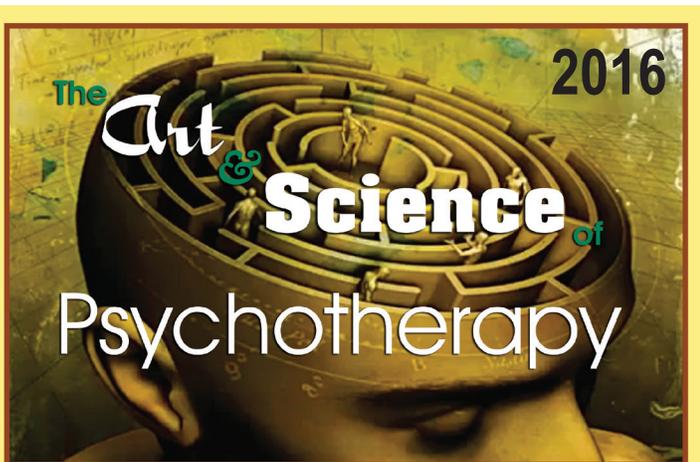




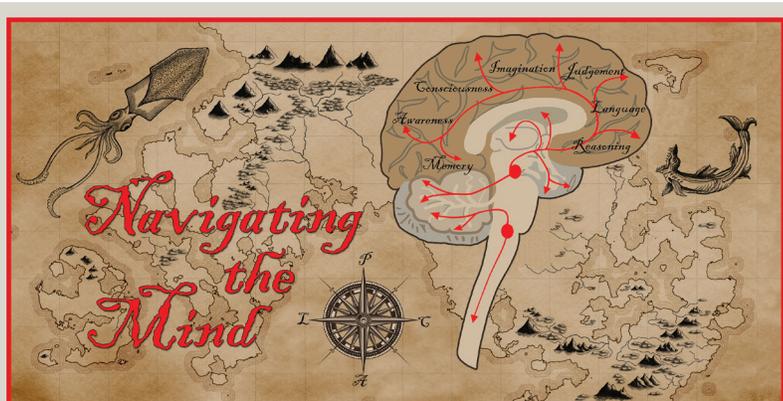
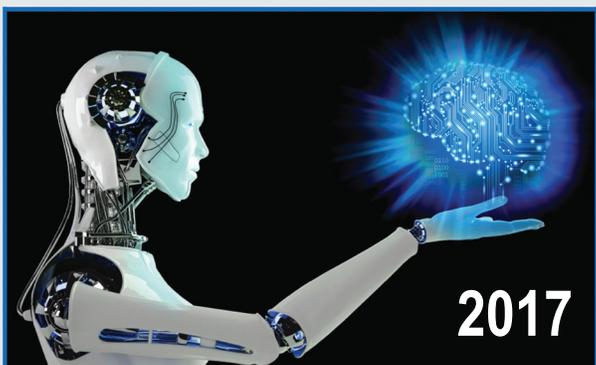
LPCA CONNECTION

Counselors Rock!

Official Publication of the Licensed Professional Counselors Association of Georgia



Mindfulness: Co-Self-Awareness



2020 Virtual Convention

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PRESIDENT-ELECT

Angela Feeser, LPC, CPCS



What a year 2020 has been this far! Many times I have found myself thinking, “What’s the next challenge?”

Like many, the COVID-19 pandemic changed many things for my family: school, work, community/fellowship and daily living. Our approach was to make adjustments that worked for us and what was the best for our family. Challenges presented daily of course, but we tried to focus on each day and accept that our schedules and routines were not normal so our feelings of frustration and being overwhelmed was an appropriate response. It was an adjustment period. This approach helped us navigate the ups and downs emotionally.



Huge tree halves Feeser home in dead of night.

Then came another unexpected challenge. Our home was hit by the tornado-storms that tore through eastern Georgia mid-April, and half our home needed to be rebuilt. The month and a half that followed was a whirlwind. There were days, being honest, I felt as though I couldn’t think straight. My focus was trying to create some normalcy in another not normal situation. Another adjustment period. During this

time, I was blessed with friends, family, co-workers, colleagues, and even my patients, who were supportive of the time I needed to focus on my family. It was time for me to practice what I encourage others to do during times of adjustment—to reprioritize needs in order to keep my cup full.

I share these experiences, because though I’m a therapist (and many times we have an expectation to be the best at coping with life challenges), my abilities and knowledge to cope were put to the test. If someone asked if I was doing ok, I was honest; sometimes I said, “Yep! Getting there.” Other times I’d say, “Nope, not today.” It was real and processed as we recovered and rebuilt. In the end, our home was rebuilt, everyone safe and healthy, and together stronger.

I don’t know what challenges the remaining months of this year will throw my way, but I do know that when challenges come, my family and I will adjust and keep moving forward.

I am honored to be the LPCA President-Elect 2021–2022 for our members! I’m looking forward to working with our current and past presidents, as well as our board members, to keep moving forward to fulfill our mission and goals to advocate and progress our field. I’m also looking forward to getting to know our members across the state over the next three years!

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PRESIDENT

Tim Robinson, LPC, CCTP, CPCS, CAS-F

I want to begin this article by expressing my gratitude to all of those who made the Convention possible in these difficult times. This includes speakers, volunteers, Board members, and the LPCA staff. They were all able to overcome technology failures that are sometimes unavoidable. LPCA staff,

volunteers and Board members were always accessible. I was there during the convention and I can attest to the flood of calls, e-mails and chat postings that were fielded.

It was disappointing to decide that we would be unable to meet in person. I reframed this, however, by deciding that this would be a true test of technology. It would force us to develop methods to leverage ourselves in order to reach the challenges that are coming soon. We were able to use technology in several novel ways to make this event possible.

Some workshops were recorded and acted essentially as webinars. Presenters used Zoom from their own environments in order to conduct their workshops. Finally, several individuals came into the office in order to use Zoom to present. We had three separate platforms in order to make these presentations accessible to you. The benefit of Zoom is that we reordered all of these! They are in the process of being moved to our website. We are working on accessibility for those who attended the Convention as well as for those who did not, so watch for our e-mails.

