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Immigration can bring loss
and uncertainty

Daniel Gutierrez explores the
space between science and
spirituality



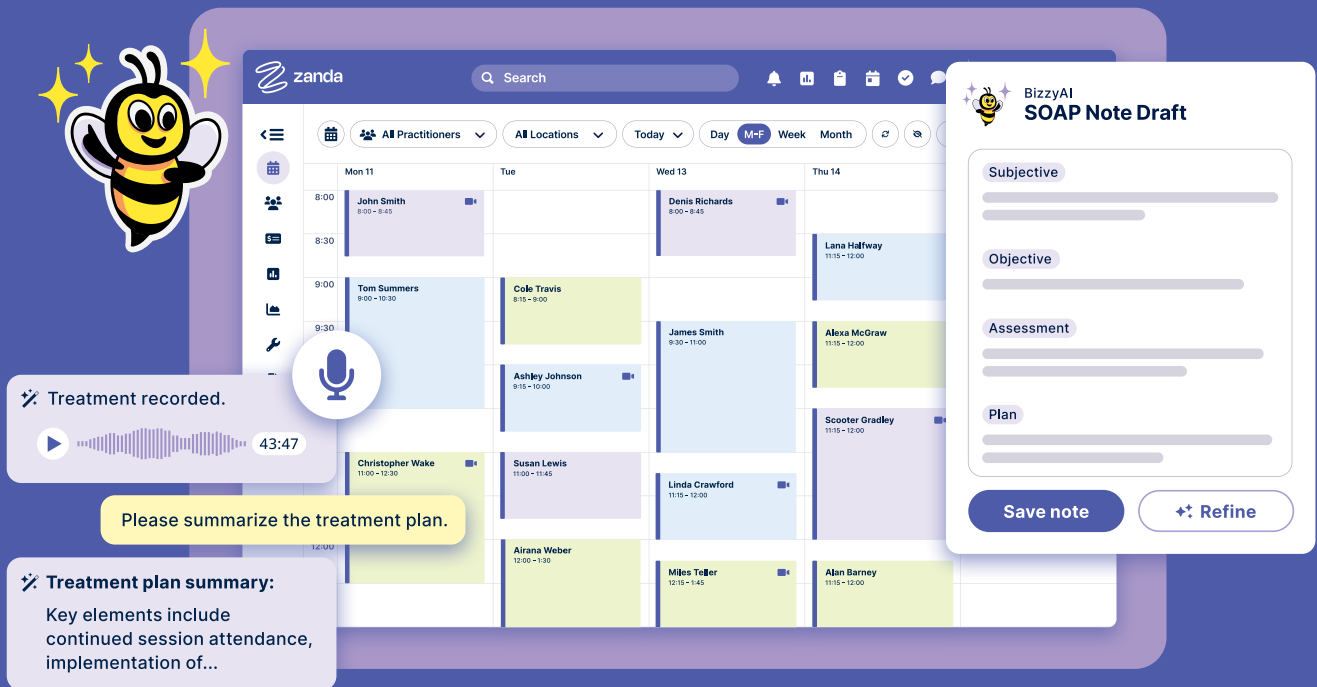
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Big Questions

By Caren Clark



Caren Clark

SOME OF LIFE'S BIGGEST QUESTIONS emerge during major transitions. What does it mean to let go of a relationship or a way of life? And how do we maintain a sense of belonging when everything has changed? This issue explores these universal themes through the lens of counseling.

While some marriages end peacefully, other divorces are marked by litigation, family crises or coercive behavior. Our cover story, “Counseling Through High-Conflict Divorce,” on p. 24 focuses on the unique challenges combative splits present for professional counselors.

The end of a familiar life can also raise profound questions about identity and belonging. For immigrant clients, leaving behind a country, community or career can bring uncertainty, fear and grief. In “Borders and Belonging” on p. 34, we explore culturally responsive and trauma-informed techniques to help counselors thoughtfully approach the therapeutic relationship.

In “The Search for Meaning” on p. 30, you’ll meet Daniel Gutierrez, PhD, LPC, CSAC, professor of counseling and special education at Virginia Commonwealth University and recipient of the ACA Fellows Award in 2025. His work explores the space between science and spirituality and asks “big questions” about how people make sense of their lives.

Plus, as Americans honor the service and sacrifice of veterans in November, we look at how counselors can support a successful transition from military service to civilian life (p. 10), and Madhuri Govindu, LPC, NCC, offers practical approaches to help veterans reclaim their lives (p. 12). ■

Caren Clark is the editor-in-chief of *Counseling Today*. Contact her at cclark@counseling.org.

Supporting Clients Through Emotional Fatigue in the Digital Age

The stressful aspects of modern digital life can prevent people from fully relaxing. In a recent *Counseling Today* Member Blog post, Meg Magnusson, LPC, discusses how counselors can help clients combat emotional fatigue by addressing distress and self-monitoring. Check it out at bit.ly/ctdigitalage.

We want to hear from you. As members of ACA, you are the voice and driving force behind *Counseling Today*. Please email ct@counseling.org to share story ideas and feedback or visit bit.ly/counselingtodaysubmissions to learn about submitting an article.

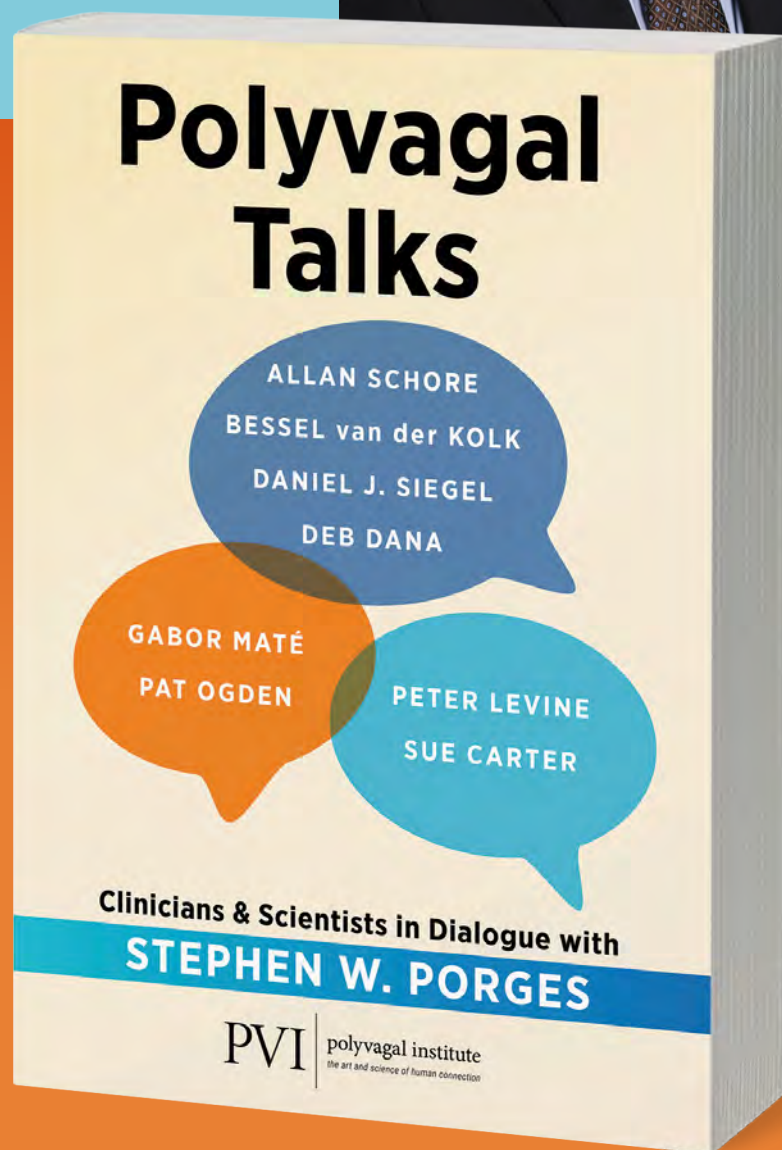
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Stephen Porges talks with Gabor Maté, Dan Siegel, Bessel van der Kolk, and other experts about **POLYVAGAL THEORY**



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Counselor or Therapist: What's in a Name?

The language professional counselors use to describe themselves matters.

By Brian D. Banks

SEVERAL MONTHS AGO, I met with counselor educators, practicing clinicians, retirees and regulators. When the topic of professional identity came up, I noticed a recurring theme:

While counseling professionals know their scope of work, public understanding of the profession often lags behind.

This confusion can occur because people from a variety of mental and behavioral health fields use general terms such as “therapist” or “psychotherapist” to describe who they are. At the same time, many counseling professionals refer to themselves as either “counselor” or “therapist” — or use both terms.



Brian D. Banks

Building a Professional Identity

According to a 2022 report from the U.S. Governmental Accountability Office, professional counselors are the second largest group in the behavioral health workforce after licensed clinical social workers. They help people gain personal insights, develop strategies and come up with real-life solutions to the problems and challenges they face in every area of life.

ACA has long been working to strengthen the identity of professional counselors.

A professional counselor typically has the following expertise:

- Has earned a master's or doctoral-level degree from an accredited institution
- Has met formal credentialing or state licensure requirements, which may include passing a national counseling examination and completing 2,000 to 4,000 hours of supervised clinical training
- Follows evidence-based practices to develop treatment and care plans
- Upholds ethical standards, such as the *ACA Code of Ethics*

ACA has long been working to strengthen the identity of professional counselors. For example, between 2005 and 2013, ACA co-sponsored regular meetings with representatives from 31 counseling organizations to forge a vision for the profession's future, an initiative known as 20/20: A Vision for the Future of Counseling.

Today, similar efforts continue. ACA is working with CACREP and the National Board for Certified Counselors to align our language around professional identity. Our goal is to highlight the importance of the counseling profession among practitioners, licensure boards and policymakers. This effort is important because in professional counseling, language is not just branding. It signals identity, training, scope of practice, accountability and public understanding.

The Power of Language

It matters when professional counselors identify as “counselors.” Leading with other terms can blur the professional identity of counseling

by folding the field into broader categories that are used across multiple disciplines. Consistently leading with “counselor” has the following advantages:

- **Strong growth of the profession:** A unified title helps recruit new trainees who want to join the counseling profession as distinct from adjacent disciplines. It improves professional cohesion and reinforces shared standards.
- **Scalable advocacy and legislative engagement:** Policymakers are more likely to support programs when the profession has a clear, consistent name. When counseling is labeled clearly, advocacy can more effectively address licensing, scope of practice, parity, reimbursement policies, workforce development, mental health initiatives, programming improvements for addictions and more.
- **Better access to funding and resources:** Funding streams often depend on recognizable categories, workforce designations and approved provider types. A counselor-focused identity improves how counselors are categorized in grant language, contracts and public health planning. It strengthens the profession’s ability to negotiate for equitable reimbursement structures rather than being perpetually forced into mismatched labels.
- **Improved public understanding:** Clients benefit when the term “counselor” reliably signals counseling expertise and counseling credentials. Consistent language can clarify who provides services and what those services include.

Challenges

Leading with counselor-focused language does present some challenges. First, counselors may encounter problems with insurance reimbursement. Unfortunately, there is no reimbursement category labeled as “counseling,” so counselors often need to identify as “therapists” to process

A counselor-focused identity improves how counselors are categorized in grant language, contracts and public health planning.

claims. While such administrative barriers might require counselors to adapt their language, they can still use “counselor” to help promote a professional identity in other areas.

Next, some modalities are well-known as “therapies,” such as play therapy or marriage and family therapy. In such cases, counselors might wish to focus on both their identity as a professional counselor and their area of expertise. For example, someone might describe themselves as a professional counselor who specializes in play therapy.

In addition, some counselors may describe themselves as “therapists” because they believe that term is more immediately recognizable to the public. That perception speaks to a larger opportunity to build public understanding of counselors’ training, expertise and professional identity.

Continuing the Conversation

What about you? Do you call yourself a counselor, a therapist or something else? I’d love to hear what term you prefer and why. This conversation doesn’t end here. If you have thoughts about how ACA can help counselors strengthen their professional identity, I’d like to hear from you. ■

Brian D. Banks is the CEO of ACA. Contact him at ceo@counseling.org.

Counselors Belong at the Table

Effective advocacy means bringing counselors' expertise to decision-makers.

