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PRACTICE, THEORY, & RESEARCH

Advancing the Role of Counselors in Affirming Marginalized Sexual and Gender Identities
Quentin Hunter

In 2020, the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling became the Society for Sexual, Affectional, Intersex, and Gender Expansive Identities. I provide a brief overview of the rationale for the change and the terminology reflected in the new title. Next, I summarize the history of the organization as it relates to its mission toward inclusive, affirming counseling research and practice. Finally, I provide recommendations for counselors to enhance their knowledge, skills, and disposition in providing quality services to individuals with diverse sexual, affectional, sex, and gender-expansive identities.

Keywords: LGBT counseling, affirmative therapy, SAIGE

Introduction

The Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC), a division of the American Counseling Association, recently underwent a name change. In April 2020, ALGBTIC became the Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (SAIGE). This change reflects the evolving recognition of the diversity of sex, sexuality, and gender presentation and expressions. This paper serves as an introduction to SAIGE and its principles related to affirming counseling for clients of marginalized sexual and gender identities. The terms comprising the new name are reviewed as well as the history of the organization. The focus then moves to examine the role of the counselor in providing affirming services to the communities SAIGE represents.

Identifying the Initialism

The initialism SAIGE reflects the evolving nature of our social understanding of sex, gender identity and expression, sexuality, and affection, attempting to capture the diversity of identities and expressions better. Beginning with sexual, this term refers to the sexual practices and identities of individuals. Affectional refers to the intimate and love connections and identities of individuals. These two terms have often been conflated; however, there has been increasing research and practice related to recognizing the distinction between an individual's sexual attractions and interests and their affectional or romantic attractions and interests (Lund et al., 2016). It is important to note that, while there may be correlations between the two terms, an individual's sexual practices and romantic attachments are distinct domains of a person's identity development and expression (Ginicola, 2017). For example, a woman may identify as affectionally straight to indicate her desire for romantic involvement with men but also identify as sexually bisexual to indicate a sexual attraction or engagement with women and men.

Intersex refers to individuals "born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies" (United Nations Office of the High Commissioner for Human Rights, 2015, para. 1). Intersex individuals may account for up to 1.7% of the world's population and vary in their presentation and expression of sex and gender characteristics (Blackless et al.,

2000). Gender expansive is the inclusive term used here to denote the spectrum of gender expressions that exist throughout the world. Individuals included in this term may use various terms to self-identify (e.g., trans, genderqueer, non-binary, gender non-conforming) and present with unique combinations of masculine, feminine, and gender non-conforming characteristics.

It is important to note that these terms were selected to be more inclusive while also acknowledging the distinctiveness of the multiple forms of sexual, affection, sex, and gender identity that exist in the world. Undoubtedly, these terms will not sufficiently capture every individual, and some will disagree with the definitions presented here. Murray et al. (2017) recommended that counselors familiarize themselves with dominant terminologies used by and for marginalized communities while remaining flexible in their recognition and acceptance of the terms used by clients to self-identify. Similarly, the ALGBTIC-SAIGE name-change process reflects how we as counselors must strive to be inclusive in our language, accept and celebrate that language and terminology will change, and strive to understand and affirm how people live their lives.

A Brief History of SAIGE

The organization's origins, now known as SAIGE, trace back to 1975 (SAIGE, 2020). That year, the first Caucus of Gay Counselors was convened during the annual meeting of the American Personnel and Guidance Association, the organization that would become the American Counseling Association (ACA). This first caucus was formed in response to growing social justice movements for the rights of LGBT individuals, bolstered by the Stonewall riot of 1969 and the subsequent 1973 decision of the American Psychiatric Association to remove the homosexuality diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (Drescher, 2015). In 1979, the name changed to the National Caucus of Gay and Lesbian Counselors, reflecting the growing membership and being more inclusive. This change in nomenclature would continue throughout the life of the organization.

In 1986, the caucus expanded its title better to encompass the needs of clients and counselors, becoming the Association of Gay and Lesbian Issues in Counseling (SAIGE, 2020). Two years later, the name would be revised to the Association of Gay, Lesbian, and Bisexual Issues in Counseling. This name would be retained for nearly two decades. During this time, the association saw increased support in the form of increased membership and official affiliation and recognition within the larger counseling organization, the ACA.

In the mid-2000s, the organization expanded again (SAIGE, 2020). In 2005, the association introduced the *Journal of LGBT Issues in Counseling* as its official academic publication. The journal, now in its 14th volume, continues to operate under the mission that founding editor Ned Farley (2005) first established; to "uniquely address the role of the field of counseling in furthering the healthy growth and development of lesbian, gay, bisexual, and transgendered [*sic*] peoples, as well as their families and communities" (p. 1). In 2007, the association became the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling. Under this moniker, the organization produced multiple guides on counselor training and practice for working with individuals with marginalized sexual and gender identities. In 2014, it began its biannual national conference.

In 2019, leadership in the organization polled members to determine if a new name was needed. Reflecting on the name history of the organization, the call for a new name was intended to capture the expanding terminology related to the diversity of sex, sexuality, and gender identities while also creating a title that would remain applicable in the future. Multiple suggestions were vetted and presented to the membership, and, in April 2020, the name officially changed to SAIGE. Under this new name, the organization's mission remains to educate and advocate on issues related to sex, sexuality, and gender identity. However, providing affirming care is not solely the obligation of SAIGE and its members. All counselors must be prepared to provide quality care for individuals with marginalized sexual and gender identities.

Role of Professional Counselors in Providing Affirming Care

Counselors have an ethical obligation to be prepared to work with individuals from all walks of life (ACA, 2014). This goes beyond simply taking a multicultural class or single training on diversity and inclusion. Presented below are some preliminary recommendations on how counselors may improve their practice when working with clients whose sexual, affectional, intersex, or gender-expansive identities are marginalized. These recommendations are not exhaustive, and counselors working in this area should expect to continually reassess their competence and set additional learning goals to improve their counseling (Murray et al., 2017). Being a qualified counselor means persistently seeking the knowledge, skills, and dispositional characteristics necessary to counselor competently and affirmingly.

Knowledge

Counselors should first become familiar with the local, state, and national organizations that provide training and professional development on issues facing individuals with marginalized sexual and gender identities. SAIGE is a national organization that hosts biannual conferences along with regular continuing education through the Journal of LGBT Issues in Counseling and other platforms. In Kentucky, the Kentucky Counseling Association (KCA) convenes an annual conference that regularly includes sessions focuses on sexuality and gender. Additionally, Kentucky is one of the many states to have a state chapter of SAIGE. Kentucky SAIGE is a division of KCA that provides consultation and education opportunities, including LGBTQI+-focused education tracks at the state KCA conference.

Counselors should also be familiar with other resources that provide even more in-depth content knowledge related to sexuality, affection, sex, and gender. Some national organizations counselors can turn to include: World Professional Association for Transgender Health; Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues; The Trevor Project; Gay, Lesbian, & Straight Education Network; Trans Student Educational Resources; and the Family Acceptance Project. There are also multiple books and text resources available. Counselors who recognize they have limited knowledge on how best to counsel clients of marginalized sexual and gender identities are encouraged to access the American Counseling Association's publications *Affirmative Counseling with LGBTQI+ People* (Ginicola et al, 2017), *Casebook for Counseling: Lesbian, Gay, Bisexual, and Transgender Persons and Their Families* (Dworkin & Pope, 2012), and their free resource *Counseling LGBTQ Adults Throughout the Life Span* (Roland & Burlew, 2017).

Two books often recommended to counselors looking for resources to work through with clients include Anneliese Singh's (2018) *Queer & Transgender Resilience Workbook* and Susan Cottrell's (2015) *True Colors*. Singh's workbook provides a framework for counselor and client to explore and affirm identity while developing resilience skills to endure oppressive environments (e.g., family estrangement, workplace discrimination). Cottrell's book focuses on reconciling sexual identity, spiritual identity, and intersection that counselors have historically had challenges navigating in ethical and facilitative ways (Balkin et al., 2014).

Skills

When working with individuals with marginalized sexual, affectional, sex, and gender identities, therapy skills must go beyond typical training in masters counseling programs. It is not enough to operate from a strengths-based, humanistic, common factors approach; counselors must also demonstrate awareness, inclusion, and affirmation in their practice. These clients may have long histories of alienation and rejection and, as a result, may be wary of professionals promising to be open and focused on helping. In a survey of more than 3,000 LGBTQI+-identified individuals, Mikalson et al. (2012) found that some of the most commonly reported barriers to mental health services included harmful experiences with mental health professionals in the past and fear that care would not be kept confidential. James et al. (2016) reported that in a survey of 27,715 trans individuals, one in five had an experience with a mental health provider who pathologized their trans identities. Often, counselors must pass an informal test of legitimacy, demonstrating they are someone with whom it is safe to be vulnerable.

Having inclusive language on websites, intake, and paperwork are a good initial way to demonstrate affirmation. Counselors are encouraged to check their paperwork for language that presumes clients are heterosexual, monogamous, or gender binary. Counselors who are part of larger organizations with standardized paperwork are encouraged to advocate for changes that allow for more inclusion. When this is not possible, including additional intake questions such as inquiring about pronouns to use in counseling notes or names clients want to be used in session can be an option. Counselors performing intakes should also be familiar with the ADDRESSING (Age, Developmental disabilities, acquired Disabilities, Religion, Ethnicity, Sexual identity, Socioeconomic status, Indigenous group membership, Nationality, and Gender; Hays, 2008) and RESPECTFUL (Religion, Economic class, Sexual identity, Psychological maturity, Ethnic/racial identity, Chronological/developmental challenges, Trauma or threats to well-being, Family background, Unique physical characteristics, and Location/language differences; D'Andrea & Daniels, 2001) models to improve information gathered about a client, note intersecting identities and possible areas of conflict/stress, and avoid making assumptions about client identity.