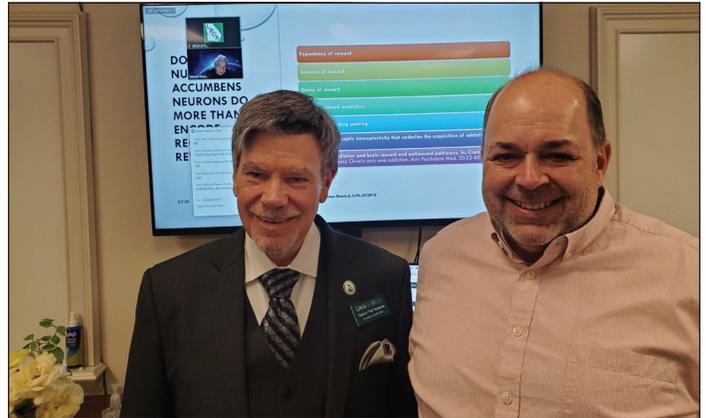
Many of us have more hours than we need; a speaker made this point. I only wanted to gain a supervision workshop at the Convention to retain my CPCS. I already had my other required hours. This is not the first year that I attended a Convention and required a limited number of hours. Conventions, to me, are for networking, learning more about my areas of interest, and picking up knowledge from workshops that I may not have gone to otherwise.



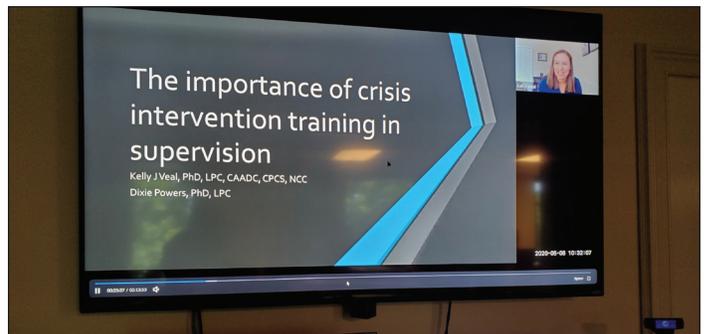
Johnnie Jenkins at Virtual Convention

I am now in the process of learning more about treating trauma using Cognitive Processing Therapy. The training involves: completing nine hours of a webinar on treating PTSD in veterans and civilians, reading the treatment manual, participating in a two-day training event, followed by 15 hours of telesupervision of actual cases. This is a big investment in money and time that many of you have also made in your certifications (so too the doctoral degrees that many of our members hold). Like you, I am willing to pursue it because it is evidence based and it will help me to provide the best possible care to my clients.

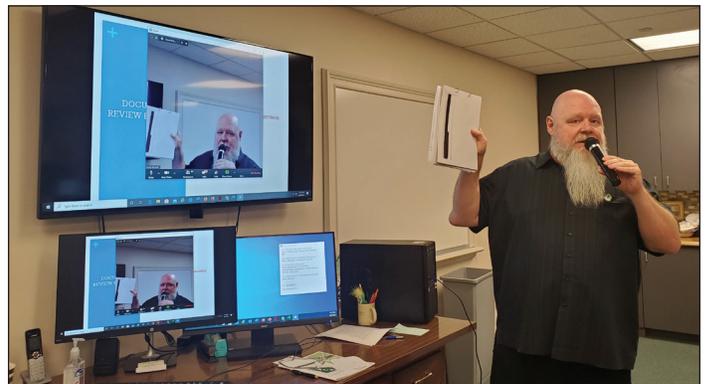
Learning is a lifelong endeavor. The training that we need is ongoing. There are no short cuts to learning your skills, developing your skills and furthering your skills. Therefore, I challenge all of you to finish the licensing year with more training hours than are just required. This should not be a problem given that online hours count. Go above and beyond in your learning!



First Virtual LPCA Convention: Tim Robinson and Presenter Merrill Norton



Kelly Veal presents at Virtual Convention



David Markwell, LPCA Clinical Supervision Chair, presenting at Convention



Kelly Moselle, LPCA Director of Administration and Member Services, Tim Robinson, LPCA President, and Johnnie Jenkins, LPCA Political Action Committee, at the Virtual Convention held in LPCA Norcross office.



IMMEDIATE PAST PRESIDENT

Carolyn Ramp, LPC, NCC, ACS, CPCS
 Carolyn.ramp@gmail.com

It has been an honor and a privilege to serve as your President for the past year. It has been a busy year! I have learned more about our Association and its members, and proud to be a member of LPCA of GA.

It has also been an unusual year. During December, we lost two former Board members who greatly contributed to our Association and to our profession, LPCA Past President, Greg Kirk and former Eastern District Co-chair and Disaster Relief Chair, James Jenkins. Then in March, we also lost the Association's Director of Administration and Member Services, James Pace. These three men contributed so much of themselves to advance mental health services in our state. They will be sorely missed.

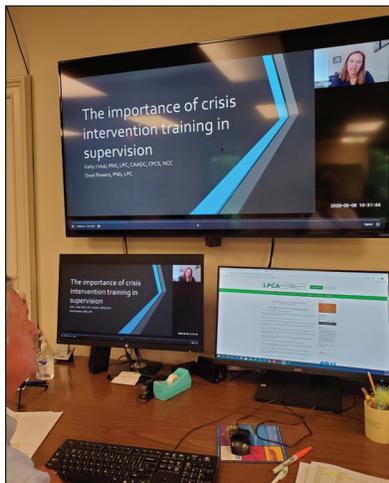
Then, in March, all of our lives changed with the onset of COVID-19 across the nation. We have had to face a new reality that will have a lasting impact for years to come. As a profession, we had to redefine how we would continue to help our communities and the families we serve. It's been challenging, to say the least!

