

SOUTHERN ASSOCIATION OF COUNSELOR EDUCATION AND SUPERVISION

From the SACES President

Dr. Shawn L. Spurgeon, 2015-2016

I want to send my thanks and appreciation to all those who supported ACA by attending the 2016 conference in Montreal. I was unable to attend but I understand that it was an informative and exciting conference; I am sure you represented SACES well! I am often amazed at the support and commitment our members show to the counseling profession and I am humbled to be a part of such a committed and vibrant group of individuals. Your energy and support is a critical part of the success of our region, and myself and the other members of the executive council certainly do value it.

I want to send an appreciation to those who responded to our request related to the change in fiscal responsibility proposed by ACES. We have been able to develop a financial structure that supports our missions and goals and that also helps us stay better connected with the other regions within ACES. I would like to send a special thank you to Dr. Cheryl Pence Wolf, currently serving as our



Treasurer, for providing us with the understanding and financial expertise necessary to help with this transition.

We are very excited about the upcoming SACES conference in New Orleans! We are working with others in the New Orleans community and across the SACES region to create a conference that is both educationally enlightening and fun!

We received a record number of proposals and had to make some difficult

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President's Message continued

decisions about which proposals to accept. It is a testament to the talent and skill within ACES and is indicative of the types of committed practitioners and counselor educators we have in our region. I want to send a special thanks to Dr. Casey Barrio Minton for organizing the multitude of proposals we received. Also, I want to thank the volunteers who helped review the proposals and provided pointed feedback needed to make decisions about the proposals.

One of the many highlights of the 2016 SACES conference will be the Emerging Leaders program. The program has been an important starting point for the development of some of the great leaders within the SACES region and within ACA; we plan to continue that tradition. You will soon receive a call for Emerging Leaders and information about the application process. We are looking forward to training and mentoring the next generation of leaders in the counseling profession!

As I have stated before, I am humbled to serve in this capacity and thrilled with the energy and support you bring to SACES. You make the work fun and exciting!

Shawn L. Spurgeon
SACES President 2015 – 2016

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As we come off a lively ACA conference in Montreal, we are focusing our efforts on conference planning for our 2016 conference in New Orleans. We are currently in the process of getting our conference team and volunteers finalized, and together I believe we are developing an excellent conference experience. Regular meetings with the ACES Conference Coordinator and regional president-elects have proven to be especially helpful in the development of our 2016 conference. SACES President-Elect-Elect, Dr. Casey Barrio-Minton, has done an amazing job managing the proposal submission and review process in which almost 750 proposals were reviewed. Acceptance notices were sent in April, and conference registration has been opened. Information about the Emerging Leaders program, the Career Connection, and opportunities to volunteer will be coming soon. Detailed conference information can be found on the SACES 2016 Conference webpage: <http://www.saces.org/Conference-2016>, including lodging information and recreational activities to enjoy while in New Orleans.

Looking ahead, we are working with Conference Direct to identify possible locations for the SACES 2018 Conference, including possibilities in Florida and South Carolina. Dr. Barrio-Minton and I will be attending the ACES summer meeting in San Antonio with the incoming ACES president (and past SACES President), Dr. Heather Trepal.



All the Best,

Melanie Iarussi
SACES President-Elect

SACES 2016 Conference

October 6 - 8, 2016
New Orleans, LA

Astor Crowne Plaza
739 Canal Street New Orleans, LA 70130
(877) 408-9661

Hotel booking information is available at:
<https://aws.passkey.com/event/14445469/owner/10756/home>

Rooms will be available from October 1-12, 2016 at a group rate of \$209 (+~15% taxes & fees) per night if reserved before September 13, 2016.



The Significance of Increasing Cognitive Complexity through Reflection for Adult Learners in Counselor Education

By Patrick Rowley, MS, NCC

The concept of cognitive complexity – the ability to integrate and differentiate social behavior (Kelly, 1955) - has shown to be an important factor guiding adult learning. Previous research focused on the element of cognitive complexity and its relation to the cognitive development of graduate students in counseling (Granello, 2002, 2010; McAuliffe & Lovell, 2006). Research by van-Seggelen-Damen (2013) demonstrated how the frequency of reflection increased cognitively complex thoughts in graduate students across six social science departments.

