filipina mother, I know that even my own siblings have different views on the impact that culture had on our upbringing. I incorporate aspects of each culture in my life, yet, I have made my own traditions and am a blend of these cultures. While my parents' cultures (African-American and Asian) traditionally frown upon mental health treatment, a clinician would be mistaken to make that conclusion about me because I believe in mental health treatment despite what the books may tell you about my cultural upbringing. I have a sister in North Carolina who is also a licensed clinician, and recently our brother was explaining why we are not qualified to be clinicians and tied it into our cultures.

The differences in my own siblings show the importance of familiarizing ourselves with cultures different from ours while being open-minded enough to examine our own. Why is examining your own culture important? My younger sister participated in Filipino groups in high school, understands my mother's native language, and has Filipino friends. None of those three things are true of me, but, if asked my ethnicity, my answer is that I am "Filipina and African-American." Ask my sister, and she will say, "I'm Black." My own family dynamics show that you can come from the same culture and still miss key elements of the "personal" culture that a client has created.

The Charge!

What can we do to avoid using a standard diagnosis for everyone in an ethnic group? How can we apply this to our own practice? The measure of a true clinician will be to individualize treatment using clients' culture, through their own lens. We may be able to use what we learn from books and journals to guide our initial sessions, but we honor our clients by treating them through an *individualized* lens, incorporating those pieces of their upbringing and culture that they have used to create the person they are and are becoming.

"The Charge" is to understand the *impact* that a clinician's cloudy view of culture can have on treatment. Just imagine trying to treat the three siblings mentioned above with the same treatment plan just because we come from the same family and assumedly share the same culture. That would be a tragic mistake on the clinician's part. Get to know your clients, understand them through their own lens, find out how they have internalized their own upbringing and culture, and learn how it plays out in their daily lives. Demonstrate your cultural competency by honoring your clients in these ways and hope that there is a clinician who would do the same for you and your own family.

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The Importance of Cultural Awareness and Cultural Competency in Counseling *Written by M. Nickleson Battle – MCA Board Member*

With the recent interactions between the police and African-American males, and the recent attacks on the LGBTQ community, there has been much talk about cultural awareness, cultural competency, and sensitivity. But what does it really mean, and more importantly what does that mean to counselors when working with clients from these communities? As mental health professionals it is important for counselors to be aware of cultural differences and understand that differences affect not only the way that individuals behave, but also the way they process information as well. When treating culturally diverse clients, counselors must remain objective when viewing these differences and understand that they are not good or bad, right or wrong, they are just different.

Cultural Awareness and Cultural Competency Defined

Before one is able to incorporate cultural awareness and cultural competency into practice, there has to be an understanding of what these terms mean. Kwong (2011) defines cultural awareness as being aware of one's own values, beliefs, and behaviors as well as those of others and understanding the role those values, beliefs, and behaviors play in how we deal with and process information.

Cultural competency is an individual's self-assessment along the identity spectrum of gender, culture, ethnicity, sexual orientation, and socioeconomic status, and being especially aware of those dimensions on which they hold privilege over others in society (Debiak, 2007).

It is very possible for one to be culturally aware and not culturally competent and vice versa.

Impact on Counseling

Being culturally competent allows clinicians to understand and respect a client's differences in thoughts and opinions, and recognize that those differences contribute not only to their perceptions of people and situations, but how they are perceived by others. While being culturally aware allows the counselor to acknowledge that those cultural differences exist. These differences can impact how information is communicated and processed and can often cause confusion in the way information is received if not acknowledged. It is imperative that counselors take special care to ensure that they do not unintentionally replicate oppressive conditions the client may experience in the larger society by paying special attention to the needs their minority clients (Debiak, 2007).

For counselors it goes beyond simply professing to be "color blind" and stating that you no longer recognize the differences between diverse peoples. It is acknowledging the fact that while differences exist they are not necessarily negative, and that there is no need to be threatened by these differences. Understanding and acknowledging the existence of cultural differences allows both the counselor and client the opportunity to address any concerns they may have, this is as important to the client as it is to the counselor.

Ferguson, Leach, Levy, Nicholson, and Johnson (2008) point out that cultural mistrust perceived discrimination, anti-White ideology and the fear of a lack of understanding of what it means to be "Black" in our society may cause many black clients to seek out counselors of color. In addition, failure on the part of the counselor to acknowledge and consider the issues of race could prevent them from recognizing the inevitable encounters with racism that minorities may experience, the effects of which may impact the therapeutic relationship (Ferguson, Leach, Levy, Nicholson, and Johnson, 2008). Cashwell, Shcherbakova, and Cashwell (2003) remind us that as counselors, self-disclosure, the sharing of personal revelations or information, is as a key element in the therapeutic process. It is important that counselors do not confuse disclosure with self-involving, the disclosure of counselor's thoughts and feelings with respect to the client (Cashwell, Shcherbakova, and Cashwell, 2003).