However, our Association has been here to support us through these challenges. With the help of the LPCA of GA Board and volunteer members, we were able to put together a virtual Annual Convention and enable LPCs from around the state to earn the CE's required by the state during this licensing year. Our Executive Director magically pulled together speakers and workshops and recruited assistance and we had a successful—although different—Annual Convention! It's been a learning experience for us all. We had to become technically savvy in a rapidly changing environment. But WE DID IT!!

We remained connected, engaged, and professional. We followed the social distancing guidelines while continuing to focus on the tasks at hand. We learned to navigate the challenges of telemental health.

For the first time EVER, we have the opportunity to push forward and be granted Medicare!! If we can all contact our representatives, we can make this happen. Medicaid would not be far behind. HR 945 could provide us with that opportunity. Our state Representatives need to hear from YOU. Please call or email your representatives about the importance of including LPCs for Medicare Reimbursement. Our voices must be heard. Let's make history together!

As we continue throughout the remaining months of 2020 and slowly begin to find our 'new' normal, let's set realistic expectations for ourselves, let's be mindful of kindness to each other, and let's approach our future with curiosity and a drive to succeed.



Virtual Convention Presentation by Kelly Veal

EXECUTIVE DIRECTOR

Gale Macke LPCA@LPCAGA.org



License Renewal

Are you an LAPC or LPC? Time to renew your license. Follow the quick and easy steps below.

The Licensing Board will not mail you a notice, you must use the online system.

Before you start: Do you have all your 35 CE's completed? If not log in to LPCA's website at www.LPCAGA.org and go to *Career & Training* tab for options. Don't know if you have all the "correct" CE's? Go to the *Member* tab. On the drop-down menu click *Resource Link* tab.

Have your credit card ready: Visa, MasterCard, or American Express. Discover is not accepted.

If this is the first time you have renewed your license, you must create an ID and password. Go to <https://secure.sos.state.ga.us/mylicense/PersonSearchResults.aspx?process=REN>. Enter your last name and social security number. **Skip the question about the PIN.**

STEP 1: Go to Secretary of State Georgia Composite Board of PC, SW, and MFT website at <https://secure.sos.state.ga.us/mylicense/Login.aspx?process=ren>.

STEP 2: On the screen *Georgia Online Services for Current License Holders*, enter in your user ID and password. If you are like me, and have no idea what it is, simply scroll to the bottom of the page, click reset for a *person* license type. Enter in your name and SS# only (**no pin**). Then follow the directions on the next screen.

STEP 3: Click on *Continue*, which is located above your license number as a hyperlink. But before you click on *Continue*, read the information on the page about Audits.

STEP 4: The next screen provides renewal information about the license you are renewing. Please read the information provided on this page and click on *Click Here* to begin link when you are ready to continue with the renewal process.

STEP 5: The next screen allows you to change your physical location (personal/home) address. Enter the required address information and click the *Next Step* button. Remember your physical (personal/home) address is not viewed by the public.

STEP 6: The next screen allows you to change your mailing address. The mailing address is for the world to see, Google, purchase, and stays in the public for a very long time. If you do not have a separate address for mailing purposes, your physical location (personal/home) address will be used. Enter the required address information and click the *Next Step* button. **LPCA Best Practice:** If you do not have a separate mailing address, you should use a P.O. Box. The State of Georgia sells this mailing list.

STEP 7: At this point in the renewal process you must provide answers to specific questions regarding your license. Please read the information and the questions carefully, selecting *Yes* or *No* from the drop-down for each question. Once you have answered all of the questions, click on *Submit Answers*. By doing so you are swearing or affirming that you understand and have answered all of the questions to the best of your knowledge. Once you are satisfied all information is correct, click the *Pay Fees and Submit* link at the bottom of the page.

STEP 8: The next screen is the Check-out page. Enter the required credit or debit card information and click *Submit*.

STEP 9: Your receipt should appear on the next screen. Remember to print a copy of your receipt as proof of your renewal. It is available as an Adobe Acrobat PDF document. Archive that PDF as well.

STEP 10: WAIT at least 24 to 48 hours or more. You should check the status of your renewal by visiting the Licensing Board website at <https://secure.sos.state.ga.us/myverification/> to see if your expiration date has been updated to 2022.*

CE Audit: If you are selected, it will be noted under your license number on the renew screen below the *Continue* link. Do not submit your CE documents unless you are selected. Do not send in original CEs; make copies.

Step-by-step instructions can be found here: www.sos.ga.gov/plb/renewal_process.htm

* Your license expiration date is listed on your pocket license card and on the state's website.

Important Legislative Update HR 945: Medicare Reimbursement for Mental Health Counselors

This June, during an historic Congressional hearing, was the first time that “counselor Medicare legislation” was evaluated as a stand-alone measure. All previous congressional action included our legislation as a piece of a broader health care package. The Health Subcommittee of the House Energy and Commerce Committee held a legislative hearing, *High Anxiety and Stress: Legislation to Improve Mental Health During Crisis* that included HR 945, which clearly provides Medicare reimbursement to mental health counselors.

HR 945 authorizes licensed mental health counselors to provide mental health and addiction services to Medicare beneficiaries.

Official title as introduced: *To amend title XVIII of the Social Security Act to provide for the coverage of marriage and family therapist services and mental health counselor services under Part B of the Medicare program, and for other purposes.*

The Health Subcommittee hearing is considering 22 bills to improve both quality and access to mental health care in the United States. During the hearing, Congressman Morgan Griffith (R-VA) strategically highlighted the significant benefits of HR 945 being added to health care legislation.

But like the legislation process in Georgia, we must push to get HR 945 out of Committee.

LPCA has been contacting our US House of Representatives; we have previously sent out a *Call for Action* for you to let Congress know how important this is. Personally, I have also been calling and emailing. We need to do more.