Counselors can also develop skills useful in sessions. Many population-specific interventions are discussed in the texts mentioned in the previous section. Here, I will mention two general skills counselors can exhibit to improve affirming practice. First, counselors should design examples and anecdotes to be inclusive. For example, in a group session on relationships, using an example of a same-gender couple can be a way to signal to group members that you might be a safe person with whom to open up. Counselors who diversify their examples

may also become more familiar and comfortable with using and explaining various terms related to sex, sexuality, affection, and gender. Second, counselors should become familiar with broaching topics such as sexuality, gender, race, and culture with clients. The multidimensional model of broaching behavior (MMBB; Day-Vines et al., 2020) is a recently developed heuristic to help counselors address client's cultural concerns. In the MMBB, counselors broach concerns, explore relationships and discuss identities across four areas: Intracounseling (between counselor and client); Intraindividual (intersecting identities within the client); Intra-racial, ethnic or cultural (client experience within their cultural group); and Inter-racial, ethnic, or cultural (client's cultural group's experience within the larger society). For example, a cisgender female (individual assigned female at birth whose gender identity is female/woman) counselor working with a transman (individual assigned female at birth whose gender identity is male or man) client may discuss (a) how their differing gender identities might impact the therapeutic relationship (intracounseling), (b) how the client's gender identity relates to his racial, religious, and other identities (intraindividual), (c) how the client relates to the trans community (intra-racial, ethnic, or cultural), or (d) how American society supports or oppresses the trans community (inter-racial, ethnic, or cultural). While not every client will present with an issue that will be treated multidimensionally, counselors must be prepared to broach topics competently as needed.

Disposition

Counselors are expected to possess the inherent or fostered characteristics that make them effective human helpers. While there is limited consensus on the exact dispositions that are necessary for effective counselors,

researchers generally concluded that effective counselors tend to be (a) engaging, (b) open to experiences, (c) aware of self and others, (d) view clients as capable, (e) demonstrate flexibility and compassion, (f) exhibit understanding and acceptance of worldviews, and (g) are interested in helping others (Christensen et al., 2018; Redekop & Wlazelek, 2012). These are similar to the dispositions noted in the ethical codes and competencies of counseling. According to the Multicultural and Social Justice Competencies developed by the Association for Multicultural Counseling and Development and endorsed by the ACA (Ratts et al., 2015), counselors foster multicultural competence through self-awareness, sensitivity to clients' worldviews and counseling relationships, and client advocacy. Rather than review each aspect, I will note some key dispositions relevant to counseling individuals with marginalized sexual and gender identities.

Perhaps of primary importance is the awareness of self and others. Counselors must engage in self-work before attempting other work. That is, counselors must be aware of their own biases, beliefs, convictions, ideals, and ideologies and must be able to express them with some degree of radical honesty, at the very least to themselves. Recognizing we are not value-neutral can help us recognize the values of others and our profession. Counselors wishing to explore their values related to sex, gender, and sexuality are directed to the self-evaluation tools of Singh (2018) and the awareness of attitudes and beliefs self-check available in Ginicola et al. (2017).

Counselors would also benefit from recognizing that counseling is not a politically neutral profession. The social movements of society impact how we conceptualize counseling and our roles as

counselors. The counseling profession and its organizations have taken positions on several social issues throughout history and continue to do so (e.g., pathologizing and depathologizing homosexuality, banning conversion therapy). The ideology of liberal individualism infused in the counseling profession currently serves as an organizational response to the profession's history as a tool used to discriminate, enforce conformity, and perpetuate hegemony (Harrist & Richardson, 2012). Just as SAIGE has changed in response to the development of society, so does counseling.

Lastly, counselors demonstrate affirming dispositions through a commitment to advocacy. The establishment of a division of ACA dedicated to sexual, affectional, intersex, and gender-expansive identities is a testament to the effectiveness of counselor advocacy. However, not all advocacy needs to be at the macro level. Toporek and Daniels (2018) conceptualized counselor advocacy as multiple domains, including the level of intervention, the extent of client involvement, and the focus of counselor energy. Advocacy can be performed (a) on the micro-level to support client goals in collaboration with a client (e.g., rehearsing how to respond to microaggressions), (b) on the macro-level focusing on direct system intervention on behalf of the client (e.g., campaigning for state laws protecting trans students), or (c) some point along the continuum (e.g., contacting local school officials about discriminatory bathroom policies). Resource organizations like SAIGE can serve as starting points for ideas on how to begin developing an advocacy disposition. I encourage counselors to challenge

themselves to advocate in ways that may not immediately feel familiar or comfortable. Advocating for marginalized clients often means taking risks, becoming a visible ally, having difficult conversations, and occupying spaces bravely in service to our clients and the larger social good.

Conclusion

The authors of *Competencies for Counseling Transgender Clients* stated in their introduction, "Across this diversity of perspectives and experiences, the authors share a common approach of affirming that all persons have the potential to live fully functioning and emotionally healthy lives throughout the life span along the full spectrum of gender identity and gender expression" (ACA, 2010, p. 136). This language mirrors the core values of professional counseling as outlined in the *ACA Code of Ethics*, the first three of which being: enhancing human development throughout the life span; 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 (2014, p. 3). As professional counselors in an increasingly diverse society, to engage in ethical practice is to strive for competence when working with individuals who possess a multitude of identities, including sexual, affectional, intersex, and gender-expansive identities. While competence is a continuous process rather than a finite state, counselors can begin that journey by affiliating with professional organizations that can help them develop the knowledge, skills, and dispositions that may best serve clients.

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Innovative and Systematic Group Supervision Approach with Online Supervisees

Nicole M. Arcuri Sanders

Over the past decade, an immense increase of counseling programs earned accreditation for an online delivery format. With recent COVID-19 impacts, this trend suggests that current and future counseling program faculty need to be competent in effective supervision practices in online platforms. I adapt Borders' model of group supervision to address (a) the diversity among online counseling students, (b) supervisee developmental needs, (c) online platform technology, and (d) online barriers to the educational experience. Best practices are applied to the adapted model to support the continued growth of supervisees in a new technological age while also considering counselors-in-training zone of proximal development.

Keywords: supervision, supervisor, supervisee, counselor-in-training, online

Introduction

The idea of clinical supervision is by no means a new concept for the counseling field. Clinical supervision has been a long-standing requirement for all counselors in training (Edwards, 2013). However, the environment in which supervisees receive supervision has been transforming in recent years. Many counseling programs now offer group supervision to their fieldwork students online versus the traditional campus-based face-to-face sessions. These groups now may consist of supervisees spread across the country versus within commuting distance to campus. Recent trends in online education require supervisors to transform their traditional approaches to fit the needs of supervisees in an online environment while also promoting supervisee growth.

As of May 2020, 82 online master's and doctoral counseling programs are accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The number of online counseling programs has increased by 70% over the past ten years and more than tripled for online master's programs in the past five years (CACREP, 2020b). These statistics support the need for current and future counselor educators and supervisors to be competent and confident in providing counselors-in-training (CITs) with supervision in the online format.

In recent times, the Coronavirus (COVID-19) impacts led many campus-based master's programs to promptly innovate their program to meet distance education requirements for their counseling students. The COVID-19 virus has recently led many programs to seek guidance from CACREP (2020a) on using technology to protect their students' health and continue to provide them with a quality education. This was unchartered territory for many programs. For those students involved in their fieldwork phase, counseling programs sought guidance from CACREP, state licensure boards, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations addressing the virus's impacts. For instance, the U.S. Department of Health and Human Services Office of Civil Rights (2020) released a fact sheet to provide counselors with new guidance related to HIPAA to address the nation's public health emergency and offered telehealth guidance. Counselor educators and supervisors needed

to promptly address these changes and ensure their supervisees understood telehealth services for their clients and how to receive individual and group supervision via a distance modality. CACREP (2020c) afforded programs with the ability to have their students use alternate methods of service delivery (e.g., telehealth) to collect fieldwork hours as long as the state board allowed for it.

Furthermore, state guidance regarding requirements to provide supervisees with supervision varied per state. For instance, Ohio Counselor, Social Worker, and Marriage and Family Therapist Board (2020) allowed for supervision via the phone. In contrast, the California Board of Behavioral Sciences (2020) did not, requiring supervisees and supervisors to use a video component. These new guidelines were released due to the unanticipated impacts of COVID-19, which left an increased number of counselor educators and supervisors to become innovative in their supervision approach to meet their supervisees' needs. COVID-19 impacts were mentioned here to highlight that this pandemic has left the nation and world with many unanswered questions of what is to come. This experience may impact the continued use of distance practices that counselor educators and supervisors must address.

The following manuscript is intended to highlight adaptions to the well-established systematic group supervision model (Borders, 1991) to address use in an online setting and accounting for the unique dynamics of distance education. Additionally, implications to address the counselor-in-training zone of proximal development (ZPD) are explored.

Group Supervision

The purpose of group supervision is to provide counseling students with support from supervisors and their peers as they begin their professional practice of applying theory with actual clients and continue developing their counseling skills under supervision (CACREP, 2016). The Association for Counselor Education and Supervision (ACES) adopted best practice guidelines in 2011 to offer supervisors ethical and legal guidance regarding the rights of the supervisors, supervisees, and clients; while also supporting the professional development needs of supervisees while protecting client welfare. This guide is intended to supplement ethical codes set forth by the American Counseling Association (ACA). According to ACA (2014), supervision is the

> process in which one individual, usually a senior member of a given profession designated as the supervisor, engages in a collaborative relationship with another individual or group; usually, a junior member(s) of a given profession designated as the supervisee(s) in order to (a) promote the growth and development of the supervisee(s), (b) protect the welfare of the clients seen by the supervisee(s), and (c) evaluate the performance of the supervisee(s) (p. 21).

Group supervisors by no means have an easy task. Section ten of ACES (2011) best practices requires group supervisors to not only meet the unique needs of each supervisee to support growth (ACA, 2014, §F.5.b., F.6., F.8.d., F.9.), but also to protect the welfare of supervisee's clients (§F.1.a.). For supervisors to provide adequate educational and developmental supervision (ACES, 2011, §11.b.i.), supervisors juggle multiple supervisory roles with their supervisees (e.g., teacher, counselor, consultant, mentor, and evaluator [§11.b.viii.]). Supervisors will need to be

intentional and proactive in shifting roles to meet the developmental needs of their supervisees (ACA, 2014, §11.b.ii.). Online group supervisors also have the ethical obligation to exercise competence in using employed technology (ACA, 2014, §F.2.c.; ACES, 2011, section 10).

Today's Online Supervisees

An important note for this section is that the programs discussed here offered distance supervision before the impacts of COVID-19. There are variances among supervisees in a supervisor's online group versus one that meets face-to-face on campus with brick-and-mortar programs. Supervisees no longer need to be located within a commutable distance from the campus. Admission to online counseling programs may allow for a broader range of diversity among applicants due to the students' need to access the campus being a removed barrier. Therefore, the supervisees in one counseling program can span many states and nations. According to the 2019 BestColleges Online Education Trends Report, 16% of responsive schools for their study indicated that online education opportunities for students had changed their student demographics. In 2020, BestColleges Online Education Trends Report reflected a growing age range among online students; 25% reporting a trend toward older (e.g., adult or nontraditional) learners and 20% reporting a trend of younger learners. Johnson's (2019) study exploring demographics students found that fully online students were more than 10 years older than on-campus students.