King and Kitchener (1994) found that therapists who understood problems through a multitude of valid responses exhibited greater levels of intellectual development. Similarly, students in counselor education programs are instructed to consider clients from various perspectives. By actively engaging in coursework related to multiculturalism, techniques, and theories, students better comprehend how to meet client needs through various methods. Reflection serves as an effective resource for students to develop greater cognitive complexity in counselor education by considering a variety of strategies and processing the best path to client success.

Adult Learner Characterized

Adult learners enter into the classroom setting with years of life experiences, both personal and professional. The plethora of information from these experiences may function as the critical foundation for previous successes in life (Kenner & Weinerman, 2011). If counselor educators choose to ignore the significance of these experiences for adult learners, it may cause conflict between what the adult learners know and value and what adult learners come to understand and appreciate.

In a similar manner that counselors are instructed to promote non-judgmental trusting relationships with clients, counselor educators must create collaborative relationships in the classroom with students. A more mistake-welcoming and open environment could impart a feeling of belonging to the classroom, thereby encouraging participation within the classroom. Whether academic intentions are social, intellectual, or professional, Knowles, Holton, and Swanson (2011) emphasize the primary motivational component of



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adult learners as internal, a genuine pursuit of knowledge. Counselor educators must consider how to channel this motivation into greater cognitive complexity through instructional practice designed for the adult learner.

By communicating how material presented during course instruction can be utilized in everyday life, the adult learner may become more invested academically. As Kenner and Weinermann (2011) suggest, framing course material as practical knowledge allows the adult learner to effectively translate classroom material to daily life. Through the practice of learned material in professional or personal life, the adult learner seizes opportunities outside of the classroom to develop a deeper, more concrete, comprehension of the information.

From a didactic perspective adults have proven to learn best when they are actively engaged in the activities rather than passive implementers of instruction (McAuliffe & Eriksen, 1999).

This instructional approach allows adult learners to operate in a more self-directed manner and utilize their own learning style within the context of the activity. Counselor educators can empower adult learners by maintaining a focus on the value of prior knowledge and experience, the motivation to acquire

new knowledge, and the practical application of learned material (Maudsley & Strivens, 2000) through reflective practices.

Significance of Reflection

According to Hatcher and Bringle (1997) reflection can be described as “the intentional consideration of an experience in the light of particular learning objectives” (p. 153). The practice of reflection corresponds with characteristics that define cognitive complexity and empower the adult learner. Reflection promotes the idea of internal questioning and challenges impulsive thinking, contributing to a deeper understanding of various perspectives. Through reflection the student also engages in a self-directed exploration of personal thought and the viewpoints of his/her peers. By emphasizing reflection in counselor education, the instructor enhances the likelihood of increasing cognitive complexity in the adult learner while utilizing the self-motivational elements of the adult learner.

Reflection can be implemented as an instructional approach through three different means in counselor education courses: individual reflection, peer reflection, and group reflection. Assignments involving individual reflection provide the adult learner the opportunity to relate their own personal thoughts and feelings to the information presented through the textbook or during the classroom session. Peer and group reflection present a different challenge to the adult learner in counselor education. Perspectives heard might be in opposition to what the adult learner originally perceived. Exposing students to cognitive conflict amongst their peers permits the adult learner to question their original schemas in a secure environment through peer processing (Georgiou, Zahn, & Meira, 2008). These moments of ambiguity prepare adult learners in counselor education for similar emotions to be experienced with clients in the profession.

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HIV is Not a Death Sentence...Unless You Live in the South

By J. Richelle Joe



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When HIV was first identified in the 1980s, it quickly became an illness cloaked in fear, myth, and stigma. HIV and AIDS were nearly indistinguishable, and both were associated with suffering and death. Nearly four decades later, medical professionals now view HIV as a chronic illness, measuring life expectancy in decades rather than months and years (Deeks, Lewin, & Havlir, 2013). Advancements in HIV prevention and treatment include pre-exposure prophylaxis, which decreases the likelihood of someone contracting HIV, and anti-retroviral therapy, which can reduce the presence of the virus in one's blood to an undetectable level (CDC, 2016). Both advancements have saved and extended lives in the United States; however, in the southern region of the country, the HIV/AIDS epidemic looks eerily similar to that of the 1980s.