Religion, Cultural Awareness, and Cultural Competency

Religion is an area that many people do not consider when examining cultural awareness and cultural competency, however LGBTQ individuals often face challenges related to self-acceptance and spirituality (Suprina, 2008). According to Suprina (2008) gay men have a more difficult time with self-acceptance which influences self-esteem and belongingness, and most often experience rejection from society and many organized religions.

LGBTQ client's cultural variables should be taken into consideration in conjunction with their sexual and gender orientation during treatment (Datti, 2009). This does not mean that the clinician has to change their religious beliefs, just set them aside in the counselor-client relationship in order to provide adequate services to their client (Herlihy, Hermann & Greden, 2014).

continued...

Cultural Competency and ACA

As counselors it is important that we develop our cultural competency in order to understand our clients. Failure to understand and recognize these cultural differences can lead to violations of the American Counseling Association (ACA) Code of Ethics. The ACA Code of Ethics (2014) addresses diversity and multiculturalism in section "C.5 Nondiscrimination". In this section of the code counselors are instructed not to condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law. In addition counselors are not to discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact.

Developing Cultural Awareness and Cultural Competency

Being aware of one's privilege is the first step to understanding how they influence and shape your identity and inform your interaction with others. The next step is recognizing cultural differences when interacting with clients and developing skills that will allow those interactions to be productive. By developing these skills counselors become more culturally competent clinicians. These skills include listening to the client and not discrediting or dismissing their views or experiences (Hays, 2008). The following tips can be useful when developing and understanding communicating with individuals from diverse cultures:

- Be careful not to compare your experiences with another person's. This often invalidates or minimizes a person's experiences.
- Listen without thinking about how you are going to respond.
- Stay present in their pain and your discomfort as you listen.
- If someone is pointing out how what you said left them feeling, try not to explain or rationalize what you said or why you said it. For example, sometimes it's necessary to just say, "I didn't realize what I said was inappropriate...or hurt you in that way, I'm sorry," etc.
- Think about your comments before saying them. Resist the need to explain. Sometimes positive intent is not enough (intent vs. impact).
- Be careful not to lose the opportunity to just listen by putting the focus back on you.

Conclusion

Developing and utilizing cultural awareness and cultural competency are just two ways that counselors can prepare to fulfill their ethical obligations to their clients. By becoming culturally aware and competent, counselors remove potential impairments that might impede their ability to provide effective and adequate services to their clients including potential religious bias. A counselor's failure to act in the best interests of the client could have serious consequences including malpractice lawsuits, complaints against the counselor with the State Board of Examiners, and even revocation of a counselor's license practice (Hermann & Herlihy, 2006).

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Member Highlights

In case you missed it, here are a few things our members have been up to...

Christian Chan, Current President

Christian was recently awarded the ALGBTIC Graduate Student award for his numerous contributions through research and service. Read more about the award and Christian's service in [ALGBTIC's Summer Newsletter](#).

Karol Taylor, President-Elect

On July 1st, Karol was honored by the National Career Development Association (NCDA, a division of the American Counseling Association) with the Outstanding Career Practitioner Award. The Outstanding Career Practitioner Award recognizes practicing career counselors, consultants, or educators for outstanding performance in day-to-day service. Each of the following areas are considered: years of service, quality of service, and participation and leadership in professional associations. Karol was also recognized by MCDA in April 2016 with a Lifetime Achievement Award.

Karol has served on Maryland Career Development Association's (MCDA) Board of Directors since June 2004, where she began as President-Elect, then President, then Immediate Past President. While in an Executive role, Karol doubled MCDA membership and annual revenue and served on the MCA Board as the MCDA liaison. At the end of her three-year MCDA Executive leadership tenure, Karol went on to serve as Publicity Chair through June 2016. As the Publicity Chair, Karol established a strong social networking presence, before social networking became the norm. In July, Karol began serving as President-Elect of the Maryland Counseling Association.

Dr. Kay Brawley, MCA Past President

Dr. Brawley received Distinguished Alumna recognition from Chancellor Philip Dubois at the University of North Carolina Charlotte Alumni Association's first Half-Century Society Induction Ceremony on April 8, 2016. The concept was initiated to recognize a base of successful entrepreneurial alumni for the advancement of UNC programs. Brawley's educational and career preparation at UNCC instilled a sense of obligation to humanity as an agent of change.

If you see a member you would like to highlight, send the highlight to the Newsletter team for the next issue!

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- Free registration to all MCA conferences and workshops for board members
- Electronic reminders to renew your membership
- A list of events that you have participated in
- Support and advocacy for professional counseling in the state of Maryland



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Contact the MCA President for more information about committees and open board positions.