Do you have contact in the following states? Democrat members we need to reach to move the needle in FL, NY, NJ, CA, PA, IL, CO, MD, VT, NM, MI, and NH. There are just a handful of Republicans.

If you have colleagues, family members, friends, please reach out, we need everyone!

Call or email your Representative and ask to include HR 945 in the House Energy and Commerce markup of mental health legislation. Sample message below:

Barriers to Mental Health Therapy

I am a constituent and member of one of the largest chapters for Mental Health Professionals, LPCs, in the US, The Licensed Professional Counselors Association of Georgia.

I urge you please, (Representative name), to request inclusion of HR 945 in the Energy and Commerce Committee markup of mental health legislation.

HR 945 authorizes licensed mental health counselors to provide mental health and addiction services to Medicare beneficiaries.

Official Title as Introduced: *To amend title XVIII of the Social Security Act to provide for the coverage of marriage and family therapist services and mental health counselor services under part B of the Medicare program, and for other purposes.*

Licensed Professional Counselors, LPCs, have master's degrees, four years of internship, pass a national exam and are licensed under the Secretary of State Georgia Composite Board of LPC, SW, and MFT.

Access to care was a key priority of the Energy and Commerce Committee's legislative hearing and HR 945 was the only bill that expanded the clinical workforce to meet the growing demand.

I urge Representative (name) to increase the availability of behavioral health services by requesting inclusion of HR 945 in the Energy and Commerce Committee markup of mental health legislation.

Let's remove the barriers to Mental Health Therapy.

(Also, If you have a client moving to Medicare, tell your Representative about the fact you have to stop therapy because of a “regulation” and HR 945 will fix that.)

Thank you for your consideration.

Traveling District Summits to Honor “District Heroes”

We know you cannot come to us, so we are coming to you. LPCA President Tim Robinson has initiated a plan to hold summits in all seven of our districts to better serve all of our members. These summits will offer a little bit of everything for our members.

It is the hope of the LPCA Staff and Board of Directors to host open-air meetings to be able to hear from our members. We plan to also offer continuing education CEs while we are in town. There will be the opportunity for networking, learning, food, and fun.

As part of our traveling summits, we plan to honor “District Heroes”. We will solicit nominations from each district electronically. We will then invite the “District Heroes” to be recognized while we are hosting the District Summit. If you know someone deserving of recognition as a District Hero, please nominate them! Honoring those who serve our profession well is a great way to encourage all of us.

Our tentative roster of cities includes Augusta, Carrollton, Gainesville, LaGrange, Macon, Rome, and Valdosta.

We look forward to visiting your district. Please watch for further details about our District Summits!



NORTHERN DISTRICT

Britney Allen Turk
MS, LAPC, CCTP, CDBT

Hello all! We had wonderful attendance at the Virtual Annual LPCA Convention in May! It was a new frontier hosting a convention online, but I feel everyone benefited greatly. Additionally, the North American Society of Adlerian Psychology Conference usually held

in Georgia was also hosted virtually. Throughout these troubling times in the wake of COVID-19 and the death of George Floyd, I have noticed more counselors hosting counselor support groups either virtual or in-person as well as consultation groups for implementing tele-play therapy. I commend you all for the ways you are supporting your peers through education and support. If anyone is interested in finding a group or hosting a continuing education even, please let me know at britneyallencounseling@gmail.com. Also please let me know of any continuing education topics you would like to know about it and I will try my best to organize a CE!

SOUTHERN DISTRICT

A.J. Ramirez, PhD, LPC, CPCS

Amidst the new “normal” of the COVID-19 pandemic, South Georgia mental health professionals continue to work with clients via Tele-health and social distancing. While updates to business openings and closings stagger and are unpredictable, the rise of those seeking counseling services continues to grow. I have been in contact with several colleagues within the Valdosta area who continue to work hard each day seeing clients via telehealth platforms. This innovative approach has been a lifeline for many people within our rural communities. I am encouraged each day as many hardworking counselors continue to facilitate growth and change with their clients.

My hope as the new Southern District Chair, is to promote growth and access to resources for our mental health professionals in the southern district area. Do not hesitate to reach out to me with any suggestions or comments.



CLINICAL SUPERVISION

David Markwell, PhD, LPC, NCC, ACS, CPCS, CART, EAS-C

What is Clinical Supervision?

Powell & Brodsky state that clinical supervision “is a working alliance targeted toward goals of mastery of specific skills, a broader scope of concern for the client, awareness of one’s

own impact on the counseling process, and translation of theory into practice... It is an “intensive, evaluative, ongoing and demanding relationship... that encourages both vulnerability and independence.”

What’s the Difference Between Supervision and Consultation?

The distinction between supervision and consultation is an important one. Clinical supervisors are legally responsible for the actions of their supervisees. Because of this responsibility the clinical supervisor:

- ensures documentation of supervision,
- implements direction and course of action,
- reviews sessions and files,
- assists with interventions,
- monitors progress of clients, and
- manages legal and ethical issues of supervisees.

Conversely, consultants are not legally responsible for the work of the consultee. The sharing of information is voluntary and the consultee can choose to accept and implement the suggestions or not.

The CPCS is to abide by and make sure that the supervisee abides by:

1. The laws of the State of Georgia
2. The rules and policies of the Georgia Board of Professional Counselors, Social Workers, and Marriage & Family Therapists
3. The Ethical Standards of the Counseling Profession (e.g. ACA, AMHCA) and the Ethical Standards set forth by the LPCA of GA CPCS program

What are the Elements of Clinical Supervision?

Falender and Shafranske describe four *superordinate values* in supervision:

1. Integrity-in-relationship
2. Ethical values-based practice
3. Appreciation of diversity in all its forms
4. Science-informed practice

What are the Benefits of Clinical Supervision?

Seventeen studies across multiple health professions (medical, nursing, allied health, and combination of nursing, medical and/or allied health) were reviewed and found that clinical supervision improved the process of care and improved patient health outcomes, namely neurological recovery, post cardiopulmonary resuscitation, and psychological symptom severity.