Furthermore, school administrators reported increased diversity in gender and ethnic groups in their student enrollment online (BestColleges, 2020). These higher education institutions reported having an increased number of students enrolling from outside the U.S., from out of state, or at greater distances from campus than previously seen when not offering online courses. Furthermore, these online higher education institutions reported a much larger diversity among their students in online programs. These include but are not limited to having more students with disabilities, non-native English speakers, under-represented minorities, or economically disadvantaged. These same findings were supported by Johnson's (2019) study: four of 156 fully online students reported speaking English as a foreign language, versus five of 29 on-campus students, and 20 of 156 fully online students reported not being born in the country, versus eight of 29 on-campus students. As distance education decreases barriers for prospective counselors-in-training students, counselor educators and supervisors must be prepared to address the diversity among these learners in an online environment.

At the final stage of all CACREP accredited counselor training programs, students are required to complete a fieldwork experience to include a minimum of a 100-hour practicum (CACREP, 2016, §3.F.) followed by a 600-hour internship (§3.J.). All students during this time are required to attend group supervision with either a faculty member or a graduate student supervisor who is under the supervision of a faculty member (CACREP, 2016, §3.I., 3.S-V.). Counseling program faculty are ethically required to competently provide supervision online to diverse fieldwork students when using a distance modality (ACA, 2014, §F.2.c.).

Borders' (1991) Group Supervision Model

Counseling supervisors have the ethical responsibility to teach supervises while also providing supervision for supervisee development (ACA, 2014, §F.7.). Supervisors are obligated to (a) teach ethics (§F.7.e.), (b) infuse exploration of cultural

considerations (§F.7.c.), (c) use case examples (§F.7.f.), (d) explore the application of techniques grounded in theory, which are evidence-based practices, while providing supervisees the opportunity to integrate their studies with practice (§F.7.d.), while they (e) experience self-growth (§F.8.c.), and (f) address any personal concerns which may have the potential to negatively impact work with clients (§F.8.d.). Borders' (1991) model is a well-established systematic approach to supervision that can support the supervisor in fulfilling, but not limited to, all of the above noted ethical responsibilities with supervisees during each group supervision session.

Borders' model (1991) is a six-step process:

1. The supervisee presents a recording of a client session and prepares questions they have about their counseling process.
2. Other supervisees are assigned to process the recording and questions from the initial supervisee.
3. The group watches the recording and reviews the supervisee's questions.
4. The supervisees process the questions and their perspectives concerning the session.
5. The supervisor facilitates a discussion to promote supervisee growth.
6. The supervisor summarizes the feedback and discussion, and the initial supervisee indicates if their supervision needs were met.

This model can be applied using an online platform during group supervision. However, the model in its current form does not allow supervisees to gain insightful information relevant to understanding whom the client is, the presenting concerns (e.g., referral), or contextual information related to the client's environment. As previously stated, online courses have reported being much more diverse. The community students come from, currently live in, and intern in can also drastically vary even more than their campus-based counterparts. For instance, a student may be in the heart of New York City while another is serving clients in the wilderness of Alaska. The ACA (2014) stressed the importance of counselors to exercise developmental and cultural sensitivity when working with their clients (§A.2.c.). Therefore, despite the environment in which they provide supervision, all counseling supervisors would be exercising due diligence by including an in-depth contextual exploration of the client to the model. However, earlier variances of online programs' student demographics are more diverse than campus-based students. Due to the geographical expanse of students in online programs, supervisors must also ensure they are aware of the unique worldviews of their supervisees. For example, what may be common knowledge for a supervisee living in Alaska, may be entirely unknown for a supervisee residing in New Jersey. Conversely, the New Jersey supervisee may have a significant amount of insight regarding city life due to their frequent stays in New York City, while the supervisee in Alaska may have never been exposed to a major metropolitan city except for in movies and other forms of media. Such client contextual information is even more pertinent for online group supervisees due to the diversity consideration among their peers. As reported by online education trends, peers within online supervision groups are more likely to span many states and be among varied communities (e.g., urban, suburban, rural), cultures, and community norms compared to counseling supervisees attending campus-based group supervision. Cultural differences will be prevalent in any group supervision context; however, cultural

differences may be broader for some online supervision groups. The increase in culturally diverse supervisees needs to be accounted for by counselor educators and supervisors, which requires innovation in supervision practices.

I have adapted Borders' model to account for the diversity within supervision groups online. I have expanded the roles assigned to supervisees to be more generalizable to various counseling fieldwork sites. Additionally, one step was inserted before the group views the session to provide supervisees with a comprehensive understanding of the presented recording. Thus, suggesting a total of seven steps to account for the online group supervision demographics and meet the supervisor's ethical responsibility. Additionally, the Borders' model in its current form accounts differently for supervisee ZPD within the variance of fieldwork learners as they progress from practicum to internship. I highlight how to utilize this model in an online setting for learners throughout their fieldwork developmental milestones.

Arcuri Sanders Online Group Supervision Approach

The following section will explore my seven-step approach to clinical group supervision in an online environment intended to recapitulate Borders' model through the lens of online group supervision. Many of the steps are similar to Borders' (1991) model; yet, my approach embraces amplified attention to (a) the uniqueness of the supervisee's client, (b) the variance of cultural and diversity awareness among supervisees, and (c) the roles generalizable to various counseling settings. Applying this model with supervisees during fieldwork supports the case conceptualizations they are currently working on at their fieldwork site and provides supervisees the opportunity to

present their client to the group. During group supervision, one supervisee will present their client's case and the recorded session, providing their peers and supervisors with relevant information to conceptualize the case. The supervisee will also present the questions they would like answered to assist their client's treatment.

Step One

The first step requires supervisees to take turns presenting cases they are currently working with at their fieldwork site to their site supervisor and peers during group supervision. Upon each supervisee's turn to present, they will select a recording of a counseling session with a client (e.g., video recording) to share with the group. The supervisee is expected to identify questions about the session and the client and request feedback from the group. This step is similar to Borders' model, however within an online modality, many additional steps need to be taken to account for the modality being used.

I recommend ensuring all ethical considerations are accounted for when using any group supervision approach in an online forum. Supervisors should take measures to protect themselves and their supervisees from liability while also ensuring the safety of their clients when using technology (ACA, 2014, §F.2.c.). The supervisor should address parameters of confidentiality in their online group supervision formats with client-shared information (ACES, 2011). I recommend supervisees remove all identifying information (e.g., phone number, address, real name, social security number) about clients on any documents shared during group supervision and with the supervisor at any time (e.g., case notes, treatment plans) (ACA, 2014, §B.6.g.). For instance, supervisees will be asked to utilize a pseudonym for their client(s) being presented. Moreover, the supervisor has the

ethical duty to remind supervisees that counselors must obtain written permission from clients to disclose or transfer records. Supervisees should be reminded not to take counseling records off-site and follow their site's policy regarding documentation safety procedures. Before supervisees begin client sessions during fieldwork, supervisors have an ethical responsibility to ensure supervisees are aware of a client's right to confidentiality. Supervisees are ethically obligated to provide clients with professional disclosure explaining how the supervision process and use of the online forum impact the limits to confidentiality (ACA, 2014, §F.1.c.). To further support client confidentiality, I also recommend the supervisor limit access to their online forums used for group supervision to their current supervisees. For instance, having a passcode to enter the platform can mitigate others from gaining access to the session (National Board of Certified Counselors, 2016, standard 15).

For the actual setup of the online group supervision platform, technology can support various learning styles. Each supervisor may find a design that works best for them to support all supervisee's growth. I have found using many technological tools within the design to be most beneficial in supporting all of her supervisees by addressing many learning styles at once. Please see figure one for an example design I use for online group supervision sessions. This design for an online group supervision room can be designed using platforms like, but not limited to, Zoom, Adobe Connect, or WebEx. I use chat, video, audio, sharing/uploading documents, notes display at all times during her sessions online. The chatbox can offer the linguistic-based learners an opportunity to chat concerning perspectives as well as ask questions. A chatbox can be designated for all parties to have a conversation and private chats between two people (e.g., supervisor

and supervisee). Audio and video capabilities support synchronous conversation and processing among supervisees as well as with their supervisor. The video capability also allows for nonverbals to be addressed. Uploading documents can provide visual learners with a means to follow the case and review documentation pertinent to the exploration of the case (e.g., progress notes, treatment plans, pictures/songs that symbolize the client-counselor relationship). Additionally, audio and video recordings of supervisee client sessions can be uploaded so the group can view them. An area in the platform is also maintained to always be visible for role descriptions. All of the steps mentioned above are intended to address concerns with the barriers created by distance in an online learning environment: (a) physical distance, which can make less of an interpersonal experience, (b) concerns with lack of nonverbal cues, (c) technological impacts on communication received (e.g., tone, silence), and (d) to minimize distractions and avoid unrelated multi-tasking during supervision sessions (Abell et al., 2016; Martin et al., 2017).

Step Two

Fellow supervisees can be assigned a role (perspective) with which to view the session. For example, peers can assume the role of counselor, client, or significant other, viewing through a specific theoretical lens or create a metaphor about the counseling process. These roles can vary to meet the needs of the group. Therefore, roles can take into account the specific questions the counselor (supervisee) is seeking assistance with and the setting in which they are working with their client (e.g., school, community, residential). However, roles should be provided to the supervisees in advance to understand the expectations of their role or perspective. To illustrate, at the start of each new cohort, I adapt the roles in a

general manner to meet the needs of current clinical mental health counseling graduate learners. I adapt the roles weekly to support the populations each supervisee works with and the settings in which they are completing their fieldwork experience. These roles, described below, are currently being applied with group supervision processing for work with the following populations: (a) children/adolescents, (b) adults, (c) individuals diagnosed with personality disorders, (d) individuals with substance use disorders, (e) military/veterans, (f) individuals experiencing homelessness, and (g) incarcerated individuals. Furthermore, the roles have been applied when processing clients receiving counseling in the following settings: (a) community, (b) school, (c) hospitals, (d) private practice, (e) residential, (f) incarceration, and (g) shelters. Not all roles are used at one time; the supervisor carefully selects roles to meet the specific needs of the supervisee's questions as well as considers the presenting concerns of the client and their culture (population) as well as the counseling setting. Role examination is similar to Borders' model; however, how the supervisees experience the roles is innovative.