Of the approximately 1.2 million Americans living with HIV, 44% live in the South where diagnosis rates are higher than the rest of the country (CDC, 2015). Moreover, southern states account for 45% of new AIDS diagnoses and 48% of all AIDS deaths (CDC, 2013). Hence, despite the existence of medications that reduce the viral load and increase life expectancy, an individual living with HIV in the South is likely to die from an AIDS-related illness. Social determinants of health, such as cultural identities, economic disparity,

and health care policies, intersect to shape the experiences of individuals living with HIV and contribute to the disease progression from a chronic, manageable illness to a life-threatening disease (Dean & Fenton, 2013).

Individuals with HIV living in the South face multiple barriers to accessing the care necessary for their overall well-being. For instance, Reif, Golin, and Smith (2005) found that in North Carolina, HIV stigma, lack of adequate housing, and lack of psychiatric services and substance abuse facilities were main concerns for people living with HIV. Many of these concerns were described as major problems for individuals living in rural areas.

For mental health professionals in the South, an awareness of the challenges faced by this population is paramount. Lives literally hang in the balance. Counselors who are both available and willing to serve clients affected by HIV and AIDS have the potential to increase their treatment adherence, support their psychological well-being, and help them and their families address depression, anxiety, grief, and loss. Additionally, counselors can advocate for clients by empowering them through strengths-based interventions and engaging in efforts to end HIV stigma on the local, state, and national levels.

An advocate for those living with HIV, Nelson Mandela once asked "When the history of our times is written, will we be remembered as the generation that turned our backs in a moment of global crisis, or will it be recorded that we did the right thing?" (Nelson Mandela Foundation, 2010). For counselors and counselor educators in the South, *doing the right thing* regarding the HIV/AIDS epidemic in the region means educating ourselves, raising awareness, and providing culturally responsive services to a client population desperately in need. An AIDS-free generation is within view, but will require a collaborative effort among helping professionals to address the unique challenges faced by clients living in the South.

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My Circle of Support To Complete the Ph.D. Marathon: A Story of Perseverance

By *Vivia Hill-Silcott*

The number of doctorates awarded in the US has increased over the past 20 years for both women from 38.5% in 1994; 45% in 2004; to 46% in 2014) and people of ethnic minority descent from 11% in 1994; 20% in 2004; to 36% in 2014 (Hoffer, Welch, Jr., Williams, Hess, Webber, Lisek, Loew, & Guzman-Barron, 2005; Simmons & Thurgood 1995; National Science Foundation, National Center for Science and Engineering Statistics, 2015). Yet, research on attrition rates suggest that nearly half of the students who enrolled in a doctoral program depart before earning a degree (Lovitts, & Nelson, 2000; Tinto, 1993; West, Gokalp, Pena, Fischer, & Gupton, 2011). As a first generation student, I was determined to avoid the dropout statistics. Even though I began my doctoral journey clueless of the expectations, I welcomed advice from others who survived the doctoral journey and from people who, like me were newbies. I even sought guidance from doctoral candidates in fields unrelated to counseling. I was on information overload and like a sponge filled with water, I absorbed and kept all the information that I received.

The advice received ranged from time management to plagiarism pitfalls and from the importance of retail therapy to how to enlist and accept support. It was at that moment I discovered that I was not good at saying “no”. My “superwoman –can do” attitude received a sobering reality check, as this doctoral marathon, social, and professional commitments suddenly began to occupy more than twenty hours of my day. Needless to say, all self-care became less of a priority.

If not careful, a doctoral pursuit, with other responsibilities can cause even the most organized people to lose focus and overlook obligations. I was failing miserably across the board. Once I agreed that autopilot mode on an empty fuel tank was the recipe for failure, I began to accept help from everyone and anyone in my circle who made an offer to assist.

My mother became my right hand and my alarm clock. My sister-friends called and emailed to remind me to breathe. My two year old toddler also joined the support team. While some children heard nursery rhymes and other soothing lullabies at bedtime, my little girl heard pages of textbooks. I think that her



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favorite, even to this day is Systems of Psychotherapy - how else could I explain the Psychoanalytic and Behavior Therapies that she practices?

Further, to maximize my the 24 hours, I downloaded pdf articles to my iPad, then I used the tablet's accessibility feature to read aloud, I used a car cassette adapter to listen to the articles in the same manner one would listen to books on tape. This practice became central to my work commute. It is amazing the small amount of pop culture that I needed, since the source of media events came from my mother, who would inform me about what was happening in the world.