The review also found that when provided to mental health professionals clinical supervision may be associated with a reduction in psychological symptoms of patients diagnosed with a mental illness.

References:

- Falender, C.A. & Shafranske, E.P. (2004). Clinical supervision: A competency-based approach. American Psychological Association.
- Powell, D.J. & Brodsky, A. (2004). Clinical supervision in alcohol and drug abuse counseling: Principles, models, methods (Rev. ed.). Jossey-Bass.
- Snowdon, D.A., Leggat, S.G. & Taylor, N.F. (2017). Does clinical supervision of healthcare professionals improve effectiveness of care and patient experience? A systematic review.

Ethics and Diagnosing

Tim Robinson, LPC, CCTP, CPCS, CAS-F



An accurate diagnosis is essential for many reasons. Misdiagnosis can harm the client in several ways. Diagnosis informs treatment planning, which would prove ineffective for an individual with a mistaken diagnosis. It is usually helpful for an individual to make sense of their symptoms when informed of the disorder that they are dealing with. Misleading an individual with an inaccurate or incomplete diagnosis could cause harm. Secondary gains can benefit individuals with certain diagnoses, such as special school programming. Misdiagnosis could deprive them of these.

A correct diagnosis informs other treating professionals regarding expectations when interacting with the client. Inaccurate diagnosing distorts this communication. A practitioner wants to avoid diagnosing errors because poor practice is an issue addressed by both licensing boards and by third party payors. Finally, an accurate diagnosis can provide a wealth of information regarding demographics, risks and outcomes of the disorder in the DSM-5 (American Psychiatric Association, 2013). This information is invaluable. The changes in the DSM-5 have made it easier to get a diagnosis and there has been some debate that it pathologizes individuals (Butz, 2014). However, it seems more sensitive to culture and to gender. Regardless, one ethical code states that a counselor may ethically defer giving a diagnosis if it is in the best interest of the client (American Counseling Association, 2014.)

Ethical violations often result from ignorance, rather than from maliciousness (Cottone & Claus, 2000). For this reason, it is important to understand ways to minimize an inaccurate diagnosis. The authors listed above provide several ethical decision making models. A thorough evaluation must be conducted as a part of diagnosis; this is often called a Bio Psycho Social assessment. When diagnosing, involve secondary sources, significant others, when possible (Whiston, 2009). This can minimize confirmation bias.

The client's demographic variables must be considered; these include culture, age, gender and the client's social situation. These factors can help the counselor to better understand the client and to shape their interview style. Culture has a significant impact and this DSM-5 is particularly good at giving guidance regarding how it affects diagnosis (American Psychiatric Association, 2013). Cultural considerations must be accounted for in the interview.

Decide what further information is needed to make the diagnosis, including areas of uncertainty or rule outs. This differential diagnosis is important to identify what areas or behaviors need more clarification. It is important to discuss with the client any discrepancies between what is observed or what the testing shows. The clients do have the right to view their record (American Mental Health Counselors Association, 2015). Finally, the DSM-5 does have diagnostic codes to point to clinical syndromes if symptoms do not meet the threshold for the diagnosis which is suspected, but not confirmed (American Psychiatric Association, 2013).

The Code of Ethics by the American Mental Health Counselors Association (2015) goes into great length about testing; it dominates the diagnosing section. Most testing manuals do not specify the credentials required to perform it. Rather, they typically state that the individual performing the test must be trained and knowledgeable regarding its administration and interpretation. The same is true with professional counseling bodies (American Mental Health Counselors Association, 2015). Counseling codes of ethics have provisions regarding the use of tests because licensing states grant that right to Licensed Mental Health Counselors and Licensed Clinical Professional Counselors within their scope of practice (American Counseling Association, 2010, American Mental Health Counselor Association, 2015).

Testing is vital to diagnosis. The counselor can refer out for testing if they cannot perform it. The World Health Organization Disability scale is in the DSM-5 and is intended to replace the GAF score (American Psychiatric Association, 2013). It seems to imply that those performing diagnosis with the DSM-5 can use this test. Ethical guidelines are specific to testing and diagnosing for forensic purposes (American Mental Health Counselors Association, 2015). The counselor needs specialized training before undertaking a case that is fraught with potential ethical hazards.

When communicating a diagnosis be clear that it is a condition that a person has and not who they are. It is important not to label clients, even in private, as "a Borderline" or another diagnosis. Point out the strengths that the interview has revealed. Diagnosis can lead to treatment which then leads to change. This can offer the client hope. Diagnosis does not necessarily lead to treatment; it can be performed or required by agencies and institutions (Butz, 2014). This is an even more compelling reason to stay abreast of ethics when diagnosing.

References:

- American Counseling Association (2010). Licensure requirements for professional counselors. Alexandria, VA: Author.
- American Counseling Association (2014). ACA Code of Ethics. Alexandria, VA: Author. Retrieved from: <http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4>
- American Mental Health Counselors Association (2015). AMHCA code of ethics. Alexandria, VA: Author. Retrieved from: <http://www.amhca.org/?page=codeofethics>
- American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th ed.): DSM-5. Washington, DC: American Psychiatric Publishing.
- Butz, M.R. (2014). Dealing with the DSM-5 clinically & ethically. Retrieved from: <http://nationalpsychologist.com/2014/07/dealing-with-the-dsm-5-clinically-ethically/102584.html>
- Cottone, R.R. & Claus, R.E. (2000). Ethical decision-making models: A review of the literature. *Journal of Counseling & Development*, 78, 27-35.
- Whiston, S. C. (2009). Principles and applications of assessment in counseling (3rd ed.). Belmont, CA: Centage Learning.