In my approach, each supervisee is expected to embrace the role from the first-person perspective using "I" language. This experience resonates with Interpersonal Process Recall (IPR) supervision. This allows supervisees to practice self-awareness and understand complex counselor/client dynamics (Hazlett & Foster, 2014). This additional step was taken to account for the barriers created by distance in an online learning environment: (a) physical distance, which can make less of an interpersonal experience, (b) concerns with lack of nonverbal cues, (c) technological impacts on communication received (e.g., tone, silence), and (d) to minimize distractions and avoid unrelated multi-tasking during supervision sessions (Abell et al., 2016; Martin et al., 2017). I further provide supervisees with directions of how they are expected to explore the case presented from each role.

Counselor/Consultant. What do you think the counselor was thinking or feeling during this session(s)? Was there a question the counselor wanted to ask but didn't? What might have been the counselor's motivation for asking the questions they asked? Be sure to use "I" language when giving feedback.

Client. What do you think the client was thinking or feeling during this session(s)? Was there anything the client was holding back or wanted to say but didn't? What may be motivating the client's behavior? Be sure to use "I" language when giving feedback.

Significant others/Support system. Assume the role of a significant other in the client's life. What kind of input would they have on the client's situation? Would they provide any additional information to help us understand the client's behaviors and motivations? Be sure to use "I" language when giving feedback.

Theory. Choose a theoretical perspective through which to conceptualize the client. How would this theory explain the client's situation or behavior? What techniques from this theory could the counselor use in session with the client?

Metaphor/Symbol. This role requires the supervisee to choose a creative means to explain the client, counseling process, and/or counseling dynamic. For instance, a metaphor, quote, image/artwork, song/lyrics, poem, dance may be chosen to symbolize the client, counseling process, and/or counseling dynamic.

Referral. What resource(s) may be beneficial in your work with this client? Anything out of your scope and need another professional's involvement?

Step Three

Supervisees must present pertinent client information before showing the tape to their peer to account for cultural and regional diversity. This step is not part of Borders' model. This additional step offers each supervisee the opportunity to explore their role while being able to account for the whole client and the client's experience with the counseling process thus far. Both of which are pertinent ethical considerations for counseling practices per the ACA (2014). In an online environment, supervisees can be located in various parts of the country and internationally. This innovative additional step is intended to provide supervisees the opportunity also to consider the cultural considerations of the client being presented as well as the client's community cultural context (§A2.c., F.2.b., F.5.a., F.5.c., F.7.c.).

I require each supervisee in the role of the presenter to present information about their client in PowerPoint format during group supervision before sharing their recorded session. The PowerPoint includes (a) intake summary, (b) background information, (c) clinical impressions, and (d) treatment. This information aligns with Ingram's (2012) use for case formulation, also known as case conceptualization. Ingram asserts that counselors must create a treatment plan that fits the client, which requires counselors to understand the client's problems from a whole-self-perspective while also in the context of client experiences. Furthermore, the PowerPoint Presentation can be used to combat barriers that exist with distance education, something Borders model does not address.

PowerPoints provide audio and visuals for technological impacts, minimize distractions, and avoid unrelated multi-tasking during supervision sessions (Abell et al., 2016; Martin et al.). The following template is provided to offer guidance and instruction:

Arcuri Sanders's Group Supervision Case Conceptualizations Instructions. Ensure the case conceptualization PowerPoint presentation includes the following information: (a) a 10–15-minute recording or transcription (if a recording is not permitted at the fieldwork site) of a portion of your session with your client that you would like to discuss (making a note of nonverbals that stand out for both the client and counselor as well as any client quotes which were important to the counseling process; and (b) case notes. Consider including:

I. Intake Summary
    a. Demographic Description
    b. Presenting Problems

II. Background Information
    a. History Relevant to Treatment
    b. Family Background
    c. Work and/or Education History
    d. Medical History
    e. Previous Mental Health Treatment

III. Clinical Impressions
    A. DSM 5 Diagnosis: Including differential diagnosis. How did you come up with the diagnosis? How did you rule out other diagnoses? *(Remember, evidence-based).*
    B. Description of Client Functioning
        i. Cognitive
        ii. Affective
        iii. Behavioral
        iv. Physical Appearance
        v. Strengths

C. Client: Therapist Match (Get creative. Consider using a poem, song, artwork, video, dance, or a metaphor).
   i. Cultural dynamics related to gender, race, sexual orientation, age, religion, etc.
   ii. Countertransference Issues

IV. Treatment
   a. Conceptualization of client's difficulties (integrate theory).
   b. Client's progress to date (e.g., number of sessions, mutually agreed-on treatment goals, interventions that were effective and ineffective). (Case notes).
   c. Unanswered Questions (What do you need from the group? Rank order from most salient first).

Step Four

The supervisee, the counselor in the tape, will then present their pre-selected recording/transcription. The group will review from the perspective of their previously selected/assigned role. With Borders' model, supervisees present tapes, and their fellow peers process the counseling work. However, where Borders model falls short is in accounting for the platform used in an online platform to share these recordings. According to NBCC, the modality's security must be considered must be encrypted and HIPAA-compliant.

First and foremost, counselors should be competent in the distance platform and modality before offering the services to clients (ACA, 2014, §H.1.a.; NBCC, 2016, standard 2). The same is true for supervisors offering distance supervision for their supervisees (ACA, 2014, §F.2.c.).
When considering distance counseling services, the counselor will need to ensure their protocol aligns with state statutes regarding their policy (ACA, 2014, §H.1.b.;

NBCC, 2016, standard 3). With supervision, the supervisor will also need to take these steps and consult with accrediting bodies such as CACREP and university policy if supervision is offered to students. Some states require that counselors only provide distance counseling to clients who reside in the state they are licensed in, and the same is true for supervision practices. Additionally, some states limit the amount of supervision that can be conducted via a distance platform. Despite the allowance of time, the platform utilized for distance supervision services must use current encryption standards that meet applicable legal requirements since counseling session information with clients is being shared (ACA, 2014, §H.2.d.; NBCC, 2016, standard 4-5). The HIPAA Journal (2020) currently offers a checklist to help guide counselors in ensuring their platforms meet federal requirements.

The HIPAA Security Rule contains the standards that must be applied to safeguard and protect ePHI when it is at rest and in transit. The rules apply to anybody or any system that has access to confidential patient data. By "access," we mean having the means necessary to read, write, modify or communicate electronic Protected Health Information (ePHI) or personal identifiers which reveal the identity of an individual. There are three parts to the HIPAA Security Rule—technical safeguards, physical safeguards, and administrative safeguards (para. 15-16).

Supervisees and their clients have the right to be informed about which will be shared with supervisors and how it will be shared (ACA, 2014, §A.2.b.). Supervisees (ACA, 2014, §F.4.a.) and their clients have the right to understand the limitations to confidentiality associated with the use of technology through

informed consent (ACA, 2014, §H.2.; NBCC, 2016, standard 8-9 & 11). When supervisee's share client information from their sessions, the supervisee must take steps to protect the client's confidentiality (ACA, 2014, §B.6.). For instance, a client's identifying information may be removed (ACA, 2014, §F.7.f.).

Step Five

In step five, peers give feedback to the counselor from their roles as well as process the questions solicited by the counselor. This is the same process as Borders' model; however, I innovated this step by accounting for the vast diversity found within an online group which may result in gaps in understanding of the client being presented culture and community. Therefore, before processing feedback, I ask the supervisees if they have any further questions for the counselor, which would help them from the perspective of their assigned role. After supervisees' questions have been responded to by the presenting supervisee, I ask the presenting supervisee if they want to ask questions to the group first or hear from each of their peers. This is intended to allow for supervisees to understand the presented case's context more fully as they may not have had experience with such a culture and community. Either roles or questions are explored first, then the other.

Step Six

The counseling supervisor is expected to facilitate the discussion and function as a moderator while observing the process for their supervisees, similar to what Borders' model involves. The supervisor may need to step in at times as either a teacher, counselor, or consultant; thus, integrating the discrimination model (Bernard & Goodyear, 2014). Borders (1991) also stressed the importance of these roles for supervisors to fulfill. Within each of these roles, the

supervisor should have the intention of having each of their supervisees grow professionally and be able to reflect upon this self-awareness. The supervisor asks each role to share with the presenting supervisee. If any supervisees share incorrect information, the supervisor has the opportunity to interject in either the role of teacher or consultant to provide clarification for understanding. Additionally, if the supervisor observes any personal biases from the supervisees, the counselor role can be implemented to aid the development of the supervisees' awareness. Then if needed, the supervisor can follow up by using the event as a teachable moment. After each supervisee has the opportunity to discuss the client from their perspective and the presenting supervisee has had all of their questions addressed by the group, the supervisor asks if anyone has anything else to share that pertains to this case but is not necessarily applied to their assigned role. After, each supervisee can add further content to the discussion with the presenting supervisee, providing them space to share their thoughts and conclusions derived from this process.

Step Seven

The supervisor then summarizes the feedback shared with the counselor (supervisee) from their peers (supervisees) as well as the discussion facilitated by them. The supervisee is then offered the opportunity to indicate if their supervision needs were met.

Supervisee Developmental Level

As when anyone begins something new, some learning curves may be experienced. Ethically, counseling supervisors need to be ready to account for these and be prepared to meet their supervisees at their ZPD (Vygotsky, 1978). ZPD is defined as the continuum between what an individual (supervisee) can do

without help and what can be achieved with guidance and encouragement (Vygotsky, 1978). Thus, the supervisor is asked to scaffold activities to meet the supervisee's capabilities. Scaffolding is the process where the supervisor provides supervisees guidance with tasks that they cannot accomplish independently to help push their ZPD forward with the intention of one day allowing them to accomplish the task unassisted. Despite a logical sense of development, the process is not always predictable or rigid (U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment [USHHS SAMHSA CSAT], 2014). During the beginning stages of group supervision, various paradigms all suggest supervisees first benefit from structure, which minimizes anxiety (Skolvolt & Ronnestrand, 1992; Stoltenberg, l98l; Stoltenberg et al., 1998; Watkins, 1993). At first, many supervisees are consumed with anxiety about performing correctly, and a gap exists between conceptualization, goals, and intervention (USHHS SAMHSA CSAT, 2014). As a supervisee progresses developmentally, they are able to infuse more alternative views which further support their development in being able to implement knowledge and skill with more confidence (Bernard & Goodyear, 2014). Borders' model provides structure but did not account for confidence building. I scaffolded their group supervision approach to account for the learning curve between practicum and internship supervisees.