Family life –work -school balance became less tense as I learned to organize and set priorities in my daily life. By keeping a calendar and a pencil nearby, I not only adhered to my schedule, I also erased unnecessary tasks. My first priority was self-care and family time. Next, school and work obligations were deemed high priority. Last, all else were strategically ordered. I lost some support along the way, apologized, and reconciled whenever possible. Yet through it all, there were fourteen people who in many ways shared in my struggle.

My fourteen cohort mates encouraged and fostered a sense of togetherness. We had diversity in our family dynamics, academic, racial, and ethnic background, and career goals. The richness and levels of expertise within the group kept me motivated to becoming a better scholar. Certainly, we dealt with many challenges but remained unified in our cohort. As the old saying goes “misery loves company,” we lamented and celebrated each other. I experienced peer mentoring, a sense of belonging, and support within my diverse peer group (Locks, Hurtado, Bowman, & Oseguera, 2008).

Lewis, Ginsberg, Davies, & Smith, (2004) studied the experiences of African-American PhD students at a predominantly White institution affirmed that encouraging social and academic environments, increased peer interaction, assistance with adjustment issues, and positive interaction with faculty, help students to progress. Like my cohort support, faculty within and outside the counseling program helped immensely in my academic trajectory. They provided depth to my transition and development as a scholar. Further, we shared in the investment and were bound by our purpose to complete the dissertation marathon.

Running the dissertation race was definitely a marathon for me, and not a sprint. In fact, I am reminded that each graduate course I took represented the mileage needed to gradually build and complete the dissertation. As I reflect on my preparation, there were moments where all I could do was crawl. The training was long and at times lonely, but I kept at it – I am thankful to everyone who handed me a fresh towel and some water along the way. The advice received and how I unapologetically leaned on family, friends, faculty, and peer were vital to my pace across the finish line.

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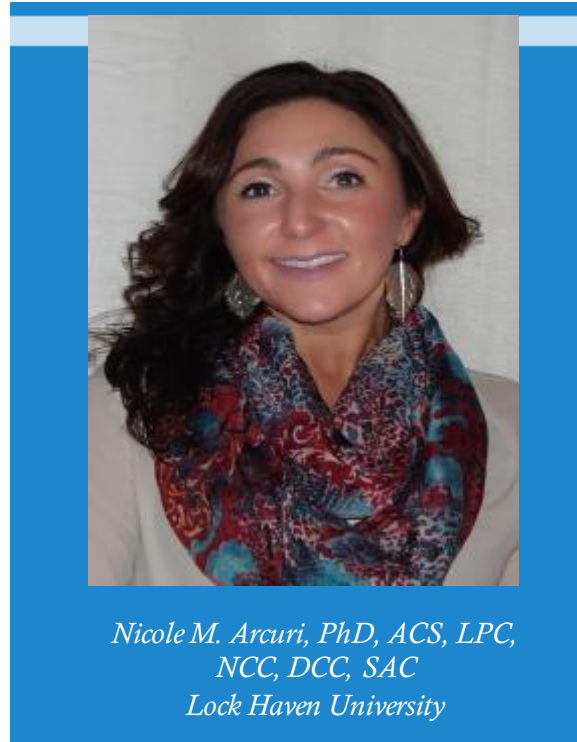
Namaste Intentions within the Counseling Process

By Dr. Nicole M. Arcuri, Ph.D., ACS, LPC, NCC, DCC, SAC

Counselors have the ethical responsibility to establish relationships with their clients which ultimately promote the welfare of their clients (ACA, 2014, A.1.a.). In order to do so, counselors seek to develop a working relationship with clients conducive to facilitating growth and therapeutic change. When a counselor and client are working to formulate an effective therapeutic alliance, an understanding of trust is imperative (ACA, 2014, A.). When clients are referred to or seek counseling voluntarily, clients come to the counselors for a service. As a result, clients may be indirectly perceived as inferior to the counselor since they seek assistance from the counselor; the counselors are perceived as having the power to help their clients. However, in order to effectively help clients, counselors must create a counseling environment of openness in which the client is encouraged to explore feelings in a nonjudgmental setting (Rogers, 1951). To safeguard the well-being of the client while empowering the client, counselors need to truly understand their clients and foster the development of a working alliance. Therefore, counselors need to dissolve the provider and consumer mentality.