GEICO

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800-368-2734**

The Georgia-Florida Licensing Connection: Providing Spiritual and Mental Health Support for the Professional Women Athletes "Inside the Bubble"

Dr. Angela Powell-Smith, LPC, NCC, CCCJS, MAC, CGS



I am a former athlete (basketball) who had a wonderful and exciting career for more than three decades including coaching (high school, college and AAU). In 1980, I received an invitation to the 1980 Olympic try-outs. Sadly, I did not make the team and the Olympics were later boycotted. This experience shifted my BA degree in Psychology (Talladega College) to the foreground, the game of basketball to the background, and the rest is documented history. I still had a "little game" left in me when I won the free throw competition representing LPCA at the 2nd Annual Full Court Press Basketball Tournament (DCJTC-2019).

In 2009, I was selected as a guest speaker during the chapel services for the Atlanta Dream (WNBA) players. This experience rekindled my love and passion for the game. After years of dedication to chaplain services, I was appointed as Volunteer Chaplain for the team. Currently, I am one of two chaplains for the Atlanta Dream and there are 28 volunteer chaplains serving the WNBA (Women's National Basketball Association). Moreover, I am also one of two chaplains licensed in the mental health field. I am a Licensed Professional Counselor in Georgia and my colleague Freda Doxey (former Division 1 Player/Hall of Famer 2017 at Cheyney University and former chaplain for the Atlanta Dream) is a Licensed Mental Health Counselor in Florida.

Last year, WNBA players ended their season and many journeyed overseas to begin another basketball season on a different court. However, as the 2020 season approached, our lives were gravely impacted by the invisible enemy, COVID 19. The WNBA Commissioner Cathy Engelbert, WNBA Players Union, medical and public health professionals, along with other stakeholders, decided to delay the season and later creatively redesigned it with a July 26th start date. ESPN described the new season as "WNBA's self-styled bubble." The league's 12 teams are self-contained in Bradenton, Florida, playing 22 regular season games plus play-offs. According to Tampa Bay Business News, there will be at least 144 people (players, coaching staff, game officials in very limited cases, and family members).

Once it was confirmed that WNBA 2020 season would be in Florida, my desire to offer support to the players became two-fold (Chaplain and/or LMHC). Immediately, I started moving the licensure ball down the court by sending out "Help" emails, first to Gale Macke, Executive Director of LPCA of GA on June 16th, second to the Florida Board of Health via website explaining my dilemma, and finally to Florida's Aaron Norton, LMHC, LMFT, CMHC, on June 18th. He was one of the intriguing presenters at this year's LPCA Virtual Convention. The Georgia-Florida Connection was fully activated. Several hours later, I received an email from Aaron with new legislation effective July 1st for Florida licensure by endorsement. The next question he asked determined my next

steps that I thought involved taking the National Clinical Mental Health Counseling Examination (NCMHCE). I ordered study materials to go all the way with the exam. 24 hours later, Aaron emailed me again presenting both good and bad news. However, the new ruling was in my favor; miraculously the Red Sea opened. Hallelujah!

The new law language allowed for applicants who took the NCE prior to 2000 to qualify for licensure by endorsement. I contacted the National Board for Certified Counselor, Inc (NBCC) and the exam results were overnighted. On July 1st, I completed and submitted the application to become a Licensed Mental Health Counselor (LMHC) through Florida Department of Health/Division of Medical Quality Assurance Web Portal. By July 2nd, I received an email from the Application Processing Team with a checklist of documents needed to complete my application. I enrolled in Florida approved ACE classes to complete four courses with four exams: HIV/AIDS-3CEs, Domestic Violence-2CEs, Medical Errors-2CEs, and Florida Laws and Rules, Part 1&2-8CEs. The other documents needed were Proof of Passing NCE and Official License Verification from Georgia. On July 15th, I completed Part 2 of Laws and Rules and all certificates have been uploaded on Florida's MQA online services. The Official License Verification form was mailed to the Professional Licensing Board in Georgia and should be on the way to Florida's Board of Clinical Social Work, Marriage and Family Therapists, and Mental Health Counselors.

By now you may be wondering, why in the world did she do all of that? That's a good question. As I forestated, basketball has been an integral part of my life with a mixture of highs and lows. Although the Olympic experience left me with some emotional debris, being mentored by Coach John B. McLendon, Jr. (a student of Dr. Naismith, the inventor of basketball and the first African American head coach in any professional sport) before and after the Olympic try-outs helped me recalibrate. His phone calls, postcards, letters, bible scriptures and other Christian literature were well-timed.

Bear in mind that we are still experiencing the tremors from living in "Coronaville." Our current lives have been magnified, intensified, and in some cases, traumatized and re-traumatized through social media. There are unanswered questions, quarantine fever, rising unemployment, social media weddings and funerals, protests relating to Black Lives Matter, no school, no church, parents becoming teachers, massive deaths, on-going homicides, and changes in mental health and medical protocols, depression, anxiety, suicides, drug and alcohol addictions, and on and on...

These ELITE women athletes are courageously entering contained "bubblization." They are professional athletes and playing basketball is how they earn a living. These ladies are "essential" workers along with their coaches and training staff, referees, score keepers, security, custodian staff, and the like. Everyone will bring their "pre-bubble/COVID-19" experiences with them. Surprisingly, sports commentaries



Free Throw Competition Representing LPCA at the 2019 Annual Full Court Press Basketball Tournament

and pictures released by players exposed negative living conditions that had to be addressed immediately. From the outside looking through the thin bubble wall, there appears to be numerous moving pieces, for example, new players (rookies) in the league, veteran players opting not to enter in or reveal pre-existing medical concerns, daily COVID-19 testing, players transitioned to new teams, and players who tested positive before the season may or may not get the opportunity to join later in the season. Meanwhile, other supporters such as family members, fans, sports media, volunteer chaplains, etc., will remain outside the bubble relying on the updates through some form of social media.