During practicum, before starting a supervisees case conceptualization presentation, I review all available roles and allow for questions concerning those roles. There is also a written explanation of each role viewable throughout each group supervision session in which a case is being presented. After all of the questions are answered, the supervisor asks the remaining supervisees to select the perspective with which they would like to explore the case. The supervisees do not need to tell the supervisor but are expected to pay attention to the case from their selected role/perspective. This procedure allows for the supervisee to assess their comfort level in sharing from that perspective. If the supervisee decides to change their perspective role, no one will know besides them. This is intended to decrease anxious feelings while supporting the supervisee's desire to highlight their ability to perform correctly. This differs from Borders' understanding of novice counselor needs in supervision; Borders (1991) tasks a more directive approach and assigns roles.

I, as the supervisor, step into any of the roles not addressed by the supervisees and will model how to process the case from that perspective; the discrimination model's teacher role (Bernard & Goodyear, 2014). I, as the supervisor, can also facilitate group discussions to explore the remaining roles with the supervisees. When needed, the supervisor will step into the role of teacher to aid supervisees' development concerning case conceptualization through multiple lenses.

Once the supervisees enter the internship experience, they should have had numerous opportunities to practice and observe the roles. Therefore, I assign the supervisees a role privately in their private chat box within the online forum. Like during practicum, the supervisor also reviews the roles and allows for questions prior to the start of the presentation, and keeps the definitions visible at all times during the presentation. The supervisee can communicate with the supervisor privately any questions and concerns about their assigned role in their private chat areas. I am

careful in assigning roles to each supervisee, considering their strengths and areas in need of growth. I am also mindful of offering each supervisee the opportunity to explore a case from each role/perspective throughout the quarter or semester, consistent with scaffolding to meet the learner's ZPD (Vygotsky, 1978).

As supervisees continue to get more practice in each of the roles as well as understand the roles in relation to case conceptualization, the supervisor will begin to withhold exploring the definitions at the start of each session. I instead start by asking if there are any questions concerning the roles before the presentation beginning. The role descriptions remain visible to all supervisees, and the private communication chat area with the supervisor is still available. Please see figure 1 for an example of how the online supervision room can be set up. Some universities and colleges require programs to utilize an approved online platform to conduct all online education courses to include group supervision. The counseling supervisor will want to ensure the modality used meets their institution's regulations.

Furthermore, concerning ZPD, student understanding of technology will need to be accounted for when providing distance supervision. Therefore, the supervisor may need to provide more structure and instructions for using the platform as supervisees first begin. As they become more confident with the platform being used, the supervisor can allow for supervisees to have more freedoms and access. For instance, during practicum, I usually have to upload the case conceptualization presentations for the supervisees. By their second presentation, I can walk them through the process, and by the third, they are often uploading them on their own without direction from me. However, some are more comfortable with

technology than others and may need more or less direction. Additionally, when introducing other aspects of the platform, I have to consider the supervisees' experience with the platform not to overwhelm them. For instance, when first using the chatbox, I had to show examples of what a chat to everyone looks like versus how to recognize when they receive a private chat message from me. As confidence increases, supervisees begin to initiate their own chat messages.

Conclusion

Counseling supervisors facilitating group supervision online use technological aids to support the process. Borders' model is one model used to support supervisee development, but in its current form, it does not fully meet supervisees' needs when participating in online supervision. My model intends to fill that gap. My group supervision approach differs from Borders' model by accounting for the demographics impacting distance supervision groups, barriers of distance modalities impacting learning experiences, and supervisees' ZPD. Furthermore, guidance is offered for supervisors in ensuring their online supervision platforms and sessions are ethically and legally in compliance.

My group supervision approach for online supervisees can be considered an innovative and systematic modification of Borders' model. As discussed previously, online counseling supervisors are tasked with all of the same expectations a campus-based supervisor has in promoting supervisee development. However, when supervisors provide group supervision, the supervisors are also responsible for addressing technology and online security competencies and the increased diversity of their group of supervisees. Therefore, previous models that offer supervisees experiential learning opportunities to grow as professional

counselors need to be modified to account for these variances. I have carefully examined the gaps in Borders' model and adapted the model to account for the new technological age of counseling supervision formats.

As the trend continues to increase for a shift towards distance supervision, supervisors will be increasingly challenged to review current practices through the lens of online group supervision. I recommend supervisors continue to adapt models to stimulate and promote the professional growth of our counselors-in-training. As technology continues to evolve, it will be imperative for supervisors to stay current with ethical and legal guidelines concerning distance supervision platforms and security considerations.

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Important Conversations: An Interview with Dr. Leon Ellison and Jennifer Fugate Discussing Trauma, Racism, and the Therapeutic Space

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Abstract: Dr. Leon Ellison is an Assistant Professor with Lindsey Wilson College, a counselor, and a social advocate. He has organized multiple advocacy and awareness events *including The Million Father March* on Cincinnati and is the author of *Through It All: My Silent Cries Ended*. Jennifer Fugate is a Counselor, Community Mental Health Agency Director, Instructor, and a Doctoral Candidate at Lindsey Wilson College. Both are leaders in the community and in the field of counseling, and they are advocating for ways that counselors can better serve a diverse population and better educate themselves on important racial issues in an effort to better serve clients. This interview is a follow up to their KMHCA presentations on the importance of engaging in the conversation surrounding race, trauma, and advocacy

Keywords: advocacy, trauma, racism

Interview

Dr. Jen: Jennifer, your presentation for the KMHCA conference was titled, "Leaning In: Having the Conversation about Racism Even When It is Uncomfortable," and Leon, your presentation was "Counselors Viewing System Oppression as a Traumatic Experience."

What inspired these presentations?

Jennifer: So, in Kentucky, we've had a lot of things happen. One of the things that happened was the unfortunate murder of Breonna Taylor and the riots in Louisville that happened after that. And after that happened, there was a lot of conversations that started, there was a lot of advocacy for Black Lives Matter, and then there was a lot of pushback from mostly White people that said, "*Well, All Lives Matter,*" and you know that got me to thinking, *What's the problem here, Where's the disconnect?* And also, as a part of a community mental health center under the direction of Behavioral Health Commissioner Wendy Norris, she started a committee to respond because we knew that this would have some mental health impacts on the whole state, and community mental health centers would need to be prepared to respond and respond well.

So, when the Commissioner issued this formal statement that all of us received, it made me start wanting to do my own work. I started with Robin D'Angelo with *White Fragility* and why is it difficult for White people to have the conversation about racism because we know it exists; *Why is it hard for us to talk about*? So, as a response to that, like I said, I started doing my own work, and then I got to thinking about, you know, as a White woman, I've not really felt like I had much of a role or a right to speak out against racism. But silence is complicity, and you know when you have power when you have privilege, and you don't even realize that you have privilege; I didn't realize that I had privilege until I started really looking at things. You know I've never been pulled over for driving in a neighborhood that was the wrong neighborhood. You know I've never been pulled over just for the color of my skin. I've never had those experiences.

I've never had somebody follow me in a store just because I had the wrong color of skin to be shopping. I've never had those experiences. But I started thinking about *you know why don't I—why don't we as White people use our privilege for advocacy?* So, I started doing my own work, and then I thought you know, maybe there's some other White people that are silent and therefore complicit in the perpetuation of racism. So, I wanted to use my voice for encouragement of other White people to speak out against racism.

Dr. Jen: Leon, how about you?

Leon: I have always been a very big social advocate for African Americans communities, so this is a continuation of my work. In social justice, there are two types of focus. You can have an internal focus or an external focus. External focus is more of a focus on government, more of a focus on either developers or supporters of systematic oppression. I think that language right there is really important because a lot of times right now, we are using the language "White Americans," but we need to really talk… because right now in our protests, we are having an influence of Caucasians, Latinos, more than just African Americans, so we need to start to use a different language of developers and supporters of systematic oppression instead of White Americans because we do have the support right now from White Americans. But to get back to my point, I have more of an internal focus where I'm focusing more on what can we do as African American communities ourselves and our own locus of responsibility in making change. I think it's important that, as African Americans, we stay in our lane. If you are working in education, your focus on making change should be in education. If you work in

mental health, your focus should be in mental health. If you're in law, you're focusing on law. If you're a medical practitioner, it should be in medicine. If you're a politician, your focus should be in politics. That way, if we all stay in our lane, we all make changes in our lane, we are able to make a bigger impact. So, my focus is more internal. With me working in education and in mental health, helping counselors to understand what their role is and how to best treat African Americans or people of color that are experiencing symptoms of oppression, definitely time to make an impact.

Dr. Jen: I love the idea that you would use your own gifts and your own purpose, and your own profession to be an advocate. I love that, that's a great idea.

Dr. Dan: I like this idea of people staying in their lane because when we start suggesting system-wide change, people don't know where to start. And are they starting in the wrong direction? But if we make changes in our own profession, I love that idea of making changes in your lane, and if everybody does that, you get system-wide change. I'm glad we're doing this interview; this is good.

Dr. Jen: So, what do you want counselors to know about this topic?

Leon: I think it is important that counselors understand because what I heard after George Floyd, it put a very big spotlight on the movement, and even though we've been having this go on for years and years and years, it put a really big spotlight in the news. And I heard counselors, and I heard colleagues in meetings say I don't know what to do. I don't know how to respond. And I think it's important to focus on that.

If you look at trauma, counselors dealing with systematic oppression, traumatic experiences, and you look at trauma and criteria for PTSD, what you are seeing directly or indirectly are what someone else goes through, or you are going through yourself, an experience that causes fear or a sense of emotion that sparks an irrational response, if you look at that, what oppression has done over 400 years, we meet the criteria as a community for PTSD. So, if you put a clinical focus on that, it helps counselors to relate more than just I'm just treating African Americans, no *I'm treating trauma*. Putting a focus on it really helps counselors to understand what their role is. Because what happens is a lot of these words we use in racism get so uncomfortable, it is inflammatory. It incites certain feelings in counselors; it incites feelings in people that are advocates or in discussions about things and can make someone back down or not provide the effective treatment. So, we need to put a focus on it, and the focus should be it's a trauma. And really helping us to understand how it can be viewed as a trauma and what treatment orientations that can be utilized to best treat a community. We're talking about community. That's why you use Adlerian therapy; we're talking about community, social concepts, right? One of the greatest things that happened in our movement in the 60s and 70s was Dr. King, and other advocates was that we had a communal language. Everyone was speaking the same language, right? Right now, with everybody not staying in their lane and we got so many different people with so many different approaches, they're trying to go at this thing; we don't have a communal language, right? So, again, me staying in my lane, I want to create a communal language as counselors about dealing with systematic oppression.

Dr. Jen: I love the idea that we're treating racism very much like we would treat trauma because it is trauma. And I think like you're pointing out that this allows counselors to really tap into what they know about trauma because most of us have been trained in this in some way, shape, or form, so it's a great starting point, and I like also that you're pointing out it's a point of connection.