By Victoria Kress, PhD, LPCC-S, NCC



Victoria Kress

COUNSELORS ARE passionate about change. We see how injustice, inadequate resources and harmful policies affect people in real time. We know what happens when a family cannot access care, when a child is excluded from decisions about their own life, when insurance practices interrupt treatment or when counselors cannot sustain their practices because reimbursement does not reflect the value of their work.

We care deeply, and we have a great deal to say. Increasingly, however, many of those conversations happen on social media. Posting can educate others, build community and bring attention to an issue. It can help people feel less alone. But if our advocacy begins and ends with people who already follow us and largely agree with us, it rarely reaches the individuals who write laws, establish regulations and make funding decisions.

Our passion has to travel farther. We need to take it off social media and bring it to legislators and other decision-makers.

Counselors already practice what I think of as “small-A” advocacy every day. We help clients locate resources, collaborate with schools, challenge harmful assumptions and help people understand their rights. These actions matter and can change the direction of a person's life.

But the patterns we witness in individual lives also call us toward “Big-A” Advocacy: changing the policies, systems and practices that repeatedly create barriers. This may mean speaking with a legislator, participating in a state counseling association, responding to a proposed rule, meeting with an insurer, testifying before a board or helping the public understand who counselors are and what we contribute.

Client advocacy and professional advocacy are intertwined. If we want to advance social justice and expand access to care, the counseling profession must be strong. Counselors must be able to practice our craft, support our families and remain in the communities that need us. Advocating for fair reimbursement, a clear professional identity and sound public policy is also advocacy for clients.

Legislative advocacy can feel intimidating. We may picture advocates as polished speakers or political experts who always know exactly what to say. Many counselors worry that they do not understand the legislative process well enough. Others fear that advocacy is inherently partisan. Some wait until they feel completely prepared before speaking. Unfortunately, perfect confidence rarely arrives before action.

The good news is counselors already have many of the skills effective advocacy requires. We listen carefully. We build relationships. We understand context and resist reducing complex people or problems to simple labels. We ask thoughtful questions and translate complicated information into language others can understand. We know how to combine head and heart — to bring evidence while never losing sight of the human beings represented by the data.

Advocacy is not synonymous with partisanship. It is helping decision-makers understand how their choices affect clients, counselors and communities. Policymakers cannot fully understand the consequences of mental health legislation, insurance rules, school policies or funding decisions if the counselors who experience those consequences remain absent from the conversation.

A social media post may express our position, but lasting advocacy is relational. It involves learning who represents us, understanding what they care about and communicating before an

urgent vote is underway. It means following up, offering ourselves as resources and returning to the conversation. One respectful relationship with a policymaker may ultimately accomplish more than a post shared hundreds of times among people who already agree.

You do not need to begin with a national campaign. Start with the injustice or unmet need you cannot stop thinking about. Learn who has the authority to influence it. Sign up for ACA legislative alerts. Connect with your ACA branch or another professional community already engaged in the work. Pair the stories you have witnessed – while carefully protecting confidentiality – with credible evidence. Make one call, write one message, attend one meeting or invite one colleague to join you.

Counselor educators and supervisors also have a responsibility to help emerging counselors develop these skills. Advocacy is not an optional addition to counselor identity. Students can analyze legislation, participate in a Hill Day event and practice explaining the counseling perspective to decision-makers. They should leave our programs prepared not only to sit with a client in pain but also to navigate complex systems and advocate for a more just society.

Leadership is not limited to people with titles, and advocacy is not reserved for experts. Both begin when someone cares enough to act. We cannot allow fear of failure, rejection or imperfection to silence contributions our communities need.

As part of my presidential initiative on legislative advocacy, and building off the important work of Past Presidents Christine Suniti Bhat and M. Elsa Soto Leggett, ACA will soon launch a Legislative Advocacy certificate program designed to give counselors the knowledge, practical skills and confidence to take their passion directly to policymakers.

Counselors belong at the table. Our clients, our communities and our profession need more than our passion. They need us to carry that passion into the rooms where decisions are made. ■

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Access for All

Ali Haidar is seeking to make the counseling profession more accommodating for people with disabilities.

THERE IS A LACK OF RESEARCH

on the intersection of disability and mental illness, according to Ali Haidar, LLPC. “People with disabilities don’t seek out mental healthcare as often as people without them. When people with disabilities seek out care, they are less successful in getting it properly treated because counselors don’t always take how disabilities can affect clients’ lives into consideration,” he says.

Haidar, who has spastic cerebral palsy, wants to ensure the profession better accommodates counseling professionals with disabilities so clients with disabilities can get the care they need. Their mental health struggles often go undertreated, if they get treated at all.

Struggles and Success

Haidar, who has limited use of his limbs, uses a wheelchair and requires assistance to care for himself. While he had access to accommodations in school, he has struggled to find a job after becoming a limited licensed professional counselor.

“Like many people, landing a job has been challenging for me. However, unlike the general public and like many people with disabilities who have the ability, qualifications

and potential, there are a lot of barriers in place, but it hasn’t discouraged me,” he says.

With plans to pursue a PhD, he recently submitted his first article to the *Rehabilitation Counseling Bulletin* journal. The article is about adapting disability-affirmative counseling techniques from Rhoda Olkin, PhD.

Haidar hopes the article will encourage counselors to recognize disability as a unique identity.

Importance of Representation

“Disabled people and the disabled identity are often lumped under the broad banner of multiculturalism

and minority identity. But disabled people need their own space. It can be combined with any identity, but disability shouldn’t necessarily be lumped in with all the others,” he says.

Clients with disabilities often face unique situations compared to people with marginalized racial, gender or sexual identities. Many barriers prevent people with disabilities from accessing the same care as those without disabilities. Offices might not be wheelchair-accessible, and practices might not offer virtual sessions or necessary accommodations.

“Disabled clients’ needs are not being met,” Haidar says. “They are suffering in silence, and nobody should have to do that. Everyone should have access to mental health treatment ... [in] a disability-affirmative space.”

Looking Toward the Future

Haidar wants to encourage students with disabilities seeking to become counselors to keep going.

“Don’t give up. Continue to be tenacious. You are very much needed,” he says. “The number of clients with disabilities outweighs the capacity of the counseling profession. If you listen to ... the tiny spark in your heart pushing you to accomplish that meaningful and worthwhile goal, you will get it done.”

While Haidar’s dream is to have a career in group counseling for clients with disabilities, he also wants to become a counselor educator and help counselors provide culturally competent care for the disabled community. He knows it’s going to take time, but he is ready.

“Becoming a disability resource counselor doesn’t happen overnight, and becoming a disability-affirmative counselor is an ongoing process, but I hope that one day my legacy will be that the counseling profession is more competent in providing mental health services for people with disabilities than when I started,” he says. ■



CAREER SHOWCASE

Publishing Pathways

THE PUBLISHING PROCESS might seem intimidating, especially for first-time authors, but it has many benefits. Contributing to research, writing an article or publishing a book can help counseling professionals establish their expertise, find new clients and strengthen the profession's evidence base. If getting published seems daunting, an experienced mentor can help.

Mary Olufunmilayo Adekson, PhD, CEO of Faith Diversity Consulting, has edited several books about counseling, including *Beginning Your Counseling Career: Graduate Preparation and Beyond* (Routledge, 2020). She worked as a teacher and administrator for over 50 years at middle and high schools and at universities. During her time in higher education as a counselor educator, she found there were few mentoring strategies available for counseling professionals who wanted to become authors. So after she retired, she made it her goal to help counseling professionals get started in publishing. Adekson shared some insights with *Counseling Today*.

How can counseling professionals find publishing opportunities?

Start by researching how to contribute to journals in your area of expertise. Think of ideas that have not been previously explored. Take advantage of your network, and reach out to colleagues or mentors who are interested in editing counseling books too. Some professors and mentors collaborate with their graduate assistants and students. You can also consider publishing your thesis or dissertation.

What should contributing authors expect during the writing and publishing process?

Contributing authors should expect to showcase their counseling skills, experience and expertise. As an editor, I typically give authors about one

year to finish their chapters, during which time they research and cite articles and books related to their topics. I also provide samples of published chapters to show them how to be successful.

Where do new authors tend to struggle, and how do you help them?

Sometimes they look at their busy schedules and worry they can't finish the enormous job of researching and putting everything on paper correctly. I am their cheerleader when deadlines loom and the work seems insurmountable. I encourage mentees to put one thought on paper at a time. I teach them how to prioritize and use resources like Google Scholar and interlibrary loans.

What lessons have you learned through this work?

It takes more than a degree in English and American literature to guide first-time contributing authors through the publishing process; it also takes a lot of patience. I use my counseling skills to aid them when they have doubts or run into small problems, which has worked well over the years.

Explore Publishing Opportunities with ACA

- *Counseling Today* accepts submissions from counseling professionals who are members of ACA. Learn more about submitting an article at bit.ly/counselingtodaysubmissions.
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IN FOCUS

Next Duty Station: Civilian Life

Professional counselors can support a successful transition from military service to civilian life.

EVERY YEAR on Nov. 11, Americans pause to honor the service, sacrifice and unwavering commitment of those in uniform who protect our country. Veterans Day reminds us to recognize and honor the service and sacrifices these individuals made during their military careers. It should also challenge us to reflect on the support needed during one of the most significant transitions of their lives — moving from military service to civilian life.

For many service members, transitioning to civilian life is one of the most significant changes they will experience. This transition involves more than deciding where they will work or live. It often requires them to rediscover who they are outside the military, establish new routines, adjust to civilian work culture, build new support systems and find a new purpose in life. While many service members successfully navigate this transition,

istock



research shows that receiving support during this time is critical for their well-being in the future. A study by VA Boston Healthcare System and Boston University published in 2026 found that veterans who received transition support for employment, finances and social adjustment were less vulnerable to poor mental health outcomes.

Professional counselors are well-equipped to support service members during this transition period because helping people navigate major life changes is a core part of their education, training and practice. While professional counselors already provide behavioral health services to military service members, veterans and their families, policymakers have an opportunity to expand access to these services, by increasing the number of professional counselors within the Department of Veterans Affairs and by partnering with community-based organizations to improve transition support.

Like the general public, service members and veterans are affected by the nation's behavioral health workforce shortage. They often experience long wait times for appointments, delays in assessment and treatment, and missed opportunities for early intervention. Too often, the window of opportunity to connect someone with care is missed because services are unavailable when they are ready to seek help.

When an opportunity is missed and support is unavailable during this critical transition period, there can be a lasting impact on employment, financial stability, family relationships, community connection and overall well-being. Expanding access to professional counselors can help ensure service members receive timely support and address challenges before they grow into more serious behavioral health concerns.

Expanding access alone is not enough. Ensuring service members have access to professionals that understand military culture,

military life and the unique challenges associated with transitioning to civilian life is essential. Many professional counselors already have extensive experience working with military service members, veterans and their families and understand the unique culture of military life; however, as the need for behavioral health services continues to grow, additional investments are needed to expand and strengthen this workforce.

Policymakers should invest in workforce development opportunities that increase the number of professional counselors trained in military cultural competency so they are prepared to meet the needs of this population. These investments would help ensure more service members have access to culturally responsive, high-quality behavioral healthcare from professionals who understand their experiences and can support them throughout their transition.

Honoring our service members should be more than pausing for a day to reflect on what they have done for our country. We should also honor them by continuing to invest in support, resources and the care they need after their military service ends. ■

Ensuring service members have access to professionals that understand military culture, military life and the unique challenges associated with transitioning to civilian life is essential.

To become involved in ACA's advocacy efforts, contact ACA's Government Affairs and Public Policy team at advocacy@counseling.org.

The Healing Mission

Professional counselors can help veterans reclaim their lives with these practical approaches.

By Madhuri Govindu, LPC, NCC

WHEN WORKING WITH VETERANS, counseling professionals often focus on treating trauma without addressing deeper underlying experiences. Supporting veterans requires being mindful of the unique challenges they face, including moral injury, hyperarousal, identity loss and stigma. By using the right tools and reframing how we talk about recovery, counselors can help veterans reclaim their lives.

Moral Injury

One challenge veterans face is the concept of moral injury, which is not the same as post-traumatic stress disorder (PTSD), though the two often intertwine. PTSD typically stems from a traumatic event in which someone felt helpless or threatened. Moral injury is more about the psychological damage caused

by having to act — or witnessing others act — against deeply held values or beliefs.