Moreover, there is little or no research on professional women athletes, however the NCAA has developed Mental Health Best Practices to better understand and support mental wellness among student athletes. There are research articles on student athletes related to the prevalence of depression and anxiety symptoms among student athletes (Armstrong & Oomen-Early, 2009; Cox et al., 2017; Drew & Matthew, 2018; Gross et al., 2017; Weigand et al., 2013; Wolain et al., 2015), the under-utilization of mental health services by student

athletes (Lopez & Levy, 2010; Moreland, et al., 2018; Sudano et al., 2017), mind, body and sport (NCAA), mental health and elite student athletes (Sheehan et al., 2017), sports and spirituality (Hutch, 2016; Kretchmor & White, 2018; Catholic Courier, 2018) and women's mental health (APA, 2017). There are also articles that underscore stress among coaches.

For the past decade from May through September, I have committed myself to serving as Volunteer Chaplain for the Atlanta Dream. We are still working through what chaplain services will look like this season. That said, I am grateful to Gale Macke, Aaron Norton, Jane Hartman, Ashleigh Irving, and others in the Georgia-Florida Licensing Connection for their support and placing me in position to become a Licensed Mental Health Counselor before the WNBA 2020 season. This way, I will be able to apply "bubble-wrap" to the "bubble." Special thanks to Pastors Jason and Tiffany Skipper (Christ Community Church in Cumming, Georgia) for all you do to support ATL Chaplains and Atlanta Dream Players.

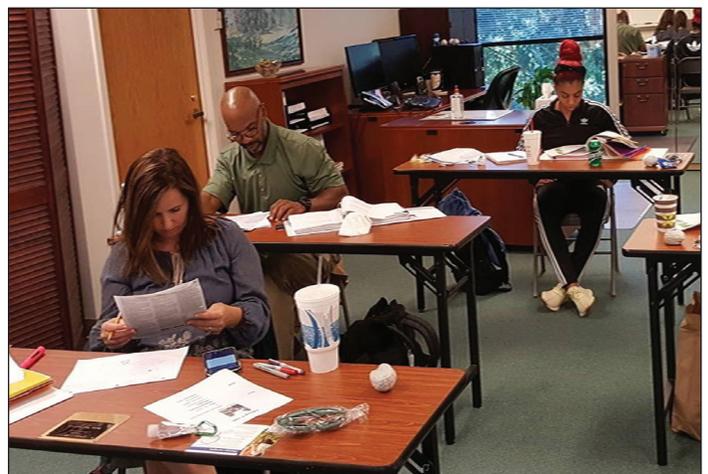
NCE Exam Day at LPCA Office with Proper Social Distancing



Plenty of room for social distancing at the spacious LPCA of GA office in Norcross.



L-R: Jerriyauna Jarboe, Luz Soto Garcia, Patricia Kerigan, DeVonne Harris



L-R: Tundi Jones, LaJaun Spivey, Jerriyauna Jarboe

Addressing Traumatic Beliefs in Trauma Treatment

Melinda Paige, PhD, LPC, CPCS, NCC



Trauma often shifts core assumptions about our sense of safety, security, and control. These organizing life precepts are often disrupted during or after experiencing trauma. The traumatized individual may also experience cognitive changes and issues with identity and interpersonal relationships; negative meanings to self and others may be assigned. Effective PTSD treatment addresses these negative beliefs and alterations in world view in order to increase self-compassion and relational functioning.

Exposure to a traumatic event may cause negative emotions such as fear, guilt and shame. When strong negative emotions are happening, the emotional brain, referred to as the limbic cortex, dominates so that the individual can survive. The fight, flight or freeze response occurs whenever the brain registers threat to survival. As a result of this physiological response to danger, the higher order parts of the brain, referred to as the neocortex go “off-line.” Therefore, when there is a strong emotional response, the meaning that the mind assigns to the traumatic event is distorted.

Listen to the stories of courageous rape survivors who state that they were at fault for the rape or war veterans who bravely serve our country then return home stating that they are cowards who failed their fellow soldiers. We know either of these traumatic beliefs are true, but these negative cognitions came to mind during a highly emotional period in

the lives of these survivors, therefore the thoughts are not accurate. Explaining the neurobiology of trauma helps normalize the client’s experience and decreases shame. It is normal for trauma survivors to blame themselves and assign negative meaning to the self. The more emotionally distressing an event, the more distorted the meaning the individual assigns to self, other, and the world. Traumatic beliefs are clearly inaccurate meanings attributed to the self while the individual was under extreme stress. This is a neurophysiological effect of traumatic stress on the human brain.

It is critical that the trauma client be educated about how this traumatic meaning is assigned to the self in the aftermath of trauma and how the trauma clinician will work with the client to “overwrite” this negative meaning. During stage two trauma work (the working through/ reprocessing phase), the clinician and client collaboratively co-construct the trauma narrative highlighting the strength and resiliency it took to survive the event. This provides the client’s first opportunity to see the event with perspective and clarity in connection with a skilled trauma clinician. Addressing the trauma client’s sense of self or identity is key to trauma treatment. A trauma-competent counselor is knowledgeable about the way the brain processes sensory-specific data post-trauma and is alert to these identity distortions and addresses them with psychoeducation in a respectful way that honors survivors as experts of their unique trauma experience. Trauma recovery is a celebration of strength and resiliency. It is the ending to the story created by survivors in which they focus on post-traumatic growth and reconstructing life on their own terms.

Paige, M., DeVore, J., Chang, C. & Whisenhunt, J. (2017). *The Trauma-Competent Clinician: A Qualitative Model of Knowledge, Skills, and Attitudes Supporting Adlerian-Based Trauma Psychotherapy*. Volume 73, Number 1, Spring 2017, pp. 8-37.





Hope Replaces Despair for Victims of Harassment

Angela E. Fuller, MS, LPC
A. Kenneth Fuller, MD

The nationwide spotlight has illuminated the longstanding problem of sexual abuse, harassment and misconduct. When sexual harassment occurs, the woman gets deeply harmed. Dramatic cases of sexual harassment shock the nation. A burst of public outcry calls for an end. Yet people's interest and enthusiasm soon burn out. Thus, the quiet crime of sexual misconduct goes on—undetected, unreported or ignored. Hopefully the recent heightened public awareness will change this pattern. Whether fragile victims hide in the shadows or shine in the spotlight, they deserve help.