Dr. Dan: Jennifer, what about you? What do you want counselors to know about this?

Jennifer: I think that I agree 100% with Leon that it is important for us to speak the same language and for us to be aware of our implicit bias that comes across in our language. I think it is important for us to be aware of microaggressions in the words that we speak and to be able to know that those microaggressions are traumatic. There was one of the videos that I watched in doing my own work that likened microaggressions to a paper cut. You know, one papercut doesn't hurt; one papercut is annoying. It's a pain, you can look over it, but if you get 1000 paper cuts, you could literally die from that. So, these microaggressions become little traumas which becomes a big trauma, so I think that it's important for us to focus on racism as a traumatic experience and use a trauma-informed care approach when treating our clients and when implementing our policies and talking to each other, use that trauma-informed approach and also being aware that our words matter. The things that we say and how we say them is very important.

Dr. Jen: I think that's powerful.

Dr. Dan: What can we do to better train counselors in counselor education about this?

Dr. Jen: What do counselors need to know to

make sure they're competent?

Leon: I might get in trouble if I answer that.

Jennifer: I think that the first thing is to not be afraid. Don't be afraid to have the conversation and don't be afraid to acknowledge you know there are differences between people and there even though we're living in the same world were experiencing the same world very differently and having the courage to use those techniques that we have in counseling, *Help me understand things from your point of view*, use that person-centered approach—now *How did you experience this because I experienced it like this and my perception was this*? Help me understand—Using that multicultural approach. I think that—that if I got anything out of—out of Dr. Parsons' multicultural class, it was asking, *help me understand that from your perspective. What was that like for you? Don'*t ask what do African Americans believe about racism, but rather *How did you experience racism* because it'll be different for each individual person.

Dr. Jen: Because it's personal.

Jennifer: It's personal. Exactly—it's personal.

Leon: For me, I think CACREP needs to put a bigger emphasis on trauma and brain development in our standards for our education and learning objectives. Right now, trauma is briefly talked about in our curriculum. There needs to be an entire class on trauma because trauma is becoming so prevalent in our society. Teaching about neuroplasticity, teaching the parts of the brain that are affected by trauma. It's not just an emotional reaction; it's a physiological reaction. Talking about the amygdala, talking about the parts of the brain that trigger that fight/flight/freeze response. Really helping counselors understand the clinical reasoning for dealing with trauma. Right now, we have the learning objectives give us a very, very minor introduction to the effects of trauma. We need more of a focus on trauma, and I think CACREP needs to increase that. That's why I said I may get into trouble.

Dr. Jen: No, that's a great point, and I'm hoping that you're going to run for the CACREP Board because I feel like that's something that needs to happen. It is an area that we're remiss as a profession. We don't do nearly enough in this area.

Dr. Dan: I'm wondering if something can be built also into the *Code of Ethics* that helps us, kind of forces us, to become more trauma-informed. I think it would be a step in the right direction because then we're now forced from an ethical standpoint to take a closer look at this, to be more sensitive to the traumatic response. And Jennifer, I think it was you who said something about all the little traumas that equal one big trauma. It does have a compounding effect.

Leon: Another thing I think we need to focus on is counselors really need to be more aware of their capabilities in their role as a counselor. I do a lot of trauma-informed trainings and helping them understand there is more than the emotional response. There is brain activity happening here. Educating our educators also helps us stay in our lane and level out that playing field and start to exterminate some of those systems of oppression. Addressing a lack of resources in inner-city schools and African American communities will help in our movement. It is going to help in education. People really don't have an understanding of systematic oppression. It goes deeper than just Police

brutality. Different things are in place within our society that create a lot of the issues that are happening within the inner-city community.

Dr. Dan: That is very important, so why do you think counselors avoid the topic of racism in general?

Jennifer: I think that one of the big reasons that we avoid it is because it's uncomfortable. We don't want to offend anybody, and we have this fear of if I talk about the color of somebody's skin, if I talk about racism, then I must be a racist. Or it's not politically correct to bring those things up. I'm supposed to see no color. But when you see no color, that in itself is racism because you have to see that you know I experience the world differently as a White woman than Leon experiences the world as an African American or Black man.

Dr. Jen: As counselors, we're acknowledging and validating people and their experiences, and this is part of identity and experience. The bottom line is that racism diminishes everyone's experience.

Dr. Dan: It does, exactly.

Dr. Jen: That's the bottom line. And there's a responsibility, and there is an obligation for that to not happen.

Dr. Dan: Exactly. And it kind of dumbfounds me when they ask me that because I'm living in America and my neighbors right next door, I just have this idea, what do you mean in what ways am I connected. We all live in this community together. We all do things together. We experience each other together. And it is one of those things that makes me stop and think about why does there have to be a degree of separation? Why are we siloed, and why are you asking about a connection to

that?—Seems obtuse to me. It just seems very strange to ask that question. I've had that question asked to me on numerous occasions.

Dr. Jen: Well, I think that's part of this shift right now is that we're trying to say that just because I'm not experiencing this doesn't mean I'm not responsible to make sure that there's a difference made about it. All right, let's move on to the next question.

Dr. Dan: Did Leon want to answer that question? Leon, your turn.

Leon: Jennifer said it—because they're uncomfortable. I wanted to reach out and hug you when you said that. That is so true because in my opinion, in my humble opinion, being uncomfortable comes from a lack of knowledge. We want our counselors to be advocates, but we're not training them on or educating them on social justice, slavery, oppression and giving them a higher understanding of the influences of systematic oppression. Where did it come from? The history of African Americans, the history of people of color. We're not educated in most things that we're uncomfortable talking about it. You're very comfortable talking about something you're knowledgeable about. If you're not knowledgeable about something, you're very uncomfortable having that discussion. You can be brought out or blasted out if you have those kinds of discussions. You can look like you're inferior. No one wants to feel inferior, so those discussions are not discussed. So, I think again, going back to CACREP, if we want our students, as counselors, to be advocates, we need to increase our training in certain areas, and social justice is one area that's going to be prominent in our country. It is going to continue to be at the issue here. You cannot end racism. There are going to be some

people that have that belief system, right? But you can limit the impact of racism by increasing the self-esteem of African Americans, right. I've got more pride in pigmentation, right? And everybody's developing in certain areas where the impact of it will be reduced. So, education is always, for me, the end.

Dr. Dan: I like that idea of sharing more, and I would hate to think that we limit this only to counselor education. I know we're talking about counselor education here; that's our lane. But in what ways can we educate other people in the public to promote knowledge and understanding of this issue?

Leon: I'll give you a prime example. Someone made a statement not long ago, I'm always working, always really having these kinds of discussions. And somebody said that talking about police brutality, someone brought up Black-on-Black crime. There are more Black-on-Black crimes than there are people of color. Well, I brought up influences of Black-on-Black crime. Black-on-Black crime is a product of systematic oppression. If you look back at the history of redlining during the Jim Crowe era, and we started to redline certain areas and place African Americans in those areas and cut off certain amounts of resources for those groups of individuals, that survival instinct is going to kick in. I'm not a student of behavior of Black-on-Black crime, but if you look at war, one of the greatest strategies is to cut the resources or supplies off from an enemy. Well, if you put a group of people in certain areas and deprive them of certain resources, a lack of resources, the survival instinct is going to come into play. Look at any theory we talk about in counseling, basic needs; we talk about reality therapy. Survival instinct is going to kick in. You are going to learn to

survive even though you have a maladaptive belief or ways of surviving. You talk about Adlerian therapy. I want to develop a private logic for me to protect the final goal. It may be in that behavior, that belief system may be maladaptive, but it's the way I have to survive, the way I have to get to a certain point in life, right? So, I think this is where a lack of education comes in and where you're right, there is a higher percentage of Black-on-Black crimes when we're talking about police brutality, but still, Black-on-Black crimes is a product of systematic oppression.

Dr. Dan: Jennifer, what were you going to say?

Jennifer: I was going to talk about you know it's important to stay in our Lane, but it's also important for us to understand our role as counselors, our counselor identity within our community. So, we're seen as experts in the field of human relations and in people being able to get along with each other. We've all been approached with the question. *What do you think about this?* and *What do you think—what do you think is going on here?* I think that you know we have the responsibility not only to advocate in our workplaces in the lane as counselors, but we also are mothers and fathers and brothers and sisters, and you know we have—we have people that we go to church with, we have people that we meet at the grocery store. It's also our responsibility to educate them and share with them what we know. I'll give an example that you know. *Why is it bad to say all lives matter? Isn't it true that all lives matter?* Well, yes, all lives do matter, but when you say when someone says Black lives matter in your response is all lives matter, it's the equivalent of saying my dog died, everybody loses a pet. I got divorced; thousands of people get divorced every year.

It minimizes that person's pain and that person's experience, so it's those examples like that. It's our responsibility to use our professional identity because our professional identity becomes our personal identity. I don't know anybody that really knows me that doesn't know that I'm a counselor. You know that if they—if they don't know that I'm a counselor, they don't know me very well. So, you know that it goes into that personal identity/professional identity of this is what you're exactly right Leon this is how we impact things by staying in our lane, but you know our lane has a lot of avenues off of it.

Dr. Jen: And do you think that our profession is also a point of privilege?

Jennifer: It is.

Dr. Jen: Because of that, we have an opportunity.

Jennifer: We're seen as experts in the field of human relations, so it naturally lends itself to us being advocates for social justice, not just people of color, but also lesbian, gay, bisexual, transgender. It goes into a lot of socially oppressed groups because all of that equals trauma.

Dr. Dan: Fantastic. This is a good conversation. Okay, big question. What is White privilege, part one, and part two, why do you think it is hard to talk about?

Leon: I'll go with this one. White privilege is a product of oppression. I think the developers and supporters of systematic oppression unconsciously or consciously developed and conditioned White privilege. During this Floyd and this recent movement that we've been having, there has been a Jungian influence, an analytical influence. Because a lot of White privilege has been

brought to the conscious, it came from the unconscious to the conscious and has incited a lot of thought and has incited a lot of emotion in some White people, right? So, I believe that it's a form of conditioning that was either consciously or unconsciously developed by the developers and supporters of systematic oppression.