As an example, one of my clients served in a combat zone and witnessed events that shook his core. What he felt afterward wasn't just fear or anxiety. It was

guilt — an overwhelming sense of responsibility, as if he could have or should have done something differently. He needed to reconcile his internal moral compass with actions he had either taken or witnessed in the heat of war.

In situations like this, eye movement desensitization and reprocessing (EMDR) can be a powerful tool. EMDR allows clients to process and release traumatic memories while addressing the moral conflict they experience.

The structured nature of EMDR helps veterans process what happened without forcing them to confront everything at once. After several EMDR sessions, this client told me, “I finally feel like I can breathe again.”

Hyperarousal

Another common thread in treating veterans is hyperarousal — that constant state of being on edge. Even in seemingly safe environments, veterans might always scan for threats. They might feel on guard while doing something as mundane as grocery shopping or walking through their neighborhood. In combat zones, hypervigilance is a survival mechanism, but in civilian life it can make everyday activities exhausting.

A combination of cognitive behavioral therapy (CBT) and mindfulness-based interventions can be particularly effective when treating veterans with hyperarousal. CBT helps veterans challenge the automatic thoughts that lead to their hyperarousal. For example, a veteran may enter a crowded space and immediately brace for an attack that logically they know isn't going to happen. CBT allows them to slow down and reframe these thoughts by reminding them they're safe now and their environment isn't a threat.

Incorporating mindfulness techniques on top of CBT can be essential for grounding. Veterans often feel disconnected from their bodies, especially when they're stuck in a heightened state of awareness. Simply focusing on their breathing can be transformative. I often encourage my clients to try deep breathing exercises, such as box breathing, or to do a body scan during sessions. We've also explored physical approaches to mindfulness, such as yoga, to help veterans reconnect with

The structured nature of EMDR helps veterans process what happened without forcing them to confront everything at once.

their bodies and notice how stress shows up in subtle ways.

Over time, clients can add these practices to their daily routines. Another one of my clients, a veteran of 10 years, started practicing mindfulness outside our sessions. Initially skeptical, he gradually became comfortable with the practice. He described how, after months of consistent work, he could walk into a crowded grocery store without feeling like every stranger was a potential enemy. The combination of CBT and mindfulness gave him the tools to navigate his everyday environment more peacefully.

Loss of Identity

Beyond the specific tools I use in counseling veterans, I try to emphasize the distinction between reintegration and recovery. Recovery implies something is broken that needs to be fixed. But for veterans, especially those who've spent years in the military, the issue is often less about "fixing" them and more about helping them reintegrate into civilian life. Many veterans, after leaving the service, lose their sense of identity and purpose. This can lead to feelings of depression, isolation and resentment.

One way to help veterans in this situation is by reframing the conversation. Instead of focusing on what they've lost, we talk about how they can carry their military experience into their new life. Veterans have a wealth of skills, discipline and resilience, but these often go unrecognized in civilian contexts. The challenge is helping them translate these qualities and integrate their experiences into post-service life in a healthy, constructive way.

I recall a veteran who felt utterly lost after leaving the military. He had spent two decades serving his country and, after retirement, was struggling to find a new purpose. We talked about his values and the things that gave him meaning during his time in the service. He realized that mentoring others — whether in the military or civilian life — had always been important to him. Over time, he started volunteering at a local veterans organization,

helping younger veterans navigate their own transitions. The act of giving back became a central part of his reintegration, giving him a renewed sense of purpose.

Mental Health Stigma

Another significant hurdle in working with veterans is the stigma surrounding mental health in the military community. Veterans may come to counseling feeling a sense of shame or weakness for seeking help. In military culture, strength is often equated with emotional stoicism, and vulnerability can be seen as a sign of weakness. For many veterans, admitting they need help feels like betraying that ingrained toughness.

One way to fight stigma is through group counseling or peer support groups. Veterans often feel more comfortable opening up to others with similar experiences. Another way to fight stigma is to normalize the conversation around mental health and validate their experiences. I often talk about how mental health challenges are a natural response to extreme conditions. I'll say something like, "You've been through things most people can't even imagine. It makes sense that you'd be feeling this way."

Veterans deserve to live fulfilling, peaceful lives, and counselors can support them on that journey. Ultimately, the goal is to create a space where veterans feel safe enough to confront their past, grounded enough to engage with their present, and hopeful enough to look toward their future. ■

Madhuri Govindu, LPC, NCC, is a psychotherapist with 15 years of experience in training and development roles at leading corporations. She is passionate about helping veterans heal from PTSD, depression and anxiety using EMDR and mindfulness-based approaches. She is trained in EMDR, certified in mental resilience from Harvard Extension School, certified in neuro-linguistic programming and speaks more than six languages. She is also a TEDx speaker and delivered the talk "Thank You for Your Service Is a Comma, Not a Period." Learn more at madhurigovindu.com/veterans.

RISK MANAGEMENT

Personal Posts, Professional Stakes

A complaint about a counselor's social media activity leads to a state board investigation.

By Jennifer Flynn, CPHRM

A LICENSED professional counselor (LPC) was notified by his state licensing board that a complaint had been filed regarding posts and reposts on his personal social media account involving political topics. The complaint did not involve client care, clinical practice, substance use, fraud or criminal conduct. The board advised the LPC that a formal investigation and hearing would follow.

After receiving the board's notice, the LPC retained an attorney experienced in professional licensing board defense. The attorney successfully requested a delay of the hearing to review the allegations and prepare a response.

The attorney found the LPC had maintained the social media account for approximately eight years and that several factors distinguished the account from his professional practice:

- The account used a personal nickname rather than his professional name.
- The LPC's profession was not identified.
- No clients, client information or employer information appeared in any posts.
- No clients were tagged.
- All activity occurred outside of professional settings.

The attorney also noted that only five re-posts were identified in the complaint, and these consisted of existing news articles and images with minimal original commentary.

While the investigation was pending, the LPC became the target of ongoing complaints from people who disagreed with the content of his posts. Complaints were directed to his employer, licensing authorities and other organizations. The LPC removed the posts identified in the complaint and deleted his social media account. Even after creating a new account under an alias and refraining from political commentary, complaints continued.

In the attorney's response to the board, she argued that an organized online effort was targeting people who publicly expressed support for certain political viewpoints. She further explained that the LPC's employer experienced repeated complaints whenever his information appeared on its website.

The attorney requested the complaint be dismissed based on the following:

- The board lacked authority to discipline personal political activity unrelated to professional practice.
- The posts constituted protected personal expression.



- The account contained no references to the LPC's profession, employer or clients.
- The activity occurred entirely outside a professional context.

Response and Resolution

The board closed its investigation. However, confidentiality laws prevented disclosure of the specific reason for closure. The board explained that investigations may be closed for reasons such as insufficient evidence, unfounded allegations, matters that do not constitute violations even if true, statute-of-limitations issues or nonpublic board actions.

The closure letter did not identify which reason applied in this case. The board also advised that the matter could be reopened if additional information were received.

Although the outcome was favorable, the LPC experienced significant personal and professional stress. Legal expenses exceeded \$4,000.

The case highlights how personal social media activity can generate licensing board complaints even when unrelated to client care and demonstrates the value of license-defense coverage and experienced legal counsel during board investigations.

Key Recommendations

This case reinforces the importance of maintaining professional judgment in social media interactions. Even personal online activity can attract scrutiny, so professional counselors should view their social media activity through a professional lens.

Here are some recommendations to help manage risk:

- Before posting, consider if you'd be comfortable seeing your post presented to a licensing board, employer or attorney or appearing in a newspaper.
- Never post information that could identify a client.
- Assume every post is public, permanent and potentially discoverable.
- Separate personal opinions from professional identity whenever possible.
- Verify health-related information before sharing it online.
- Understand employer social media policies, privacy laws and board regulations.
- Avoid social media activity while providing client care.
- Regularly review privacy settings, and recognize privacy controls do not eliminate risk.
- Seek legal or professional guidance immediately if contacted by a licensing board, employer investigator, professional association or attorney. ■

Jennifer Flynn, CPHRM, is a certified professional in healthcare risk management and risk manager at Healthcare Providers Service Organization (HPSO).

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STATS & FACTS

1 in 3

Americans who have been married had their first marriage end in divorce.

Pew Research Center

66%

of divorced Americans marry again.

Pew Research Center

25%

of divorces occur after 25+ years of marriage.

Pew Research Center

The number of immigrants living in the U.S. declined by more than 1 million in 2025, from 53.3 million people in January to 51.9 million in June.

Pew Research Center

8%

of U.S.-born residents live with at least one immigrant parent.

American Immigration Council

ETHICS

Not Your Typical Office

Home-based counseling presents unique ethical considerations.

By April R. Crable, PhD, LPC

PROFESSIONAL COUNSELORS often find themselves providing services outside of a traditional office, whether through telemental health from home, equine-assisted therapy, mobile crisis services, wilderness therapy or home-based counseling. While each setting presents unique ethical considerations, home-based counseling offers a distinct challenge because it is an invitation into the client's personal space.

Providing counseling in the home offers many benefits. It increases access to services for people with health concerns, severe clinical conditions or transportation challenges. Seeing family interactions, the living environment and available supports can enhance assessment, strengthen rapport, improve treatment planning and contribute to effective counseling outcomes.

With these benefits, however, come unique challenges. Unlike in a counseling office, agency or clinic, counselors do not control the environment when they enter a client's home. In a traditional office, counselors have intentionally created a space that feels safe, professional and comfortable for both themselves and their clients.

Before beginning home-based counseling, counselors should establish safety procedures just as they would in any other clinical setting. Consider the following:

- Identify exit routes and know how to leave quickly if a situation becomes unsafe.

- Discuss safety expectations with clients before services begin, including the importance of having a private, distraction-free space for counseling.
- Assess whether the client is appropriate for home-based counseling before initiating services.
- Share your schedule and location with your agency or designated contact.
- Keep a charged cellphone readily available during all home visits.
- Evaluate your own competence and comfort with providing home-based counseling, recognizing that this setting requires additional clinical judgment and preparation (*ACA Code of Ethics*, Standard C.2.a.).

Home-based counseling also increases the counselor's vulnerability to boundary challenges and ethical gray areas. A client may welcome a counselor into their home with offers of food or drinks. Depending on a counselor's personal values or cultural background, declining these gestures may feel uncomfortable. Clients may also want counselors to meet extended family members, neighbors or friends. According to the *ACA Code of Ethics*, Standard A.6.b., counselors must remain mindful of boundary crossings and the potential for boundary violations.

Because clients are in their own homes, they are often more relaxed and less guarded than they would be in an office. While this can strengthen

rapport, it may also increase the likelihood that counselors become more informal or mirror the client's level of comfort. Maintaining professional boundaries while remaining genuine and culturally responsive requires ongoing self-awareness (Standard C.2.a.).

Another common situation occurs when parents ask counselors to remain alone with children or adolescents while they step out or leave the home. These situations can place counselors in ethically difficult positions if expectations have not been established beforehand. Counselors should establish clear expectations for the following:

- Who should be present during counseling sessions
- How to handle additional family members or visitors in the home
- Boundaries for accepting food, drinks or gifts (Standard A.10.f.)
- Expectations for parents or caregivers remaining in the home during sessions with children or adolescents
- How to manage interruptions and distractions during the session

Home-based counseling can increase access to mental health services while giving counselors insight into their clients' lives. However, it requires planning and sound clinical judgment. By anticipating safety concerns, establishing clear boundaries and preparing for situations unique to the home environment, counselors can provide quality care while protecting clients and themselves. Although settings may change, the counselor's responsibility to practice ethically, maintain professionalism and promote client welfare remains the same. ■

April R. Crable, PhD, LPC, is a professor and director of clinical training in counseling at Liberty University, the cofounder of ClinIVRSE and a member of the ACA Ethics Committee. Contact her at april.crabble@gmail.com.

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The Safety Paradox

For clients, creating a sense of self-protection can come at a cost.

By Krissy Treviranus, PhD, LMHC, LPC



Krissy Treviranus

“YOU DON’T ATTRACT their attention ... because the longer they look at you, the longer they have to figure out that you’re not one of them,” said one participant in my Constructivist

Grounded Theory research with 13 transgender and gender diverse (TGD) adults.

Imagine how it would feel to be discriminated against and constantly told, directly and indirectly, that who you are is not OK. TGD individuals experience this pervasive dehumanization daily from an early age. Participants spoke about “curating a safety bubble,”

in which they intentionally surround themselves with supportive, understanding people in predictable environments.

