President’s Letter: The Heart of Transitions

“Any transition serious enough to alter your definition of self will require not just small adjustments in your way of living and thinking but a full-on metamorphosis.” – Martha N. Beck

Dear Maryland Counseling Association Members,

Transitioning into the spring marks many illustrious changes during the year. Namely, it is a reflection that time flows so quickly throughout the year, which makes the time more challenging to stay grounded and reflective. These transitions serve as the touchpoints to emphasize our achievements as much as future trajectories. We grew the numbers for our annual conference, activity within our executive board, and the success of our divisions. The spring also happens to notably serve as a time that I assist with the transition for a planned successful fiscal year term for our president-elect Karol Taylor. This time is bittersweet in that I have truly loved every single moment of serving the fantastic members of this organization, but I am also very excited for the plans that Karol has for our organization. I know that she will be immensely successful in the development, growth, and sustainability of our organization. We will be in good hands with her leadership and professional association experience. The one event I am looking forward to most during her presidential term is the 50th Anniversary Conference in November 2017, and we are heading in full force towards the planning and development of an amazing conference with leaders across the counseling profession and multiple keynote speakers and sessions.

I also wish to reiterate that it has been an incredibly beautiful experience to serve as your MCA President during this term. It has been an honor and a privilege to serve in this role, and I am very proud to represent our organization! Each of our members has a valuable contribution to the organization and the profession. Throughout this year, you leave me with fond memories, particularly within our trainings, events, and, most importantly, our MCA 2016 Conference. When I think of the members of our organization, I fondly reflect on the meaning of community and the methods through which this community has transformed me. Given the privilege to serve as president, it is also not exclusively the voice of our leaders. Your voice matters so please reach out to us and get involved!

If you are interested in serving with the organization during the next fiscal year term, please email me at cchan530@gwmail.gwu.edu to ensure I can provide your information to our president-elect Karol Taylor for committee appointments and the transition. I send you all my best throughout the rest of this fiscal year, and stay tuned for updates for more events!

Always in your service,

Christian D. Chan, MA, NCC
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News & Events

**Annual Conferences**

**2017 Maryland Counseling Association 50th Anniversary Conference**
**Courageous Conversations: Diversity and Inclusion**

November 2-4, 2017 at the Embassy Suites BWI

Review the [call for proposals](http://www.mdcounseling.org/) and be on the lookout for more details in the coming months! http://www.mdcounseling.org/

**2017 Association for Child and Adolescent Counseling Inaugural Conference**
**Trauma in Children and Adolescents**

July 20-21, 2017 at Marymount University in Arlington, VA

Chesapeake Beach Professional Seminars Training

2017 Summer Play Therapy BOOT CAMP (PTBC)

July 15 – 26, 2017
Prince Frederick, MD

72 Hours of Play Therapy Training at one low price!

Boot Camp classes will cover
- Traumatic Grief in PT
- Child-Centered & Gestalt PT
- Adlerian PT for Children, Adolescents & Adults
- Sexual Trauma & TF-CBT PT
- School-Based PT
- Healing Broken Attachments with Foster Children & Teens
- And much more!

Register for all (for a discount) or take them “a la carte”!

May 21, 2017 | 6 CE/Clock Hours | Prince Frederick, MD
Amanda Bechtel, ATR-BC, LCPC, LCPAT presents
Sandtray Play Therapy with Clients Experiencing Grief and Loss

June 24, 2017 | 6 CE/Clock Hours | Baltimore, MD
Christian Bellissimo, MSW, LCSW, RPT, LLC presents
Guiding Parents & Teachers in Supporting Young Children’s Development Through Play Therapy

October 22, 2017 | 6 CE/Clock Hours | Baltimore, MD
Jessica Stone, Ph.D., RPT-S presents
Virtual Sandtray App and Other Digital Tools for Use in the Play Therapy Process

Register for these and see all our training at:
www.CBPSeminars.org
240 535 1433
cbps2006@yahoo.com