In order to cultivate an effective therapeutic alliance, three core conditions are required: (a) unconditional positive regard, (b) empathetic understanding, and (c) congruence (Rogers, 1951). The counselor must present as being authentic, have the ability to understand what the client is feeling from the client's perspective in the here and now without judging the client. The counselor accepts the client for who they are and values them as a human being of worth (Rogers, 1951). The counselor tries to develop a counseling relationship grounded on respect.

The counselor-client relationship resembles the common yoga intention, *the light in me honors the light in you*, which is understood when yogis say the word, namaste (Menen, 2011). The word namaste derived from the sanskrit language; nama means bow, as means I, and te means you. Therefore, namaste literally means *bow me you* or *I bow to you* (Menen, 2011). Namaste, pronounced 'na-ma-stay', is typically said with the hands pressed together and held near the heart's center with the head bowed.



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The gesture namaste represents the belief that there is a divine spark within each of us that is located in the heart's center (Menen, 2011). Namaste welcomes two people to connect despite their differences and perceived levels superiority and/or inferiority (Menen, 2011). Namaste is a symbolism of acceptance between the yoga teacher and student; both become on the same level and accept one another for who they are in that very moment as they process the current moment. Roger (1949) asserts counselors who are with the client in each moment without judgment foster client growth which is the critical goal of the counseling process.

Rogers (1951) believed to provide clients with unconditional positive regard affords clients then opportunity to explore thoughts and feelings free of condemnation and offers a relationship of respect and genuine care for the well-being of the other. While counselors present themselves in an authentic manner and assert they are present and free of judgment towards the client, they must be sure to practice self-awareness (ACA, 2014, A.4.b.) and avoid imposing one's own values into the relationship which may do harm (ACA, 2014, A.4.a).

The counselor is simply present in that moment's reality and dissolves any form of judgment from entering the counseling relationship. Simply, the counselor is honoring the client's process which is similar to the practice of namaste when both the yoga student and teacher take a moment to connect and be present in the same moment.

Ethical professional counselors have the responsibility of establishing a counseling relationship with clients that fosters autonomy, nonmaleficence, beneficence, justice, fidelity, professionalism, and veracity (ACA, 2014, Preamble). Ultimately, the counselor should support their clients in becoming empowered to control the direction of one's own life. The counselor is accountable for helping the client find their good and experience well-being. In order to do so, the counselor should treat the client fairly, be honest with them, avoid actions which cause harm, and honor one's commitment of being trustful.

Thus the counselors are honoring the light within their clients while still being aware of their own self to avoid imposing value or harming their client.

Implications

Remembering the intention of namaste can be helpful when explaining and guiding counselors in training to understand the intention of the counseling process. Not only will the notion of Namaste remind one to be mindful of their own self but to respect one's self and be open to accepting their client from their worldview. The intention is reflective of the moment, the here and now of the session, encouraging the counseling process to be reflective of the client's current needs which need to be met.

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Meet the Editors

Elizabeth Villares, Ph.D. is an associate professor and the doctoral program coordinator in the Department of Counselor Education at Florida Atlantic University. She has been a counselor educator and training school counselors for over a decade. Her areas of specialization include counseling children and adolescents, integrating technology in school counseling program to improve data driven practices, and collaborating with school counselors to develop action and outcome research and program evaluation projects. Dr. Villares has more than a 15 publications and over 40-refereed presentations. Her current research focus includes implementing school counselor-led evidence-based programs to improve the academic achievement and social-emotional development of students in grades K-12.



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Lacretia "Cre" Dye, Ph.D. is an assistant professor in the Department of Counseling and Student Affairs at Western Kentucky University. As a Licensed Professional Clinical Counselor and a National Certified Counselor, Dr. Dye has served her local, regional and national community with Heart, Mind and Body Wellness for over 15 years. She regularly gives workshops with parents, teachers, students and community professionals in the areas of ancestral healing, shamanic healing, yoga & drumming therapy, trauma releasing activities in counseling, urban school counseling and professional self-care. She has published and presented at national and international conferences on these topics. Dr. Dye is a Certified Yoga Calm Instructor & Trainer, Adult Yoga Instructor (RYT-200) and a licensed Professional School Counselor. She is currently conducting research on mindful yoga and graduate student well-being.



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Clinical Mental Health Interest Network

Connect & Join the Conversation

The SACESClinical Mental Health Interest Network seeks to bring together members to discuss topics and concerns relative to our work in mental health counseling education, supervision and practice. For more information please contact:

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