Always on Alert

Outside of the safety bubble, TGD adults evaluate safety continuously and automatically, often feeling a “looming sense of fear and anticipation of the unknown.” Every interaction carries uncertainty, which is compounded for those with intersecting identities that don’t fit societal expectations and norms. Public spaces can feel inherently threatening for TGD individuals. With more at stake, work can be even more fraught.

While the safety bubble can momentarily ease vigilance, it also creates a safety paradox in which the measures that increase safety can shrink someone’s world.

TGD individuals constantly weigh how to speak, dress and present themselves or whether and how much to conceal their identity. This exhausting ongoing process involves hyper-awareness and careful attention to how others are perceiving them, judging them and thinking about them. They don’t just assess whether they feel safe. They wonder “How do they see me, and what might they do because of it?”

Participants described being surprised by their tendency to generalize others to gauge threats, yet felt unsure how to stay safe without doing so. Essentially, these processes of continually assessing others are adaptive strategies in response to repeated experiences of dehumanization, discrimination and stigma.

Safety becomes less about the physical environment and more about an ongoing relational and psychological process. Counselors often ask whether a space is safe. My research taught me safety isn’t a place but a process. How might counseling approaches unintentionally overlook the ongoing hypervigilance TGD individuals experience, and how could we adapt?

The Safety Bubble

When someone must evaluate safety moment by moment, they may respond by carefully curating environments where vigilance can briefly soften. TGD adults from this study surrounded themselves with affirming individuals in predictable spaces to feel safe and adapt to potential threats. However, even within this bubble, TGD individuals experience anticipatory anxiety as they consider the unknown and unexpected interactions that

may occur. While this safe space is essential, over time, participants revealed that the very strategy designed to increase safety could also limit their world. If a client's world has narrowed in the service of safety, how might we collaboratively and ethically explore when, and whether, they feel safe enough to widen it?

While the safety bubble can momentarily ease vigilance, it also creates a safety paradox in which the measures that increase safety can shrink someone's world. For example, some participants' safety bubble consisted of their roommate and a few coworkers, limiting opportunities for authentic self-expression. Remaining within this safety bubble may also perpetuate the misunderstanding and "othering" that TGD individuals face daily.

From a relational-cultural perspective, this tension is significant. Humans are wired for connection. When safety requires hiding parts of ourselves, meaningful connection becomes more difficult to attain, leading to isolation. Protection and self-preservation may come at the expense of limited social engagement, intimacy and authenticity.

Clinical Implications

Counselors can help TGD clients balance safety and authentic self-expression. We are uniquely positioned to respond to TGD clients' experiences of chronic vigilance in ways that are validating, nuanced and empowering. Clinically, we can help clients differentiate what they can control, such as whom they bring into their safety bubble and whom they interact with, from what they cannot control, including legislation, media narratives and other people's thoughts and reactions.

We can gently explore how TGD clients interpret ambiguous social cues, not to challenge their reality, but to help calibrate threat detection and support flexible,

context-sensitive thinking. Growth may involve slowly and intentionally expanding the safety bubble by identifying safe people and spaces, fostering affirming relationships, and supporting agency-driven, not forced, exposure to new contexts.

Finally, this work invites ongoing professional self-reflection. We might ask how we unintentionally pathologize a client's vigilance rather than recognizing it as adaptive. Or we might consider how to help clients expand their sense of safety while honoring their need for protection and control.

What if, instead of asking whether our offices are safe, we asked how our clients assess safety the moment they walk through the door? While we cannot immediately change legislation or the broader sociopolitical climate, we can shape the relational experiences that unfold in counseling spaces. In doing so, we help clients navigate the tension between protection and authenticity, supporting them in building lives that are safer and more fully their own.

Krissy Treviranus, PhD, LMHC, LPC, is a queer-affirming counselor educator, clinical supervisor and licensed mental health counselor whose work centers LGBTQ+ individuals in clinical practice, supervision and counselor training. They are an assistant professor at Adams State University in Colorado and maintain a private practice supporting teens and adults. Their scholarship explores transgender safety, inclusive care and creative approaches to counselor education. Treviranus has presented nationally and internationally on supervision, group work and affirming clinical practice.

Words of Wisdom

**ACA asked our social media followers:
What quote or saying do you turn to
during tough times?**

iStock



"Healing does not start with fixing what is broken. It starts with understanding what was never broken to begin with."

—Dale DeGrange Jr. (LinkedIn)

"We can't always choose the quest, but we can choose how we build our character."

—Dr. Josh L. (LinkedIn)

"If you keep moving forward, eventually the scenery will change."

—Vasanth Munoz (LinkedIn)

"You're doing the best that you can with the information you have right now."

—Abigail Van Patten-Freeman (LinkedIn)

"Every day may not be good, but there's something good in every day."

—Rosina Mete (LinkedIn)

"Life is that which must be overcome again and again."

—boostanipoor (Instagram)

"You are stronger than you know. Believe it!"

—genesisce_drmike (Instagram)

"This too shall pass. It may pass like a kidney stone, but it will pass."

—Amy Brickler (Facebook)

"This chapter is shaping me, not defining me."

—Hoda Hassan (Facebook)

"I didn't come this far just to come this far."

—Cara O'Neill-McEntire (Facebook)

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IN BRIEF

What Anonymous Online Communities Reveal About Suicidal Distress

Many people experiencing suicidal thoughts do not disclose them in formal mental health settings, instead turning to anonymous online communities for connection and support. Jessica Meléndez Tyler, PhD, of Vanderbilt University, and Lindsay A. Lundeen, PhD, of the University of Arkansas, analyzed 50 Reddit posts expressing suicidality and 62 peer responses to better understand these interactions. The researchers found that posts often reflected profound loneliness, isolation, psychological pain and emotional exhaustion, while responses frequently offered affirmations of care and presence, expressions of solidarity and recognition of systemic contributors to distress. The findings suggest that relational processes, in addition to emotional support, are an important feature of digital help-seeking. The authors encourage counselors to consider how clients may use digital communities as accessible sources of connection and support, whether or not they are engaged in formal mental healthcare.

READ "Reddit as a relational ecosystem: Understanding ambivalence, anonymous suicide disclosures, and peer responses" at doi.org/10.1002/jcad.70042.

Racism's Hidden Toll in the Workplace

Despite decades of anti-discrimination policies, many Black workers continue to encounter racism as a routine part of their professional lives. In a qualitative study, Michael Gordon, a doctoral student at Boston College, and colleagues interviewed Black adults about their workplace experiences. Participants described racism as an "open secret" embedded in workplace culture, leadership structures and daily interactions. They reported feeling undermined, stereotyped, tokenized and excluded, with a high emotional toll on their mental health and well-being. The study also highlights strategies people use to resist and cope with workplace racism, including seeking supportive mentors, building community and finding purpose in their work. Informed by critical race theory and racial trauma, the work aims to elevate the voices of Black workers and underscores the need for culturally responsive counseling and sustained structural and policy reforms to address the profound personal and professional impacts of racism in the workplace.

READ "Racism at work: A critical qualitative investigation" at doi.org/10.1002/cdq.70024.

Building Belonging in Counselor Education

In addition to providing quality training, counselor education programs should meet students' emotional and social needs to foster wellness, prevent attrition and strengthen the counseling and counselor education workforce pipeline. A sense of belonging can play a critical role in student success, wellness and persistence in graduate education. Drawing on the concept



of "beloved community," Ellise Nolan, PhD, of Bowling Green State

University, and Madeline Clark, PhD, of the University of Nevada, Las Vegas, present a framework for fostering connection and inclusion in counselor education programs. The authors review evidence showing that supportive relationships with faculty and peers are among the strongest predictors of student well-being and degree completion, particularly for students from historically marginalized backgrounds. They offer practical strategies for cultivating community through advising, orientation, mentoring, classroom practices and program culture.

READ "A pedagogy of belonging: Strategies and practices for building beloved community in counselor education" at doi.org/10.1002/johc.70044.

Culturally Responsive Counseling Amid a Changing DEI Landscape

SCHOOL COUNSELORS and educators have faced challenges as new laws alter the diversity, equity and inclusion (DEI) landscape in K-12 schools. A recent article offers guidelines for supporting the well-being of racially diverse students while navigating new rules. Isaac Burt, PhD, NCC, associate professor at Johns Hopkins University, discussed the article with *Counseling Today*.

What prompted you and your co-author to write this article?

We wrote this article to provide school counselors methods to uphold ethical practice amid the recent uptick in politically charged and questionable policies endorsed by states. The paper reflects our experiences as school and clinical mental health counselors and how we navigated problematic policies that disproportionately impacted students of color.

Historically, schools and other institutions have enacted dubious policies that unfortunately tend to affect students of color more adversely academically and behaviorally. While these outcomes are not linked to these students' actual intellectual or behavioral capacity/capability, and are more a reflection of society, teachers and other adults tend to blame students. With consistent exposure to this unfair blame,



a self-fulfilling prophecy can begin, where some students begin to believe and act in accordance with the prejudiced misconceptions.

What is the main takeaway?

Counselors should still be culturally responsive and remain open to new ways to help their clients despite questionable and politically charged directives and regulations. Laws that emanate from racist and discriminatory origins are meant to frighten society (including practitioners) into compliance even if these rules are unethical, biased or prejudiced. It is counselors' responsibility to be socially just practitioners and assist clients to their utmost ability. That said, school counselors still need to

garner an income and do not want to lose their job by violating laws. This article provides school counselors with strategies that are specific, but general enough, for adaptation to a myriad of institutional environments.

How might this work help counselors?

This work can help counselors navigate situations and ameliorate them before they become problematic. The idea is to be proactive and (as much as possible) predict negative reactions to school interventions based on past school history, student and parent demographics, school administration, and state or federal laws. It is impossible to accurately predict every situation, and it can be burdensome to manage these potentially volatile environments, but unfortunately, this is the current occupational atmosphere for some school counselors. This work can provide best practices to assist with day-to-day functions and tasks.

What additional research do you recommend?

For the future, it may be helpful for counselors to delve into policy research to provide evidence for the work we do. While it is outside of what we normally perform, in today's society, research that impacts policies is critically important. ■

READ "Remaining culturally responsive despite discriminatory policies impacting schools: Guidelines for school counselors" at doi.org/10.1002/jmcd.70025.





Counseling Through High-Conflict Divorce

Professional counselors can support clients in contentious splits without becoming part of the conflict.

By Dara Chadwick

SOME MARRIAGES END PEACEFULLY, with shared recognition that partners have grown apart. In others, betrayal, infidelity or complex family issues may shift an “ordinary” divorce into a high-conflict one. Working with couples in high-conflict divorce can present unique challenges for counselors.

No official definition of high-conflict divorce exists, yet it’s something counselors can often sense, says Myra Wilkinson, PhD, LMFT-S, owner and clinical director of Wilkinson Family Therapy and Self-Care with Myra, core faculty in the counseling program at Grand Canyon University and president of the International Association of Marriage and Family Counselors.

“You can feel the tension in the air,” Wilkinson says. “If one says the sky is blue, the other says the sky is pink simply because they are unwilling or unable to reach resolution.”

Kristin Little, LMHC, who owns a private practice in Seattle, sees high-conflict divorce as one in which individuals are unable to take in new information. “They’re not focused on problem-solving,” she says. “They may be unable to contain their anger at their spouse. Lower-conflict partners may have similar high emotions, but they’re able to orient toward problem-solving.”

Little is trained in collaborative divorce coaching. “In therapy, clinicians help clients process their emotions with more range,” she says. “In coaching, there’s more containment. We help clients create boundaries around emotions and not bring them into the conversation.”



Michael S. Jones, LPC-S, NCC, BC-TMH, owner of Renewed Vision Counseling Services in Searcy, Arkansas, and professor of counseling at the University of the Cumberlands, says he looks at patterns in the couple's relationship. "When you have two people who are exercising bad judgment, especially when children are involved, that's when I'd consider the situation high conflict," he says. "Elevated anxiety, planned retaliation, poor social media behavior and acting out of character to prove something to the other person are all evidence of high-conflict patterns."

Children and money are often involved in high-conflict divorces, Jones says. Katie B. Connell, partner at Connell Cummings LLC, a family law practice in Atlanta, agrees. She also notes that divorce stress can exacerbate underlying mental health issues. "Divorcing couples may be going through the worst thing they've ever been through," she says. "I often encourage clients to see a counselor."