APT Approved Provider 97-034
The National Opioid Epidemic: The State of Affairs in Maryland

Written by Janelle Bettis, LCPC-S, NCC, ACS and Kerri Legette McCullough, LPC, NCC – MCA Advocacy Committee

In 2014 Dr. Nora D. Volkow, on behalf of the National Institute on Drug Abuse, testified and sounded the alarm to Congress about the growing and complex problems of prescription pain relievers and heroin misuse in this country. In her statement to Congress, Dr. Volkow explained that an estimated 26.4 million to 36 million people misuse opioids worldwide. Of that population, an estimated 2.1 million people in the United States use prescription opioid pain relievers and an estimated 467,000 use heroin. Dr. Volkow’s plea to Congress was simple: something must be done about the rising opioid crisis in America. Since this testimony, the number of opioid prescription drug and heroin users has increased. Along with those increasing numbers are deaths of opioid and heroin users due to overdoses. This article is the first in a three-part series that seeks to explore the current state of opioid and heroin addiction in Maryland, the treatment protocols that are being employed in Maryland, the role that the State of Maryland is playing in reducing these additional numbers and how legislative policy impacts and effects the role of the counselor in treatment. This first article will discuss basic information about opioids and medicated-assisted treatments, the current state of opioid and heroin addiction, and current legislation that has been passed within Maryland.

What is an Opioid?

An opioid is a drug that slows down the actions of the body and can reduce the feeling of pain. Examples of opioids are oxycodone, hydrocodone, fentanyl, or codeine. The drug can come as a pill, liquid, or patch. Opioids are prescribed to treat pain and other medical conditions. Legally prescribed opioids and illegal drugs, such as heroin, can cause serious health conditions if misused.

When misused, opioids can cause a tolerance to the drug, meaning more of the drug is needed to feels its effects. Misuse of the drug also increases the risk of an individual becoming dependent. When an individual is dependent on opioids, they may experience withdrawal cravings such as anxiety, sweating, stomach aches, or muscle pains and become sick without the opioid in their body because the brain has been changed by the misuse of the opioid.

Treatment Options

Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (SAMHSA) is the leading agency for public health efforts to advance the behavioral health of the nation and reduce the impact of substance misuse and mental illness in America’s communities. From a medical model viewpoint, opioid use disorder is a chronic disease that can be managed by a number of treatment options. The agency reports successful recovery involves medication, counseling, and a support system working concurrently together.

Current medication-assisted treatment options are methadone, buprenorphine, or naltrexone. According to the latest survey of opioid treatment providers more than 300,000 people received some form of medication-assisted treatment for an opioid use disorder in 2011. Medication-assisted treatments reduce the effects of opioid withdrawal and reduce cravings.

In addition, counseling is helpful for those experiencing an addiction to opioids. Individual and group therapy are two common modalities appropriate for treating individuals with a substance use disorder. Counseling helps the individual learn about the disease, problems that have occurred as a result, and identify coping strategies to manage their lives effectively. Group counseling helps to connect the individuals with others who may identify similar situations and are a sober support system.

continued…
Lastly, family and friends are essential to the recovery process. The recovery process can be difficult to go through alone. Family and friends can offer support or a safe place. Loved ones can be helpful in the recovery process with family therapy as well to process changes in the dynamics due to the substance use disorder.

**Opioids in Maryland**
Governor Hogan’s Administration declared a state of emergency within Maryland regarding opioid misuse on March 1, 2017. According to the Maryland Department of Mental Health and Hygiene, in the year 2016, the number of deaths related to the use of heroin, fentanyl, and prescription opioids has more than double compared to the previous year. It has been reported that heroin-related deaths in MD from January to September of 2016 totaled 918 people, which is an increase of 384. Fentanyl-related deaths totaled 738 people, which is an increase of 546 people. The number of people that died because of prescription opioid use was 163. These numbers show a continued increased in overall use and related deaths in the last six years.