Jennifer: I think that you're absolutely right that it is an unconscious thing. I never knew that as a White person, I was privileged just because of the color of my skin. And I've heard a lot of other White people say you know, I was never privileged, I had to work for everything I got, and that's you know that's the American condition—we all have to work for where we get to in life. I think again about that, an example I used in my training. Our country is over 200 years old, and women have only had the right to vote in this country for 100 years. This year is 100 years, and you know we didn't vote to give ourselves the right to vote, men—our fathers, our brothers, our uncles or grandfathers, they were the ones that said you know I have the right, I have the responsibility to stand up for my sister, my daughter, my mother, all these people who are just as American as I am and just as capable of voting as I am and just as much of a human being as I am, so I'm going to vote to give women the right to vote. That that can be likened to this White privilege that we have, like it or not, we have the majority voice, and White people listen to other White people just like men back in those days listened to other men. It exists whether we like it or not, whether we want to acknowledge it or not, and we have the responsibility to use it in the right way.

Leon: Just to expand on that a little bit, the developers and supporters of systematic oppression used race, used color as a social

marker to develop oppression. They used it as a social marker to put people in certain groups of ability, group you by ability, their thoughts of brain development, their thoughts of cognitive ability, right? They used these social markers and these old kinds of thoughts that certain people were more superior to other people in certain areas to develop White privilege. I think it's important that everyone understand that you shouldn't feel guilty for your White privilege. Feeling guilty is a form of sympathy, right? Where you're being sympathetic to African Americans—We don't want you to be sympathetic to us; we don't want you to feel sorry for us. We're very capable of accomplishing things and working hard enough to level the field out. We just have to be aware ourselves and work ourselves to even the playing fields out. I think it is important for counselors to understand when having this discussion.

I don't know if you're ready to go to the next part of the question, but a video comes to mind when we talk about privilege, and right now, I think almost everyone is showing this in a multicultural class—that video *Race for $100*. Right now, I don't know if you're aware of the video where this guy gets on a field and says, I'm going to say a couple of things, and he says if it applies to you, take two steps forward, and he asks certain kids if you have both parents in the household two steps forward, private education two steps forward. It got to a point where these kids had a big head start, and he told them to turn around, and he let everybody know that you're in a position you're in based on nothing you've done, based on the privilege you've been born with, right? For me, having an internal focus, internal locus of responsibility for African Americans, I want those African Americans on that start line

that didn't take any steps forward not to feel bad but to say, "don't worry about it, keep your privilege, we'll catch up," right? That's the frame of thought we have to get to, right? I'd have been one of the ones on that start line, probably a little further back; I'd have been two steps backward, right? But guess what, I'm going to catch up, right? I'm going to catch up. We had an African American president. We had an African American president. We're not a product of our environment; we're a product of our decisions and choices, and that's what that internal locus of responsibility has to do with it—we're a product of our choices, we can choose our way out of it.

Dr. Dan: Now Leon, how do we help propagate this line of thought that you're sharing?

Leon: Again, in the training that I had counselors doing on systematic oppression as traumatic experience, we talk about using an Adlerian approach. Encouraging is one of the biggest things that Adler talked about. I want you to encourage. I want you to be understanding of me, of my behavior. Counselors understanding that they can develop those relationships—counselors not of color can develop those same relationships I can develop with the client of color, counselors being aware of brain activity and how trauma impacts the brain- talking about the survival brain versus learning brain. All these different concepts that we have that can help people understand why they behave the way they do and give clients the meaning of why they respond a certain way is the first step. Because right now, we do have individuals that are responding irrationally to a form of systematic oppression, right? Counselors need to be very aware of how to help them to respond rationally, right? Right

now, I don't think people understand some of these riots are traumatic responses, right? It's like when we go into the classroom, and we teach teachers, hey, he's not trying, or she's not trying to destroy your classroom or disrupt your classroom, they're trying to gain control of the situation, right? Same thing's happening in some of these riots, right? These are people trying to gain control of the situation in an irrational form or an emotional form. In my private practice I use with clients right now, especially clients that are experiencing trauma, I use a piece of imagery where I say, "you fell into the ocean right here, and you're bobbing and trying to get up, and there was a small, little life preserver right here, right next to you and there's a big old comfy boat five feet away, right? The first thing you're going to grab for is that life preserver, which is the emotional response. Where I want you to be more logical, I want you to swim to the boat. Counselors helping African Americans swim to the boat when they are emotional or when they are incited by systematic oppression is a great way of helping us level out that playing field.

Dr. Jen: Wow.

Dr. Dan: So, let's just skip right straight to the last question then because you've already started heading there, Leon. *What can counselors do to advocate?* And you've already started that conversation, Jennifer; what are your thoughts on that? What can counselors do to advocate?

Jennifer: I think that first of all, we have to examine ourselves. We have to see where we are, and we have to see that there's a need, there is an oppressed population, and it's our responsibility to empower them, to use that traumatic focus, that trauma-informed focus and empower them like Leon says—that's

very powerful imagery to swim to the boat. We have that responsibility; I think again it goes back to professional identity, how are we seen in the community. There's a lot of responsibility to becoming a professional counselor, and when you take that on you're not just becoming a counselor to help people with their problems; you're taking on the responsibility to better your world, one person, at a time. I have that—I have that quote on my computer that's my mission statement- to make the world better one client at a time, and that's how we do that. We have to see this big picture, but you do it, one person at a time. I think about the starfish story, you know. It may not make a difference to all of them, but it'll make a difference to that one. One person at a time, one conversation at a time, getting the word out there that we all have a responsibility to make the world better.

Dr. Dan: So, Leon, can I ask you a question because I want to make sure I understand your perspective because this is the first time I've ever heard this about people feeling guilt about White privilege is a form of sympathy. It is sympathizing with the other person, saying I'm feeling sorry for what I get that you don't get. In that same context, then would you agree that rather than empowering a person, we need to step back and give people an opportunity to empower themselves?

Leon: Absolutely.

Dr. Dan: Okay, because that is what I'm hearing you say is just don't get in my way. Let me get there but don't stand in my way and keep me from getting there. I really like that perspective. So, what are your thoughts about what can counselors do to advocate?

Leon: I think counselors need to be aware of

the importance of advocating, right? It is very important that we advocate. In my dissertation, I created a model called "The Alternator Syndrome." In my dissertation, I was talking about the treatment of children with emotional and behavioral disorders. Because some counselors work one-on-one with a kiddo, and they never touch the system. So, if you ever had a bad alternator and you just kept jumping that battery, and if that alternator's bad, that battery's going to keep needing to be jumped over and over again. That's the equivalent of a counselor just seeing that client over and over again and never touching the parents, never touching the system. So, if you just keep jumping that battery, you're not going to have a sustainable outcome. Right now, if we just work with the client in African American community and don't advocate, we're still using alternator syndrome. We're jumping them and putting them right back into the same system that's draining them, that's draining that battery. So, being an advocate is something that attaches to the system, doing more systems work. I can go into the community like this; counselors know what their roles are. Our school districts need counselors to come in not just to treat clients but to train teachers in culturally responsive teaching methods, trauma-informed practices, social-emotional learning. It's like Jennifer said, this is in our wheelhouse right here. We have a responsibility to human behavior, human relations to help individuals who haven't been trained in human relations to understand certain theories, certain applications that can help them build relations with students. Right now, I've kind of changed my approach. I don't just go in to do a trauma-informed care training anymore. I do a culturally responsive teaching training where I embed trauma-informed practices because teachers need to understand the power of the relationship. If I don't trust you, my brain is not free for higher-order thinking. In education, we use a depth of knowledge chart where we're trying to get to level three and four, so our kids can grow with the content and not just be remembering content. We want our kids to be able to create, analyze and develop with the content but to do that; there needs to be a relationship. Educating teachers, especially in the inner city, one of the biggest issues that we have right now is a lot of teachers coming fresh out of college are going into the educational system in the inner city. A lot of those teachers don't have any training or experience dealing with the problems that are plaguing the inner city, so it's hard for them to develop relationships or understand why certain students are responding in certain ways. So, they need more training from counselors on how best to relate with those students. The ultimate job for an educator is not to teach; it is to inspire to learn. No student is getting up in the morning saying, "I got a math test today!" How are you going to inspire me to learn? That's human relations right there; that's the work of a counselor—to help advocate for a student. If I can relate to you, or if you can use the existing knowledge that I have, meaning you have some cultural responsibility to know more about my culture, you're going to have a better chance of getting me to grow and move with that content and that learning. And that's where we're trying to get to when we talk about staying in our lane.

Dr. Dan: So, from the two of you, I'd like to hear what are two things that counselors can do right now, I mean a doing thing, something they can do to get involved to start their advocacy?

Leon: For me, pick up some books. Educate yourself. Really start to understand all the influences that go into systematic oppression—where it came from, how it developed, how it could affect a community. That's going to be the most important thing because, again, it's going to be uncomfortable if I'm not knowledgeable about it. As I become more knowledgeable about it, I become more comfortable about it. That is about my efficacy, right? If I don't' believe I'm efficacious in social justice or social advocacy, I'm not going to do it; I'm going to tend to move away from it. And the second thing I think counselors need to do is be aware that we're not just seeing clients. We're not just educating. There are different roles we have and knowing your scope. I had group, my class last week said, "We really need a class about this (scope of life), so we can know all the things we can do because I thought we could just see clients." No. They need to understand all the roles you can do and all the outlets you have to make sustainable change.

Dr. Dan: So, would you both provide us with a reading list of resources that we can share out in the articles that people can do that, start picking up materials and educating themselves?

Jennifer: I agree with Leon, and I basically—I have the same answer. Do your own work. Do your introspection, do your self-work. Figure out where you stand on the issues. Do your own work and inform yourself. And the second thing is recognizing your responsibility and power. You're not just a counselor. There's a lot more to being a counselor than, like Leon said, just seeing clients. There's a whole lot more to it.

Dr. Jen: That's fantastic.

Dr. Dan: Any additional final thoughts, things that you'd like the readers to know?

Leon: I'll take a moment to talk about a new initiative that I started. And the initiative is called "Every Lesson Learned, Every Level Up is a Step Toward Exterminating Systematic Oppression." And this initiative is about right now you have a lot of students, you have a lot of teachers, you have a lot of people in education, I'm staying in my lane here, about what's my role in our movement. And a lot of people think their role is just to go out and protest. That's not the only role you have in this movement. So, my new initiative is directed at education, and it is giving every student a role, and your role right now as an African American student or a student of color is to be in school. Every time you raise your hand you are picking up a picket sign. Every time you do a homework assignment, you do a project, you do a test, that's your march. Every time you do a presentation in class, that's your "I Have a Dream" speech. Your voice is a vote. I want to create this into a communal language that doubles the more power in our path movement and communal language where we have one shared goal right now, and that's for our students, and your role is to go be a student right now. That is your protest. I have this initiative going right now, and I'm going to coming down on campus over the next couple weeks, and I'm going to set up outdoors and really push this initiative and make a video, and then I'm going to take it to some higher-ups and try and make this a national movement right now just to get people to focus on education. Staying in my lane and really getting students to understand that every time you get up in the morning and go to school, that's part of your job. Every

time you turn that computer on, you're motivated; you're doing your part of the movement. So, actually, putting a focus on what their role is.