Managing the Emotional Toll

Whether clients have been together for a year or 20 years, they're grieving a life they thought they were going to have, Wilkinson says. Grief, depression, anger and denial are common. "It's OK to feel those feelings and express them," she says. "The concern is when these feelings interrupt normal routines and activities."

Wilkinson encourages clients to use self-care practices to regulate emotions, stay present for their children and rebuild their post-divorce lives. "Parents may feel guilty for taking time for themselves, but your kids need to see you healthy," she says. "I use a narrative approach focused on reauthoring their story by having them envision how they want their life to look after divorce."

She also teaches the 5 Bs of Self-Care: Breath, Boundaries, Belonging, Belief and Balance, a framework she created.

"The first thing is always intentional breath," she says. "With that, you can decide the best next step for you in each moment."

While divorce is an emotional process, it's primarily a legal process, according to Little. Clients often need to make decisions when they're not ready to do so. Ideally, feelings such as anger, sadness and longing become integrated over time, she says.

The Counselor's Role

Wilkinson says counseling couples through high-conflict divorce is often about having them ask questions such as "How do we communicate properly?" and "How do we take care of our kids?" Sessions may cover co-parenting, communications, house rules and supporting clients as they transition to new roles and dynamics.

"My job is to be a neutral party," she says. She helps clients understand what counseling is — and isn't — so couples don't enter the counseling relationship with conflicting assumptions about outcomes.

Wilkinson encourages counselors working with couples in high-conflict divorce to stay within their scope of practice. "Our job is not to save anyone," she says. "It's to provide our clients with tools they need to make healthy decisions."

Jones sees counseling's role in high-conflict divorce as helping clients move through rupture as safely and constructively as possible.

"I'm here to guide couples through this conflict," he says. "I'm not here to patch things up or figure out what happened. I'm asking, 'What is the best possible solution to get through this?' If we can teach them to communicate and do no harm to each other, we've done a lot."

Defining the counseling relationship is critical when children are involved, according to Little, a certified child mental health specialist who works as a

divorce child specialist. Be sure clients understand the purpose of the relationship, its confidentiality rules and how information gathered may be used. For example, counselors must discern if they are offering mental health treatment or mediation and coaching as part of a parent's divorce process. Build these distinctions into your intake process or explain them as part of your disclosure, she says.

"Therapy is treatment to help clients cope and develop skills for resilience," she says. "By contrast, the child specialist role is more akin to mediation and coaching. In this role, the client is the parents and the family as a whole. You're not doing any treatment, and the confidentiality is different."

Protecting Children

When families with children experience high-conflict divorce, counselors must consider what the children witness, Jones says.

"A central clinical question is 'What are you showing your children about how you care for them and for each other through this process?'" he says. "How do you want your kids to remember this? When children see you're working together toward their betterment, that's a win. They can understand that although this relationship didn't work out, there's still family here."

Little says a divorce child specialist gathers children's input to determine their understanding of the situation, their concerns and questions, and what they may want in the future. The process keeps children out of the divorce as much as possible while giving them a chance to weigh in on what matters to them, she says. "We don't ask children to make any decisions," she says. "This input gives parents goals to align on."

Children need to see that their parents are leaders who will support them, Little says. "Children should not

have to navigate the in-between space," she says. "Divorce may be a family crisis, but parents can still show consistency."

Collaborative divorce work involves uncoupling people, separating them into individuals and bringing them back together as co-parents with new expectations, Little says. "Communication should be predictable and reliable and not disrupted by high emotions," she says. "Co-parenting is an opportunity to redraw boundaries to individuate parenting and households rather than continue with the same routines and dynamics that may trigger conflict."

She encourages counselors who work with children in high-conflict divorce to create procedures that minimize the risk of parental conflict undermining a child's treatment. Co-parent coaching may help, she says.

When communication breaks down, practical tools can help create some distance. Structured apps allow parents to document communication and avoid disputes by making exchanges accessible to courts. Connell says school-to-school exchanges — where one parent drops off and the other picks up — may also help reduce conflict.

When Clients Aren't Safe

Divorce is often stressful and traumatic. Sometimes, behavior patterns present in the marriage can escalate during the process. Coercive control, which can include isolating a partner from family and friends, controlling finances, stalking, violating boundaries, or threatening a partner or children, creates challenges in bringing the marriage to a peaceful resolution.

"Assessment for coercive control is not a one-time step at intake," Wilkinson says. "It is often not present or not visible in early sessions, and it may emerge as the work continues. I stay attentive to it throughout treatment and adjust the treatment plan when it appears."



Coercive control is challenging in divorce, according to Connell. “It’s much harder to identify, to combat and to get people to understand,” she says. “Partners who use coercive control will often use the legal process as another form of abuse and control, including excessive motions and excessive attorneys’ fees.”

Another issue Connell sees is that the more capable parent is often asked to make adjustments because the other parent can’t or won’t. “This feels profoundly unfair,” she says. “A person may be trying to recover from that dynamic while at the same time having to negotiate and fight for themselves.”

Jones says abuse changes everything about the counseling approach. “When there is a pattern of abuse toward a child or parent, we’re not doing counseling at that point,” he says. The best and safest course of action may be to refer out to another professional or other resource with expertise in serving individuals in high-conflict or abusive situations.

Navigating Complexity with Support

High-conflict divorces are often complex for counselors. Wilkinson says she consults legal counsel when doing this work. “Before retaining counsel, letters from attorneys could feel frightening,” she says. “Having a practice attorney taught me that not every letter requires a response, and counsel is the one who helps you determine which ones do.”

She also consults the *ACA Code of Ethics* and maintains a network of peers she can consult on ethical questions. “I’ll reach out to these individuals and say, ‘This is what I think I should do ethically. What are your thoughts?’” she says.

Maintaining neutrality is critical. Wilkinson asks clients to describe what happened from their own perspectives. “That language is intentional,” she says. “That’s how we neutralize.”

Yet counselors are human, Jones says. It’s important to guard against taking sides in stories — whether intentionally or not. You may think “I can see why this person said this or did

that.” But, he says, “The safeguard is recognizing that feeling.”

Jones says he may ask another counseling professional to serve as a co-counselor or consultant. “A key question I ask is ‘Am I seeing this correctly?’” he says. “Consultation may reveal something I’ve missed that I can bring back to the couple.”

Jones also sets ground rules with clients about his role. “I tell them I’m not here to take sides,” he says. “I’m here to document what I see and make recommendations. I always write my notes knowing they may be read out in court. I’m careful to keep notes factual, should partners try to use them against one another.”

Working with divorcing couples in high conflict isn’t appropriate for every counselor. Training and experience are critical, Wilkinson says, as is recognizing when a situation may be too much.

“If it’s out of your scope of practice, make a referral,” she says. “If the room is too chaotic and you can’t do your job, it’s OK to refer out. Our priority is to do no harm.”

Jones recommends that newer clinicians consult their supervisor or experienced counselors who work with couples. But even experienced counselors must assess their own emotional and practical capacity to take a high-conflict divorce case. “I may say, ‘I can’t put in the time I need to work with you right now, but I can refer you to someone else,’” he says.

Counselors must also understand the ecosystem of divorce, which may include multiple attorneys and extended timelines. “This can mean more than a six-month engagement. This can be a long-term process,” Jones says.

Little encourages counselors to understand the difference between collaborative and litigated divorce, as well as the roles of involved professionals. “Working with children and families can be challenging, but it’s so rewarding,” she says. ■

Ethical Considerations

In high-conflict or abusive situations, counseling may be contraindicated or may increase potential for abuse or harm. According to the *ACA Code of Ethics*, Standard A.11.c., a client may be referred out when it is reasonably apparent that the client is not likely to benefit or is being harmed by continued counseling, with the referring counselor providing pretermination counseling and referral to other service providers. Standards C.2.a. and A.11.a. speak to the responsibility of counselors to practice within the limits of their competence, and if an abusive situation exceeds their experience and professional competence level, it may be appropriate to refer a person to other resources. If professional advocacy is needed to assist in obtaining those resources, Standards A.7.a. and A.7.b. state that professional advocacy may be employed to assist clients in obtaining resources necessary for their growth and development with prior permission and upholding client rights to privacy, autonomy and confidentiality. Counselors should also be mindful of Standard A.12 and be careful they are not abandoning or neglecting clients in counseling; they should always use an ethical decision-making model and consult with other professionals as they make the ethical decision that most promotes the dignity and welfare of the client (Standard A.1.a.) and avoids the most harm (Standard A.4.a.).

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Caren Clark, Editor-in-Chief

08/26/2026



The Search for **MEANING**

Daniel Gutierrez explores the space between science and spirituality.

By Samantha Cooper

LIKE MANY PROFESSIONAL COUNSELORS, Daniel Gutierrez, PhD, LPC, CSAC, did not grow up planning to enter the profession. As a Puerto Rican who grew up on the mainland U.S., he was raised in a family where education was valued but where financial security and responsibility to others often felt more immediate.

“My father knew education was important, but it was not given the same emphasis as the importance of making money. The goal was to get a job, support the family and get out of poverty. He used to say that you had to hustle to eat,” Gutierrez says.

Though Gutierrez did not originally see himself as a strong student, he was curious about the world and the forces that shaped human life. A psychology teacher at his high school in Orlando, Florida, who gave him books and an opportunity to take an Advanced Placement psychology course, helped Gutierrez picture a future in the field and a way to connect it with his other passion: spirituality.

“Psychology asks how people heal and flourish. Spirituality engages questions such as where the divine is in our pain, what suffering means and how we make sense of our lives. Those big questions are my jam. They are some of my favorite things to think about,” he says.



Left: Receiving the ACA Fellows Award in 2025 from Past President Christine Suniti Bhat (photo by TruLove Studios). Right: Attending the William & Mary graduation in 2022.



Spirituality and Reality

The relationship between science and spirituality in Gutierrez's work was shaped in part by his own experiences as a counseling client. He often encountered approaches that left little room for bigger, more existential questions and felt such approaches neglected his spiritual needs.

"When we focus only on the mechanics of techniques, we can miss the deeper questions people are carrying, like 'What does this suffering mean? Who am I becoming? Where do I find hope, connection or a sense of the sacred?'" he says.

Gutierrez hopes to prove scientifically that addressing clients' spiritual needs would benefit them. "I don't think spirituality and science need to reconcile," he says. "I don't think that they're enemies. They're not the same thing, but they can work together. Science helps us understand things accurately. Spirituality can help us engage with the world more compassionately and more responsibly. Science can help us measure things, but how do you measure things like the quality of someone's love? That's where spirituality can help."

This idea led him to partner with Stephanie Dorais, PhD, LPC, to co-author the book *The Space Between Us: Contemplative Counseling and the Art of Encounter* (forthcoming from ACA at bit.ly/thespacebetweenusbook).

The Art of Encounter

The Space Between Us is designed to help counselors integrate a contemplative approach in their work to address clients' spiritual needs. What makes the book unique, according to Gutierrez, is the proposal of a contemplative counseling approach he calls the art of encounter.

"The art of encounter has two parts: a way of being and a way of doing. The book presents examples of evidence-based practices and how those can be incorporated with ideas like contemplative self-inquiry, meditation and prayer. This allows the counselor and client to build a relationship to the pain and not just extinguish it. Instead, counseling becomes a meditation for two," he says.

Gutierrez says the research and writing process was long and difficult. He and Dorais didn't want to write another textbook. Rather, they wanted

to write a book that was informative, entertaining and accessible while also ensuring they honored the dignity of the clients presented in the case studies.

When writing the book, they also knew they had to appeal to several different, contradictory audiences without reducing their beliefs: skeptical counseling professionals, anti-religion folks who wanted scientific rationale, and anti-science spiritual people.