**Maryland Legislation**
Here is a list of current legislation that has been introduced in Maryland to address the opioid epidemic:

- **House Bill 316**: Would require pharmacists to dispense controlled drugs in a lockable vial, unless a patient would have difficulty opening the bottle due to physical limitations. Introduced 1/25/17

- **House Bill 661**: Would require hospitals to report suspected opiate overdoses to the county sheriff or police department within 48 hours after a patient is treated. Introduced 2/1/17

- **House Bill 791**: Would authorize doctors and some nurses to prescribe naloxone to people who have not gone through training to prevent overdoses. Introduced 2/3/17

- **House Bill 856**: Would allow doctors to co-prescribe naloxone to patients who are at high risk of overdose. Introduced 2/3/17

This article gave an overview of opioids, options of treatments available, the current state of opioid use and legislations that have been passed within Maryland. Our next series seeks to further focus on the legislative perspectives and some of the community efforts tailored to focus on the opioid epidemic.

**References**


Maryland Counseling Association Advocacy Day in Annapolis  Written by Janelle Bettis, LCPC-S NCC, ACS; Cathie Eaton, LCPC, NCC; Karol Taylor, GCDFI, JCTC, MCC, CCMC, CBBSC - MCA Advocacy Committee

What a day!! Maryland Advocacy Day started by acclimating ourselves to Maryland’s Delegate Building then moseying over to the Senate Building to figure it out. Thank goodness, parking was nearby. The day was set; this was going to work.

Cathie Eaton met with her Delegate, Shane Robinson’s aide, first. Then it was off to the Senate Building where Cathie and Karol Taylor met with Senators Paul Pinsky and Nancy King, and Doug Peters’ staff. Michelle Schoonmaker then met with Senator Riley’s staff, and so the day progressed. Meeting with our Maryland Delegates and Senators was exciting and fun. They were open and responsive and they supported our efforts when our nervousness showed. Envisioning talking with delegates and senators can be an intimidating thought. However, as counselors we are responsible for advocating for our clients as well as ourselves. Advocacy and leadership are what make counselors unique. We not only empower our clients to advocate for themselves; we also model this same behavior by discussing important legislation that can influence our lives.

Senator King reminded us that our presence is imperative to our Maryland Legislators. Without visibility and giving a voice to client and counselor concerns delegates and senators are not informed about MCA, counselors and client needs. She shared that holding an annual Advocacy Day is of primary importance for getting our name and message to our legislative representatives.

Many thanks to the Advocacy Chair, Janelle Bettis, Secretary, Cathie Eaton, and Present- Elect, Karol Taylor, for organizing a power-filled day. President Christian Chan and Past President Stephanie Dailey brought their support as well. In addition, members Latonia Laffitte, Michelle Schoonmaker, and Carol McGinnis rounded out our day. Thank you also to Advocacy Committee member, Rita Johnson, for helping to organize the day on the back end. And what a day! The Advocacy meeting report reflected the positivity of our experience. Congratulations, MCA, on continuing an event that will continue long into the future.
Introduction

Given the current political and social zeitgeist in the United States, and foreseeable challenges to social justice issues through unjust legislation, it is important for professional counselors and the counseling field to revisit, examine and explore what it means to be an advocate for social change and justice. The conviction that counselors’ roles must include social justice advocacy can be seen in the growing changes to our ethical codes and standards of practice. Counselors are called by the American Counseling Association (2014) code of ethics to “advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients” (ACA, 2014, p. 5). The CACREP (2016) has similar standards to inform counseling practitioners in providing services to diverse, marginalized and oppressed populations in multiculturally and social justice competent ways. Furthermore, the Multicultural and Social Justice Counseling Competencies (MSJCC) provides a more detailed theoretical culturally contextual framework and recommend interventions from both individual and systemic levels (Ratts, Singh, Nassar-McMillian, Butler, & McCullough, 2016). Given these standards, it is equally important for professional counselors to familiarize themselves, as well as understand and delineate between the differences and similarities regarding some of the terminology (terms) used within the social justice advocacy movement. For instance, in some articles and publications, the terms advocacy and social justice are often used interchangeably. In this article, the term social justice advocacy is used to integrate social justice and advocacy. This article will focus on defining some of the key terms associated with the social justice advocacy movement.