Dr. Jen: Is there going to be a book out of that?

Leon: Yes.

Dr. Dan: And I think that's what we're looking for is more doing. What can we do? People need an action. They need something they can say, "this is the thing I'm going to grab onto. I'm going to do this." There's a lot of talk, but there's not enough doing stuff, so if we have ideas about doing and what people can actually do and even if they have a buffet, and they can go through and pick and go, oh I really like that, I want to do that. I like that. Jennifer, how about you, any concluding thoughts?

Jennifer: I think that it's important. Personally, I've been criticized for stepping up and speaking about this because you know I'm a White person, and White people aren't supposed to talk about this for some reason which just baffles me. And Leon, I don't know, do White people have a voice? I mean, are we supposed to be using our voice? You know my answer to that is yes, of course, I have a voice and, yes, I'm going to continue to advocate for anybody that's marginalized and oppressed, and I'm not going to be afraid of criticism, so even if you're White, you still have a voice. Even if you're not a person of color, if you're not oppressed, if you've not experienced racism, you still have a voice, and you still have a responsibility to speak.

Leon: I'm hugging you right now. Abraham Lincoln said to make a sustainable change in something; you need someone who is not impacted by it. Your voice is more powerful than you ever knew.

Dr. Dan: I see that criticism, Jennifer, as a spark. That means, *okay, there's a difference being made here*. I like that idea. If it falls on deaf ears and people just don't respond to it, well, it feels like it just went out into the abyss, and it just doesn't exist.

Jennifer: I think about this, and I think this has been going on for a long time, and I think about you know, back in the 50s and 60s when the civil rights movement first started when a White person spoke up for a person of color, they got some backlash. You know they got a cross burned in their yard. People don't do that so much anymore, but I think that if we were living back in that day, I'd probably have had five or six crosses burned in my yard by now, just from that just in the criticism that I've gotten from other people.

Dr. Jen: It's a point of disequilibrium and a system will be disrupted, and it is because a system needs to be disrupted. And so, I think that's something that we need to be a little uncomfortable right now with this conversation, but I think it is important that we have the conversation, and so I love that you're willing to do that.

Leon: There's a phrase *the children will lead them*. What are we telling our kids to do right now when they see someone being bullied?

Jennifer: Stand up.

Leon: Stand up. That's exactly what you're doing right here. Standing up to a bully.

Dr. Dan & Dr. Jen: Thank you both for sharing your valuable insights. We hope this interview will help counselors to better serve their clients.

An Interview with Karen Cook
Veronica J. Ribulotta Singleton & Samantha Rouse

Whether advocating for the profession, working behind the scenes, or offering an encouraging word and a smile, Karen Cook has always been hard at work for professional counselors. Her impact on the profession, both at state and national level, is immeasurable. Many of us know her as the sender of many emails, yet her role in not only the Kentucky Counseling Association, but the entire profession, is profound. This interview gives a glimpse into a long career that she dedicated to the advancement of our profession. Counselors across the state of Kentucky are forever grateful for her dedication and kindness.

Veronica Singleton (VS) What brought you to accept the position of KCA Executive Director?
Karen Cook (KC)
Short answer:

My love of KCA!

Long answer:

I became a member of KCA during my first year as a school counselor. I was immediately impressed with the organization and the high quality of the conference programming and all the member benefits. It was obvious that many of the members looked forward to the annual conference as a way to network in person with other counselors and everyone was so welcoming to new counselors.

When I was asked to participate in a KCA Strategic Planning Summit by the KCA President Pat Hurt, I accepted. As fate would have it, I worked with Dr. Bill Braden's team and he complimented me at the end of the day and stressed that I had strong leadership potential. I now know that he is a "Master" at recruiting for KCA and prides himself as a Talent Scout.

About a year later, I was invited to travel with the KCA Executive Committee to the Southern Region Fall Conference to participate in an emerging leader training with a small group of individuals from the southern states. Our leader was the highly acclaimed Dr. Movita Pickins and she taught us so much about the roles of leaders and how the state branches and national divisions are important components in the leadership pipeline for ACA. KCA leaders such as Dr. Braden, Dr. Larry Sexton, and Frances Prater were extremely kind and helpful too. After this awesome training, I resolved to give back to our profession in some type of leader role.

I first was elected as KCA Secretary and served two terms in that position. Following those four years, I was elected for KCA Vice President and then the Presidential Track and served as KCA's President-elect, President and Past President.

Following those years and after encouragement from the KCA Executive Committee, I agreed to be nominated for ACA Southern Region Chair. To my surprise, I was elected and served for three years in that role (Chair-elect, Chair and Past Chair).

All of these experiences helped me to have a good working knowledge of KCA and a sincere appreciation for the importance of a strong professional organization for

counselors in our state. After encouragement to apply, I threw my hat into the ring and was chosen for the KCA Executive Director to follow Dr. Braden.

VS - You have master's degrees in both special education and school counseling. What, if any, benefit or advantage did that give you as the leader of KCA?

KC - Both my experiences as a high school special education resource teacher and as a school counselor (junior high, then high school) provided a framework for developing leadership skills and strengthening other important skills such as team building, conflict resolution, relationship building, public relations, time management, consensus building, etc.

Samantha Rouse (SR) What was it like (especially as a woman) following in the footsteps of Mr. Bill Braden?

KC - Following in the steps of Dr. Bill Braden was a daunting task. For the first year or so, I would say, "I can't begin to fill the shoes of Dr. Braden, but I can carry the torch forward for KCA and the counseling profession.

My experiences as a KCA officer and ACA Southern Region leader gave me confidence in my abilities to lead KCA. I found that being a woman was not a hindrance to my position and that I was accepted rather quickly as someone that was a team player and willing to work hard. I was willing to listen to others, but also had contributions to make that were mutually beneficial.

VS - You have accomplished much in the last 8 + years, what would you consider to be your 'pinnacle' achievements?

KS - When I took over the position, one of my first goals was to see that the administration of KCA became technology driven. New administrative software was obtained and Helen Benningfield and I trained to utilize the programs to benefit KCA. We created on-line processes for membership, conference program submissions, conference registration, exhibitor registration, award nominations and online voting for state level offices as well as maintaining membership records, utilizing emails and bulletins to share important information, creating KCA e-News and maintaining the website.

Another goal was creating partnerships with key stakeholders and related businesses that were mutually beneficial. These important partnerships were with our conference sponsors and helped ensure that KCA could offer a very high quality conference with outstanding professional development without forcing our attendees to pay all the costs.

VS - It's been said you exemplify servant leadership and have the heart of a helper, that is quite a legacy. What shaped or influenced your leadership style?

KC - I was taught that you catch more flies with honey than with vinegar! Lol

Seriously, I learned early on that people respond better to a kind word and a smile than they do to criticism or bullying. It was important to me to have an open leadership style and be inclusive rather than exclusive. Asking others to work alongside

of you helps them to feel included. Being encouraging and showing appreciation to others is also vitally important.

VS - How did you grow as a leader during your time with KCA?

KC - I learned that patience is valuable as you work with other professionals. Our board is made up of volunteers that lead busy lives as professional counselors. Even though people make commitments in good faith, they sometimes need gentle reminders that things are due soon and and/or need to be taken care of.

I also learned that persistence is needed when dealing with stakeholders. Follow-up is vital in making sure that contracts are honored and projects are completed.

I confirmed that relationship building is extremely important in keeping an organization strong. Serving as the representative for KCA or on committees for related organizations helps to keep the information flow strong and leads to opportunities to strengthen bonds between organizations.

SR - How did this leadership style help you to live out the mission statement of KCA?

KC - I believe that I was able to generate and strengthen relationships with stakeholders and community entities that were ultimately very beneficial to KCA. In addition to being present at as many relevant events as I could, I readily made myself available by phone and came to be known as very accessible for matters related to KCA and/or the counseling profession.

SR - What was the most rewarding part of the position?

KC - The most rewarding part of serving as KCA Executive Director is without a doubt the people I came to know in our profession. I truly enjoyed getting to know so many people. It was also heart-warming to work with those that gave so much of themselves to the organization through serving as Chapter and Division Chairs and as Committee Chairs. Some, such as the Advocacy Chairs like Dr. Angela Wilkins and Jan Roberson and Dr. Larry Sexton (Technology Coordinator for years) are good examples of those that gave so much time for the good of the profession. In addition, all the Executive Committee members became like family to me because we worked so closely together to keep KCA running smoothly. It was rewarding to watch each leader strengthen their own leadership skills and grow as a professional as they served in their roles within KCA.

VS - What would you identify as the most difficult?

KC - One of the most difficult times I faced was recently when KSCA leaders decided to follow ASCA and pulled out of KCA. After years of working closely together to accomplish much for our profession, it was very disappointing to see this occur. Another difficulty was the challenge of meeting the financial needs of the organization while keeping membership fees low and other fees affordable.

SR - Would you share a favorite memory of your time with KCA?

KC - One of my favorite memories has to be watching the award ceremonies held during our closing brunch of the KCA Conference. Seeing the faces of winners selected to receive the "outstanding counselor" designation for the various awards was so special to me.

Another favorite memory is attending one of the ACA Conferences several years ago and getting to hear Maya Angelou as the Keynote Speaker. I think I could have listened to her all day! It was such an awesome experience to see her in person and observe how she mesmerized the entire audience.

VS - What do you see as the biggest challenge facing KCA going forward?

KC - Right now COVID has changed so many things and forced organizations across the nation to rethink how they operate. I applaud the current Executive Director, Dawn Hinton, and the Executive Committee and Board members for their flexibility to adapt so quickly. The conference for 2020 will be virtual and is shaping up to be a wonderful event. The challenges related to 2021 will include reverting back to an in-person conference with whatever restrictions are in place at the time. Continuing to meet the changing needs of the membership will also be challenging.

VS - What message do you want to leave with future leaders and counselors?

KC - Professional organizations such as KCA are very important to our profession of counseling. KCA strives to keep their members updated on important matters for the state level as well as the national level. Keep your membership current and please promote membership in KCA to your co-workers and friends within the profession any chance you have. Stay informed and stay involved! Serving as a leader in any capacity can be a very rewarding endeavor and may lead you to many other professional opportunities as well. KCA has certainly enriched my life and will do so for others!

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