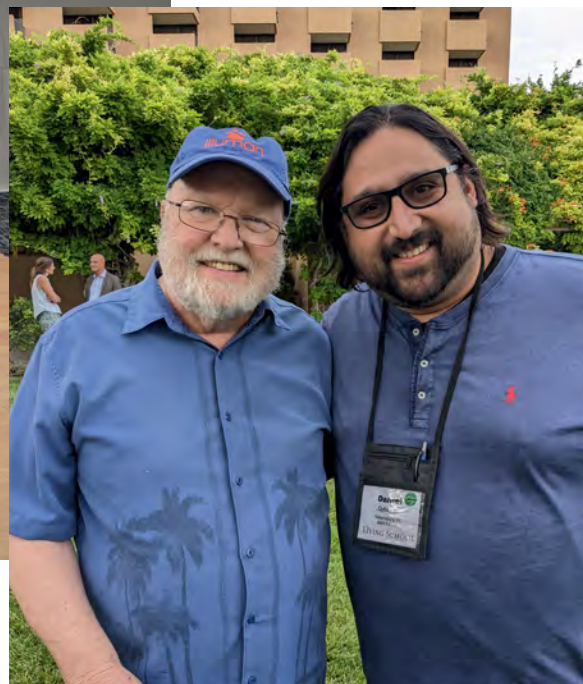
"We didn't want to say you could meditate away your bipolar disorder or that yoga could make it so that you would never feel sad again. It's quite the opposite. The process was complicated. It involved a lot of research and a lot of pulling from our own lives and experiences. There were a lot of readings of spiritual traditions. But once I had all the material, I could write all day. There was joy in the work," Gutierrez says.

Interdisciplinary Education

Gutierrez has also found joy in his work at Virginia Commonwealth University, where he is professor of counseling and special education. He is also the assistant vice provost



Left: Training in Shorinji Ryu Seikukan Karate, doing kobudo. Gutierrez, who has a second-degree black belt in karate, also practices pencak silat and tai chi. Right: Attending the Living School Sending Ceremony in 2023 with Richard Rohr, a Franciscan priest and contemplative teacher whose work has been transformative for Gutierrez.



for the school's convergence lab program. The program unites students, community partners and faculty from different disciplines to find solutions for the world's "wicked problems," which include topics such as climate change, artificial intelligence and mental health, he explains.

Gutierrez helps lead the initiative's mental health-related focuses. He recently worked with counselor educator Patrick Mullen, PhD, on programs to address mental health issues in schools. Neurosurgeons, neuroscientists, public school officials and others brainstormed ideas on how to educate and train the next generation of counseling professionals.

These interdisciplinary conversations are essential because Gutierrez believes mental health cannot be separated from peoples' lived experience and social conditions.

Beyond the Classroom

As an educator, Gutierrez encourages his students to learn from, work with and live within the communities they serve to build lasting relationships.

"Science can help us measure things, but how do you measure things like the quality of someone's love? That's where spirituality can help."

He believes this will help his students better understand the issues their clients face.

He also hopes he can get his students to recognize textbooks' limitations when it comes to helping people. "There is no individual well-being without community well-being. We, as counselors, have to think larger. We need to have this awareness about the bigger picture and work alongside these folks so that our science can start showing that," he says.

Gutierrez has received several awards for his work and research, including the ACA Fellows Award in 2025 and the lifetime service award from the Association for Spiritual, Ethical and Religious Values in Counseling in 2024. He was also chair of ACA's human rights committee from 2019 to 2021.

He currently has a private practice and works as a contemplative training guide at the Living School, which offers education in the Christian contemplative traditions of Richard Rohr. He is still seeking answers to life's many questions and helping people who need it.

When he started his journey, Gutierrez never thought he would actually make his living as a counseling professional, so he is grateful for the opportunity. "When I started counseling, I had imposter syndrome. I thought I was too damaged and that I would be bad at it," he says. "But it all worked out even better than I imagined. I never thought I would be in the place I am now. If I were to map it out, it would just be a long road of these cul-de-sacs. I go forward, loop around, go forward again and then loop back around. I'm still on the journey and it's gratifying." ■



Borders and Belonging

The experience of immigration can bring profound loss and persistent uncertainty.

By Lygia Navarro

PROFESSIONAL COUNSELORS sometimes work with clients who face complicated immigration challenges. To best support their immigrant and refugee clients, they may need to learn about the entire immigrant experience — from pre-migration planning through the grief people may feel decades after arrival.

The psychological impacts of moving to a new country often affect people in different ways depending on their age, country of origin and lived experience. For counselors, being prepared to recognize and work with common struggles of immigrants and refugees is key. These can present as trauma from oppression or violence survived during and after migration (as well as in a client's home country), grief from missing family left behind, absence of culture and community, altered professional identity, ambiguous loss, anxiety over anti-immigrant sentiment and deportation threats, and other challenges.

Acculturation, or adapting to a new language and cultural customs, can be endlessly exhausting for many immigrants, especially those raising families that they are trying to ensure stay connected to their home language and culture.

"Acculturation for immigrants can go on for years. It's never a done deal. And the closer you are to having immigrated, the more demanding it is," says Patricia Arredondo, EdD, co-author of the ACA book *Counseling with Immigrants, Refugees and Their Families from Social Justice Perspectives*.

Douglas Valdez, PhD, LMHC, LPC, assistant professor at St. Cloud State University in Minnesota, recommends counselors thoughtfully prepare for their work with immigrants. “It is best to approach this work with a lot of self-reflection and recognize any bias the clinician may be experiencing when listening to the client’s story.”

Dania Fakhro, PhD, NCC, LCMHCA, assistant professor at the University of North Carolina at Charlotte, also urges counselors to be alert to biases in interpreting clients’ experiences. Rather than assuming immigrant clients are manifesting maladaptive or resistant behaviors, they should consider if cultural factors and political oppression are causing distress and fear. An example of this, according to Arredondo, is when exposure to constant messaging about Immigration and Customs Enforcement (ICE) and deportation contributes to hypervigilance.

Leading with Empathy

For counselors working with immigrant clients, empathy can guide both the therapeutic relationship and the techniques they use. “Put yourself in that person’s shoes,” Arredondo says. “You arrived here six months ago or five years ago. What do you imagine your life is like? What would it be like if you never got to see your parents or your siblings again?”

Nicole Silverio, PhD, LPC, LMFT, an assistant professor at the University of South Carolina, points out an ongoing challenge: “We are inundated with negative messaging around immigrants,” she says. “That ends up affecting the way we view people and can really limit our ability to be empathic.”

With this challenge in mind, Silverio recommends normalizing that clients are experiencing a difficult transition amid systemic stressors outside their control. She may point out to them: “It’s not that something’s

wrong with you, but rather that you’re having a very human reaction to a really stressful situation of transition and loss.”

Mariaimeé Gonzalez, PhD, LPC, LMHC, who collaborated with Valdez on the forthcoming ACA book *Conducting Immigration Evaluations and Justice: A Practical Guide for Professional Counselors*, notes that cultural humility training is a powerful tool to prepare for working with immigrants. This type of training helps people open their minds to learning from other cultures and experiences and recognizing that their own worldview or culture is not superior to others.

Gonzalez also recommends liberation psychology, a framework developed in Latin America centered on listening to and empowering marginalized people who have experienced oppression. “We need to recognize that immigration-related stressors are rooted in structural inequalities rather than individual pathology,” she says.

Recognizing Strengths

Counselors can be guided by strength-based perspectives, a technique that helps clients identify and use their own strengths, rather than positioning counseling from a viewpoint of deficits, problems or

Supporting Clients with Deportation Anxiety

Deportation anxiety is when someone fears or worries that they or someone in their social circle might be detained or deported. Recent increases in detainment and removal proceedings of immigrants make these fears more tangible.

Deportation anxiety has implications for Latine mental health. Fear of deportation is associated with increased psychological distress, depression, anxiety and substance use. Families can experience increased conflict, difficult shifts in roles and disengagement from outside services and social commitments. Children may experience anxiety about parental deportation and limit sharing these feelings for fear of burdening their parents.

Here are seven tips for counselors working with the Latine community:

- 1 Examine personal biases:** Question the messages you have received about Latines and Latine immigrants and how they influenced your beliefs.
- 2 Normalize fear responses:** Help clients understand deportation anxiety is a rational response and not a sign of weakness or abnormality.
- 3 Be a resource:** Assist with information about food and medical assistance, legal aid, housing support and immigrant advocacy groups.
- 4 Assess for presence and impact:** Avoid asking about immigration status, but do assess whether someone is fearful of changing policies and immigration activities.
- 5 Communicate legal limitations:** Be transparent about confidentiality and your documentation practices.
- 6 Consider a trauma-informed approach:** Consider that a trauma-informed approach can be attentive to client autonomy, empowerment and choice.
- 7 Reinforce clients’ strengths:** Acknowledge the variety of resources clients are already using to navigate a stressful environment.

Adapted from the *Counseling Today* Member Blog post “Deportation Anxiety in the Latine Community” by Nicole Silverio, PhD, LPC, LMFT, and Daniel Gutierrez, PhD, LPC, CSAC. Read more at bit.ly/deportationanxiety.

“Put yourself in that person’s shoes. You arrived here six months ago or five years ago. What do you imagine your life is like? What would it be like if you never got to see your parents or your siblings again?”

—PATRICIA ARREDONDO, EDD

dysfunction. Silverio says counselors should recognize that immigrants are a resilient population that have been forced to figure out how to navigate new situations and deal with many challenges.

She suggests paraphrasing when a client tells a difficult migration journey story, perhaps saying to them, “I hear that you are someone who’s gone through a lot and has fought tooth and nail for the safety of the people that you love.”

“If we don’t talk with clients about their strengths, highlight them and figure out how those strengths can be leveraged for their new goals in counseling, then we’re missing a huge opportunity to help them with progress toward their goals,” Silverio says.

Valdez also focuses on strength over deficiencies with clients who came from highly skilled professions before they migrated. “Counselors should honor the education and training the clients bring. Work with them in terms of identity and how they can use their skills and those strengths in their new roles and in this country — instead of trying to minimize their experiences. Help them by honoring their strength and resiliency.”

Fakhro recommends counselors encourage highly skilled immigrant clients to seek new outlets for the passion of their former professions, whether through volunteering or resuming their educational journey to work in a related area.

Ambiguous Loss

For some highly skilled immigrants, leaving behind their professional identity can lead to ambiguous loss — grief that arises when something important is absent but the loss lacks a clear sense of closure.

Fakhro is an ambiguous loss researcher who works with refugee clients. Many of them fled their homelands so quickly that they couldn’t bring their degree paperwork. One client, a neurosurgeon in his home country, is now an Uber driver. “It can be very helpful to focus on the ambiguity of these losses; it’s a type of loss that we might never resolve.”

Practicing cultural humility — or at least wanting to learn about clients’ cultures — comes into play with ambiguous loss, which can be misidentified as an adjustment disorder, according to Fakhro. “It’s putting so much on the client in terms of ‘you have to work on yourself,’” she says.

When clients work with counselors experienced in ambiguous loss, they can see that they need support post-immigration because grief comes with loss. Fakhro has seen clients shift their thinking about ambiguous loss, becoming more accepting of themselves, reaching more “aha” moments, stopping feelings of shame and participating more actively in treatment.

Gonzalez urges counselors to recognize the complex dynamic of ambiguous grief. It can arise when parents realize their children don’t speak their grandparents’ language or when people worry how to tell their

children someday about the traumas they faced in their home country or when traveling to their new country.

Collectivism and Family

Many immigrants from the Global South come from collectivist societies, where community is valued over individualism. This perspective can inform counseling techniques. “You’re not just doing one-on-one counseling or family counseling; you’re doing contextual counseling with many microcultures,” Arredondo says. “All of those are ecosystems. As a counselor, you need to recognize all of those systems with which immigrants must interact.”

Valdez recommends counselors from non-collectivist cultures — such as the dominant U.S. culture — recognize that the responsibilities and needs of families may look different from what they’re accustomed to.

With his students, Valdez encourages counselors not to mislabel immigrant families as enmeshed or maladaptive. Many immigrants, including teens and college students, bear intense responsibility for being family breadwinners or sending money back home. “It is a strength. It’s not just one family unit; it’s many family units supporting and uplifting each other — and protecting each other,” he says.

In her research, Silverio has found that constant fear around deportation disrupts family systems. Counselors can delve into different family members’ experiences, paying attention to the uniqueness of kids’ worries, those of their teenage siblings

and those of their parents. Many undocumented parents face anguish over whether to tell children the family could be separated. Kids may already be experiencing trauma responses related to fears about loved ones' immigration status and the threat of ICE detaining or deporting relatives. Their responses may include bedwetting, school difficulties and nightmares.

Counselors can help clients plan for a potential parental deportation, including compiling documents for legal assistance, finances, care and guardianship for children, and family members' medical needs. This strategizing can provide emotional relief to parents amid an overwhelming environment of insecurity and helplessness.