Definition of Terms

Advocacy- “Action taken by a counseling professional to facilitate the removal of external and institutional barriers to clients’ well-being” (Toporek, 2000, p. 6).

Oppression- The systematic subjugation of subordinated groups by privileged groups with social power. The limiting of personal and intellectual freedoms of those in subordinate groups, creating disparities affecting the well-being and development of individuals and members of these groups, leading to feelings of self-deprecation and fear; it is widespread social injustice suffered by the oppressed due to everyday practices of a society (Prilleltensky & Gonick, 1996).

Power- Is a complex, multi-dimensional, multi-leveled process embedded within relationships for a single purpose: control (Foucault, 1980). It is a process that contributes to the production and maintenance of privilege.

Privilege- Unearned access to beneficial resources available to some people, but usually at the expense of others (Harvey, 2000). Privilege is the culmination of the interactions between three forms of relational power dynamics to decide: (1) who is taken seriously; 2) who receives attention; and 3) who is accountable to whom and for what (Johnson, 2006).

Racial Microaggressions- “Brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group” (Sue, Capodilupo, et al., 2007, p. 273).

Social Justice- “Social justice refers to the idea of a just society, which gives individual and groups their due. Social justice as a general concept is based on the idea of human rights. Thus, a broad definition of social justice would be the way in which human rights are manifested in the everyday lives of people at every level of society. Whereas equal opportunity and human rights are applicable to everyone, social justice targets the marginalized groups of people in society- it focuses on the disadvantaged” (Holcomb-McCoy, 2007, p. 17).

Social Justice Counselor Advocate- Is one who works with and/or on behalf of the client, to help mitigate oppressive and discriminatory practices that deny their clients equal treatment and access to services (Chang, Hays, & Milliken, 2009).

Social Justice for Mental Health Professionals- “Scholarship and professional action designed to change societal value, structure, policies, and practices, such that disadvantaged or marginalized groups gain access to these tools of self-determination” (Goodman et al., 2004, p. 795).
Social Justice Advocacy- Professional practice, research or scholarship focused on identifying and intervening in social policies and practices that have a negative impact on the mental health of clients who are oppressed and marginalized on the basis of their social status (Steele, 2008).

Social Policy Advocacy- Influencing and/or changing public policy within a large public arena to promote fairness and consistency (Toporek et al., 2009).

Social/Political Activism- Direct action to change political and social structures (Arrendondo & Perez, 2003).

Structural Change- Recognizing and changing cultural or institutional barriers that impact well-being and to ensure laws, policies and practices that are just for all (Ratts, 2009).

Conclusion

The counseling profession has evolved over the years by recognizing and acknowledging advocacy engagement as an important role for professional counselors. Given our current social/political climate, it seems fitting that this trend should continue to play a key role in the evolution of the counseling field. Professional counselors stand to gain from familiarizing themselves with some of the salient terminology associated with the social justice advocacy movement.

References


Why should you join MCA?

Membership is important to your professional growth and career development. It provides:

- Continuing education units at discount prices
- Early notification of MCA and all division events
- Current public policy issues and new laws of interest to professional counselors
- Grant opportunities
- Four newsletters and opportunities to publish and advertise
- Early notification of job openings in the field
- Leadership training and greatly reduced registration costs to annual, regional or national conferences for board members
- 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

Click here to join MCA today!

Not ready to join? Choose the non-Member Contact option for a no-cost way to add your name to our email list.
Contact the MCA President for more information about committees and open board positions.