Building Trust and Sharing Resources

Providing immigrant clients links to local social and community services is often an essential part of a counselor's job. Gonzalez encourages counselors to connect immigrant and refugee clients with resources such as food banks, libraries, housing, community nonprofits, LGBTQ+ organizations, disability support programs, local immigration attorneys, sports programs, community elders and medical providers. Gonzalez says this holistic collaborative approach is helpful because it encourages clients to find aid and belonging in their new communities.

Counselors can offer talks on immigrant mental health at places such as hospitals and schools, which will help develop referral networks that benefit clients.

Gonzalez recommends caution, however, urging counselors to vet

community resources for safety. For example, ICE is authorized to enter places that were once off limits for conducting operations, including places of worship, schools and hospitals.

For LGBTQ+ clients who experienced oppression in their home country, connecting with groups of people from their home country or a non-affirming church could be harmful. Valdez encourages sourcing community mutual aid projects, which respond to community needs from the perspective of the community members.

While counselors should not directly ask about clients' immigration status, Silverio says, they can let clients know that they are a safe person. For example, she might raise the topic by saying something like, "Hey, policies have been changing, and there are these things happening. How, if at all, has that been impacting your family?" That way, people can choose whether or not to share.

Arredondo advises counselors to be aware that many immigrant clients will feel distrustful of them as authority figures. "You could certainly say, 'If I were in your shoes, I would feel very anxious, very nervous about what's going on and not knowing with certainty who you can trust,'" she says. "You have to normalize that likelihood that they don't trust the counselor."

Psychoeducation about counselors' roles and responsibilities to immigrant clients can be integrated at the beginning of the counseling relationship. Counselors can include statements on their website that they prioritize client privacy and do not

voluntarily report immigration status to ICE — but avoid guaranteeing confidentiality or overlooking legally required exceptions. While building rapport, counselors can bring this up again verbally in early sessions to reassure clients.

Trauma-Informed Approaches

While not all clients will identify their experiences as trauma, Arredondo says, "You have to know that what you're hearing from the client is a manifestation of trauma and loss, which go hand in hand. Trauma does not end."

Gonzalez recommends counselors practice trauma-informed approaches and use the Multidimensional Ecological Comparative Approach, a culturally responsive model devised for working with immigrants.

But before deciding on treatment modalities, Silverio says counselors can help clients in crisis learn self-regulation skills. "There's no deep processing and meaning-making that a client will make if they're dysregulated, if their body and mind are in a state of emergency," she says.

Valdez's immigrant clients have struggled with physiological reactions, such as panic, headaches, difficulty sleeping and the anxiety of feeling unsafe if they leave their homes. Fakhro has found immigrant and refugee clients respond well to creative means of trauma processing, including through music. Valdez recommends learning from clients what can help them regulate their nervous systems. That may include somatic work, grounding or guided meditation, prayer or fidget toys.

Using these tools can aid clients dealing with trauma response, Valdez says, "so they can externalize some of that anxiety to then be able to process what really is happening." ■

Related Resources

To find immigration resources from ACA, visit bit.ly/ACAimmigrationresources.



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Get excited to help us commemorate ACA's 75th anniversary and be part of shaping the future of our profession.

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PUBLICATIONS

ACA Forms Books Editorial Board

ACA HAS FORMED its inaugural Books Editorial Board, which represents a range of counseling expertise and professional perspectives. The five-member board will work with the ACA Publications Department to ensure the scholarly quality, rigor and relevance of ACA's book publishing program. Board members will review book proposals, contribute subject matter expertise to manuscript reviews, recommend external reviewers when appropriate, identify emerging topics and gaps in the literature, and help recruit prospective authors whose work advances the counseling profession. ACA welcomes the following distinguished scholars and practitioners to the board and looks forward to their many contributions to the profession:

Rebecca Goldberg, PhD, LPC, NCC
Mississippi State University

Tonya Hammer, PhD Oklahoma State University

Aishwarya Joshi, PhD, LPC, RC
University of Vermont

Courtland Lee, PhD Thomas Jefferson University

Javier Casado Pérez, PhD, NCC
Pennsylvania State University

milestones achieved for the counseling profession and community. These include engaging exhibits at the 2027 ACA Conference & Expo, video interviews with leaders in the counseling community, a keepsake book and audio vault of ACA members' Oral History Project recollections, and a timeline of significant milestones in counseling and ACA history. Special thanks to the 75th Anniversary Task Force for their ideas, dedication and commitment to honoring the field of counseling. Stay tuned for updates in *Counseling Today*, the ACA website and social media.

Arkansas, Tennessee, Wyoming Begin Granting Compact Privileges

AS PART OF the historic interstate Counseling Compact agreement, Arkansas, Tennessee and Wyoming can start granting privileges for licensed professional counselors to practice in other states that have enacted the compact. More states are expected to begin granting privileges in the coming months. Learn more at counseling.org/counseling-compact.

RESOURCES

ACA Adds Insight Timer to Strategic Partner Network

INSIGHT TIMER is ACA's newest addition to its Strategic Partner Network. The free wellness app provides counselors with a between-session resource that includes a library of more than 300,000 expert-created videos, audios and worksheets. The

library also has psychoeducation materials spanning nervous system regulation, somatic practices, internal family systems, self-compassion and trauma-informed approaches. Counselors can recommend the app to clients at no cost, helping them continue their progress between appointments.

The Strategic Partner Network was built for organizations that align closely with ACA's strategic plan, mission and goals. As part of the year-long partnership, Insight Timer will engage with ACA members and the counseling community and support ACA's efforts to provide continuing education, advocacy and networking opportunities.

ELECTIONS

ACA Welcomes Inaugural Advisory Council

ACA IS EXCITED to welcome the members of its new Advisory Council, which began its term on July 1 alongside the new Board of Directors. The Advisory Council includes representatives from each of ACA's 20 divisions, four regions and student community who will support and share insights with the board through their informed perspectives.

This key group will provide counsel, subject matter expertise and advice to the board on major initiatives and matters of strategic importance to ACA. The Advisory Council will provide input on issues of concern, threats and opportunities for the profession and recommendations for policy changes and content development. It will also maintain communication between members

COMMUNITY

ACA's 75th Anniversary Celebration Kicks Off in 2027

TO COMMEMORATE its 75th anniversary in 2027, ACA will have various initiatives to celebrate the

and the board and assist with communicating strategic initiatives to members. The council will meet at least twice a year, be led by chair Casey A. Barrio Minton, PhD, NCC, and co-chair BJ Broadan Barksdale, MEd, LPC-S, NCC, and establish committees or working groups as needed to fulfill advisory roles and responsibilities.

Their work will also include the following:

- Reviewing and advising on policies and professional guidelines
- Recommending content areas for conference programming, educational material and publications
- Recommending candidates to the Nominations and Elections Committee

“The inaugural Advisory Council brings together experienced leaders whose steady judgment, strategic mindset and unwavering commitment to ethical practice will be integral to partnering with our board,” said ACA CEO Brian D. Banks. “Guided by shared values, student and counselor-first priorities, transparency, accountability and respect for diverse perspectives, the council will help shape a thoughtful, future-ready direction for all counselors.”

Please welcome the Advisory Council members:

American College Counseling Association: **Raime Thibodeaux, LPC-S, NCC**

American Rehabilitation Counseling Association: **Michael Todd Hartley, PhD**

Association for Addiction and Justice-Involved Counseling: **Rochelle Cade, PhD, LPC-S**

Association for Adult Development and Aging: **Janelle Jones, PhD, NCC**

Association for Assessment and Research in Counseling: **Casey A. Barrio Minton, PhD, NCC**

Association for Child and Adolescent Counseling: **Hayley L. Stulmaker, PhD, LPC-S**

Association for Counselor Education and Supervision: **Mariaimee Gonzalez, PhD, LMHC, LPC**

Association for Creativity in Counseling: **Ruth Moore, PhD, LPC, NCC**

Association for Humanistic Counseling: **Amanda M. Evans, PhD, LPC, NCC**

Association for Multicultural Counseling and Development: **Angela Coker, PhD, LPCC, LPC**

Association for Specialists in Group Work: **Kendra L. Jackson, PhD, LPC, LSC**

Association for Spiritual, Ethical, and Religious Values in Counseling: **Janeé Avent Harris, PhD**

Association of Counseling Sexology and Sexual Wellness: **Frances L. McClain, PhD, LCPC**

Counselors for Social Justice: **Lauren Shure, PhD**

International Association for Resilience and Trauma Counseling: **Latoya A. Haynes-Thoby, PhD, LPC, NCC**

International Association of Marriage and Family Counselors: **Mark A. Saunders Sr., PhD, LMFT, LPC**

Military and Government Counseling Association: **Duane K. L. France, MBA, LPC**

National Career Development Association: **Kathy M. Evans, PhD, LPC, CCC**

National Employment Counseling Association: **Seneka Rachel Gainer, PhD, LPC-S, LMFT**

Society for Sexual, Affectional, Intersex, and Gender Expansive Identities: **Robert McKinney, PhD**

Midwest Region: **Rebecca L. Christiansen, LPC-MH, LPCC, NCC**

North Atlantic Region: **Elizabeth Boyer Fier, LPC, NCC**

Southern Region: **BJ Broadan Barksdale, MEd, LPC-S, NCC**

Western Region: **Amanda C. DeDiego, PhD, LPC, NCC**

Graduate Student Member: **Jackeline Bicas**



Members of the outgoing Governing Council convene for their final official meeting before many continue their service on ACA's new Advisory Council.

2026-2027 ACA Divisions Take Shape

ACAIS pleased to announce the election results for the ACA divisions. Thanks to all our members who engaged in the election process, whether you ran for office, voted or both. Congratulations to this year's winners!

AMERICAN COLLEGE COUNSELING ASSOCIATION (ACCA)

President-Elect
Jamie Hagenbaugh
Secretary
Adrienne Graham

AMERICAN REHABILITATION COUNSELING ASSOCIATION (ARCA)

President-Elect
Allison Levine
Treasurer
Reginald Gladney
Region Representative, Midwest Region
Carrie Boettcher
Region Representative, Southern Region
Kanako Iwanaga
Region Representative, Western Region
Katherine Friedman

ASSOCIATION FOR ADDICTION AND JUSTICE-INVOLVED COUNSELING (AAJIC) (FORMERLY INTERNATIONAL ASSOCIATION OF ADDICTION AND OFFENDER COUNSELORS)

President-Elect
Amy Hayes
President-Elect-Elect
Edward Wahesh
Treasurer
Keith Vukasinovich
Treasurer-Elect
Michael Brubaker
Secretary
Sarah Littlebear
Secretary-Elect
Edna Simmons
Membership Chair
Mary McCloskey
Membership Chair-Elect
Sara Ahmed

ASSOCIATION FOR ADULT DEVELOPMENT AND AGING (AADA)

President-Elect
Matthew Fullen
Treasurer
Alexandra Reeves
Member-at-Large, Outreach
Colette Pauta

ASSOCIATION FOR ASSESSMENT AND RESEARCH IN COUNSELING (AARC)

President-Elect
Dodie Limberg
Secretary
Gülşah Kemer
Member-at-Large, Publications
Lindsay Lundeen

ASSOCIATION FOR CHILD AND ADOLESCENT COUNSELING (ACAC)

President-Elect
Melissa Mecadon-Mann
Secretary
Maria Haiyasoso
Trustee-at-Large
Sarah Alyce Moore
Trustee, School Counseling
Kelly Dunn

ASSOCIATION FOR CREATIVITY IN COUNSELING (ACC)

President-Elect
Lacy Overley
Secretary
Ashton Keys
Trustee
Lauren Hearn

ASSOCIATION FOR HUMANISTIC COUNSELING (AHC)

President-Elect
Matthew Gonzales

ASSOCIATION FOR MULTICULTURAL COUNSELING AND DEVELOPMENT (AMCD)

President-Elect
Claire Martin
Student Representative
Patrice Bryan
Chair of VPs of Multicultural Concerns
Kristopher Hall
Region Representative, Southern Region
Cha'Ke'Sha Spencer
Region Representative, Western Region
Angelica Castillo

ASSOCIATION FOR SPECIALISTS IN GROUP WORK (ASGW)

President-Elect
Yiying Xiong

ASSOCIATION FOR SPIRITUAL, ETHICAL AND RELIGIOUS VALUES IN COUNSELING (ASERVIC)

President-Elect
Jennifer Vines-Cua
Treasurer
Tamika Jackson
Board Member
Diane D. Walsh

ASSOCIATION OF COUNSELING SEXOLOGY AND SEXUAL WELLNESS (ACSSW)

President-Elect
Jerry L. Mize
Clinical Representative
Dana Kirkpatrick
Graduate Student Representative
Nikki Curry

DATES & DEADLINES

COUNSELORS FOR SOCIAL JUSTICE (CSJ)

President-Elect

Tina Onikoyi

Treasurer

Jose Lopez

Secretary

Marisa White

Student Representative

Lauren Kina'u Boyd

Communications Officer

Tin Muk Li

Community Representative

LaShawn Adams

INTERNATIONAL ASSOCIATION FOR RESILIENCE AND TRAUMA COUNSELING (IARTC)

President-Elect

Tara Jungersen

Secretary

Bailey Lancaster

Trustee

Jon Sperry

MILITARY AND GOVERNMENT COUNSELING ASSOCIATION (MGCA)

President-Elect

Hannah Coyt

Treasurer

Edward Franc Hudspeth

Board of Directors

Joy Hutchinson

SOCIETY FOR SEXUAL, AFFECTIONAL, INTERSEX AND GENDER EXPANSIVE IDENTITIES (SAIGE)

President-Elect

Frank Gorritz

Secretary

Chase Morgan-Swaney

Professional Trustee, Membership

Sandra Gavin

Professional Trustee, State Branches

Ami Crowley

Graduate Student Trustee

Nicolas Smith

EVENTS

International Stress Awareness Week

NOV. 2-6

Learn more: isma.org.uk/isma-international-stress-awareness-week

Beyond the Crisis: Suicide Prevention and Intervention Summit

NOV. 4-5 | VIRTUAL

Learn more: counseling.org/events

International Survivors of Suicide Loss Day

NOV. 21

Learn more: afsp.org/international-survivors-of-suicide-loss-day

Save the Date: 2027 ACA Conference & Expo

MARCH 11-13, 2027 | PORTLAND, OREGON

Learn more: counseling.org/conference

AWARDS

Call for Nominations: ACA Awards

SEPT. 1-NOV. 20

The 2027 ACA Awards are now open. Nominate someone or apply for the Fellows Award, National Awards, Student Essay Competition and Ethics Competition. Learn more: counseling.org/membership/awards

MORE EVENTS

ACA maintains a calendar of meetings and events hosted by our divisions, regions, branches and related organizations. Find events or submit your own: counseling.org/relatedevents

A Fresh Take on Assertiveness Training

Counselors can use a multidimensional model to help clients assert themselves in everyday life.

By Naoki Yoshinaga, PhD, and Scott Cooper

IN THE 1950S, the prominent behavioral psychologist Joseph Wolpe developed systematic desensitization and relaxation as a primary means of anxiety reduction, but he also developed techniques of “assertion training” with the same objective. He was looking for intentional behaviors that could inhibit anxiety.

His techniques of self-assertiveness focused on helping people to honestly and directly express themselves in difficult social situations, rather than giving into the instinctive responses of fight or flight (typical forms of anxiety).

From these beginnings, behavioral health professionals have refined and expanded on these techniques of assertiveness to help people navigate stressful social situations, foster self-determination and reduce anxiety. Assertiveness training gained prominence in the 1970s and '80s

and has been widely adopted for use in both clinical and academic settings. Numerous studies suggest such training can help to reduce anxiety and enhance self-confidence.

As helpful as such assertiveness training has been, recent literature underscores the need for a broader framework for assertiveness. While traditional assertiveness training has proven valuable in helping people develop more effective interpersonal communication skills, it deals with only one aspect of well-being. A broader model of assertiveness training that draws

skills from cognitive behavioral therapy (CBT) and related disciplines could help people live more intentionally in all areas of their lives. This multidimensional model integrates traditional social assertiveness with three additional dimensions: behavioral, emotional and mental assertiveness.

A Multidimensional Model of Assertiveness

Assertiveness isn't just about speaking up. It means taking greater charge of one's life through intentional activity across four dimensions of everyday living. Drawing on empirical findings from CBT, positive psychology, acceptance-based interventions and happiness studies, the model includes four strategies:

- **Speaking up (social assertiveness)** means asserting ourselves by communicating directly, honestly and respectfully, without manipulation or rudeness, and with reasonable persistence. You don't have to change your personality or be more aggressive to speak up. Functional assertiveness calls for approaches to communication that are direct and honest but also consistent with specific situations, cultures and personalities.
- **Jumping in (behavioral assertiveness)** involves asserting ourselves by initiating needed intentional activities, even when we don't feel like it. Jumping into needful, meaningful and enjoyable activities (“behavioral activation”) fosters greater life satisfaction, which is an essential element of psychological well-being.
- **Embracing compassion (emotional assertiveness)** is assertively responding to the emotional challenge of suffering — whether our own or others' — with helpful words or actions.



Naoki Yoshinaga



Scott Cooper

By intentionally choosing kindness, sympathy and support, we can improve relationships while also strengthening our resilience. You don't need to like others to have compassion for them. Compassion is not wanting people to suffer, whether you like them or not.

- **Accepting life (mental assertiveness)** means reducing unnecessary negative judgments. It's the skill of gaining perspective, challenging self-judgment and accepting life as it is, without denial. In particular, it's reducing negative judgments over situations outside our choice and control, which can reduce stress and anxiety.

How Counselors Can Use This Model

Taking greater charge of one's life through intentional activity can lead to additional conversations and strategies that can reduce anxiety and foster well-being. A holistic, multidimensional perspective on assertiveness can help clients intentionally assert themselves socially, behaviorally, emotionally and mentally as the circumstances may require.

If your counseling efforts are primarily dedicated to skills training, this model can help organize your thinking and preparation. Each of the four strategies can be taught with reference to your most highly regarded theoretical frameworks and tools. While this model is not a diagnostic tool, if your efforts are diagnostic in nature, this model may provide ideas for implementation within the larger framework of assertiveness and resilient living.

Here are some ways to use this model in professional counseling:

- If you already provide assertiveness training, consider this model as an opportunity to include strategies for additional client well-being. Formal assertiveness training provides a unique "teaching moment" with the potential for teaching additional behaviors for self-determination and resiliency. Add each dimension as an additional training module, or add a single multidimensional module focused on additional strategies for full assertive living.
- If you counsel young people, consider this as a step-by-step model of building blocks for teaching resiliency. Establish a foundation with the first two concrete "external"

strategies of self-expression (speaking up) and behavioral activation (jumping in). Then move on to the next two "internal" strategies of compassion and acceptance.

- If you are particularly committed to "third-wave" methodologies of psychology (such as acceptance and commitment therapy, dialectical behavioral therapy, or mindfulness), use this convenient holistic model to integrate behavioral psychology, traditional CBT, compassion and acceptance directly into your counseling.

Traditional assertiveness training has been very beneficial to many people, and we heartily endorse such programs. For those interested in more, the four assertiveness skill sets of this multidimensional model can provide additional benefit to clients. Personal well-being isn't just about communication; it's also about actions, emotions and mindset. These strategies of full assertive living can expand the possibilities for greater well-being. ■

Naoki Yoshinaga, PhD, is a professor and researcher at the University of Miyazaki in Japan and a practicing licensed psychologist. He has done research and training in assertiveness.

Scott Cooper is a member of ACA, national youth advocate and author with a focus on assertiveness skills for young people. He and Yoshinaga are co-authors of *The Four Paths of Assertiveness* published by Johns Hopkins University Press in 2025.

Multidimensional Model of Assertiveness



Unmasking Mindfulness: Micro-Somatic Self-Care for Neurodivergent Counselors

By Dani Murphy, PhD, LPC, NCC

Have a few minutes before your next session? Grab your coloring pencils and color this page.
> > >

DOES YOUR BODY naturally tune to the moods of others when you walk in a room? Or do you volunteer, “Sure, I can help you” when you really need the solitude of your own space?

Such caregiving instincts often come mindlessly to people who identify as neurodivergent or codependent or who had childhoods marked

by complex trauma. Our nervous systems learned to scan every room we entered — sometimes at the expense of our own needs. And for neurodivergent counselors, masking can be second nature. For example, we might suppress the urge to fidget, soften our voice or force a smile, yet unmasking even briefly can create deeper authenticity with clients and ourselves.

As a trauma counselor and recovering people-pleaser with attention-deficit hyperactivity disorder, I underestimated the power of practicing mindfulness in “microdoses,” opting instead for larger self-care rituals that kept getting delayed in a growing stash of “I’ll get to it later” intentions. Even tiny acts can send safety signals to remind your nervous system that your needs matter too. Just two seconds of somatic awareness can shift your trajectory.



Try a Quick Reset

Somatic awareness paired with gentle self-talk can anchor you in safety anywhere, anytime. So the next time you’re deep in progress notes, transitioning between client sessions or tackling back-to-back calls, try a micro-somatic reset:

- Place a hand over your heart, thigh or belly. Whisper, “I am here, and I get to take up space.”
- Notice your breath. Do not change it — just acknowledge it. Let your mind race if it wants, then gently guide your attention to the sensation of your feet on the floor or the feel of your pen or keyboard.
- If you catch yourself shrinking, feeling an urge to fix things or saying yes when you mean no, pause and name that sensation: “Old pattern. New choice.”

Chronic people-pleasing and codependent caregiving aren’t moral failures. From a trauma and neurodivergent lens, they’re automatic adaptations our nervous systems created when the world wasn’t meeting our needs. As counselors, we are trained to care for others, but the danger is forgetting how to do it for ourselves. Somatic micro-mindfulness grounds you back into your body when the impulse to disappear takes over. ■

Dani Murphy, PhD, LPC, NCC, is a trauma researcher, licensed psychotherapist, associate professor, speaker and author specializing in complex trauma, neurodivergence and attachment healing. She is the founder of Refuel Life Trauma Center, PLLC and president of Refuel Life Inc., a nonprofit advancing suicide awareness and prevention. Connect at danimurphy.com.



Breaking the Cycle

By Michael James, MAEd, LCMHCA, NCC

MY MENTOR ONCE SAID, “Once you’ve been exposed, you can’t be unexposed.” Those words have followed me in life, from surviving generational trauma to supporting others in uncovering meaning. My call to become a counselor is sacred and personal, rooted in both pain and purpose.



At a young age, complex trauma and separation from my parents left me angry, disconnected and struggling to find my place in the classroom. I often felt like an outsider. Anger, hurt, impulse and pain landed me in an Eckerd Youth Alternatives camp for a year. After returning to

public school, I still fought battles no one could see. My behavior intensified as I searched for control. To no avail, I was kicked out of school again.

Junior year marked a turning point. For the first time, I had a Black male teacher and another teacher who truly engaged me in learning. That

year, I was also awarded a North Carolina Association of Educators scholarship and the Warsaw Douglas Scholarship. These moments affirmed my potential rather than punishing my pain. A door opened that I never thought I would be invited to walk through, and for the first time, I believed I was worth more than survival.



That belief led me into teaching. Standing in front of scholars who looked and felt like me, I saw the same masked rage and pain I had once carried. Teaching was not just instruction; it was redemption. It allowed me to model what it meant to be seen, even when I felt invisible. I discovered that learning takes root only when students feel safe and connected.

That realization guided me toward school counseling. I found purpose in supporting scholars who came to school less for learning and more for a moment of peace from chaos at home. Many carried the same generational burdens that had once weighed me down. My greatest contribution was creating spaces where authenticity felt safe and healing was possible.

Still, I wrestled with an unshakable question: How could schools be healing spaces if the adults within them were running on empty? That realization led me into administration, where I prioritized teacher wellness, trauma-informed training and culturally responsive practices.

That understanding led me to become a licensed clinical mental health counselor and pursue doctoral studies in counselor education and supervision after receiving two fully funded fellowships. My story and journey are proof that cycles can be broken, communities can heal and pain can transform into purpose. ■

Michael James, MAEd, LCMHCA, NCC, is a counselor and educator who supports men and families healing from trauma through counseling and promotes educator wellness through consulting. He was named the 2023-2024 Duplin County Schools Counselor and Support Staff of the Year and received the Dr. MLK Jr. Leadership Award. James is a PhD scholar in counselor education and supervision at The Ohio State University, with research interests in intergenerational trauma affecting rural families, Black men and educator well-being.



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*Thompson, S. (2021). *The U.S. Has The Second Largest Population Of Spanish Speakers: How To Equip Your Brand To Serve Them*. Forbes.