One afternoon, Fuller's conversation about news coverage of the #MeToo movement led to the realization that few tools exist for victims. These two Georgia psychotherapists, with expertise in sexual abuse and women's issues, recently wrote the lyrics to a song, *Hope Replaces Despair*, to supplement their 2018 book, *Recovery from Sexual Harassment*. Dr. and Mrs. Fuller commissioned production of the music video and song, *Hope Replaces Despair* by Callie Buchanan, is on YouTube. <https://youtu.be/p90Szauqar0>

Healing from the emotional toll of harassment takes time and effort. This ebook turned paperback turned audiobook transformed into a song. Individually or singularly they teach an effective therapy technique that allows victims of sexual harassment to assert strength, dignity, and resilience. Personal strength and spiritual confidence result.

Recovery from Sexual Harassment (available at www.amazon.com/author/fuller) is the third book in a series of therapeutic scripts. In keeping with the series's aim for easy readability, the authors wrote this book in short, simple messages. The style works.

Recovery from Sexual Harassment does not try to fix every problem facing victims. Evaluation by a therapist is recommended if distress causes impairment in some area of life. Counseling improves self-esteem, corrects thinking errors, promotes healthy boundaries, and restores personal identity. This book and song assist with these goals.

The therapeutic script and lyrics become a natural, instinctive part of the unconscious mental life. Its power is simple. The victim reprograms his or her own mind by replacing distorted thinking with healthy thoughts.

Therapeutic Script: A Sample

It happened to me too! Sexual harassment, which is all around us, hurts. I met sexual harassment. A lewd bird dropped an abuser into my lap literally.

Seeing other women come forward helps. "The Silence Breakers" embolden me. These women are courageous. Me too! At last—I hear others. I see others. I reveal my compassion. I accept their compassion.

Feelings of despair are complicated things for unwilling victims especially when the world looked away. Victims come forward with hurts all around. Tears of mercy crying for help. Hope replaces despair. Crowd continues in quiet, but there are people who still care.

Fortunately in my new world bad never lasts forever. I delight in life. I've built a solid foundation with peace, faith, hope, light, and joy. The best is yet to come.

I live my better life by giving thanks and receiving grace. I'm ready for the future. I am worthy. I am vibrant. I have faith in myself. My inner strength guides me.

References

Fuller, AK, Fuller, AE. *Recovery from Sexual Harassment. A Series of Books of Therapeutic Suggestions*. Amazon Kindle Direct Publishing, 2018. Paperback, audiobook and ebook.

www.recoveryfromharassment.com

Fuller, AE, Fuller AK. (Lyrics) "Hope Replaces Despair." Vocals: Callie Buchanan; Production, Collaboration and Orchestration: STUDIO D (Gary DiBenedetto); Formed with: Hawgwhaller, LLC (Ian Folsom). 2019. <https://www.youtube.com/channel/UC7qsHGurmW-vChUDcddoOwQ>

Angela Fuller, a member of LPCA of GA, and her psychiatrist husband, Ken, practice together in Thomasville. *Recovery From Sexual Harassment* is Angie's writing debut.



**Each morning
we are born again.**

**What we do today
is what matters most.**

—Buddha—

Self-Care as an Everyday Practice for Work-Life Harmony



Louis F. Boynton II
PhD, LPC, NCC, CPCS

The work in our field is difficult. It often feels as if we are the keeper of secrets and we are burdened by the harm that people do to themselves and others. I learned at a recent workshop that almost 40% of all persons in our profession suffer from vicarious trauma. As a counselor,

I have found that self-care is the key to reducing some of the difficulty in the profession. Self-care is also often a neglected practice for many people. This article is a brief discussion on the signs of vicarious trauma as well as a few general practices you can do to help your body heal from this trauma. To begin with, we need to recognize the signs of this kind of trauma.

First, you must find the time to reflect on what you do and how you live each day. Look for the signs of trauma such as perfectionism, burnout, lack of sleep, poor health, and poor eating habits. These are just a few main themes that can be masked by a variety of emotions

and behaviors. For me, I notice that I become isolated and withdraw from the world when I have been faced with too many traumas. To me, this is a sign for me to get out and be more active in my self-care life practices. I call them practices because I try to add one simple practice each day to help me take care of my health, happiness, and to find some harmony. There are many examples I can give, but I am limited by the length of this article so here are just a few.

Let's start with the basics: be kind to yourself and then practice kindness in your life. The golden rule helps to remind you that most people are good, including yourself. Next, be grateful; find ways to help yourself find the good in life, rather than the negative situations that you often create. Then, use your time to your own advantage: take breaks, meditate, set your schedule to do what you love first or last, but include something you love in your day. Another practice is to bring some joy into your life, every day, for at least ten minutes via: music, hobbies and exercise. Finally, notice what you do. If you find something great, make it part of your week. I found out that I love to grow food and cook it.

These are just a few things to try. Please remember to be creative with your practices but build them into your life daily. This can be a step towards work-life-harmony; first to learn how to love your life; then to make your work an act of love. This seems like a great target to aim for and remember to set small achievable goals to be successful.

It's Time To Wake Up From This



A Personal Exploration of Burnout: Overcoming it with Cognitively-Based Compassion Training

Jennifer Finch
LPC, NCC, CBCT® SEP (yr 2)

Cognitively-Based Compassion Training (CBCT® a program created by Dr. Negi at

Emory University) has given me a chance to reevaluate the purpose and current trajectory of my career and life.

As we head into the sea of uncertainty, this training at least provides one with a good map.

It has allowed me to acquire a strong and confident backbone, while simultaneously being able to exhibit a soft front with an open heart. Let me proclaim, without too much historical extrapolation, that this opening back up to the world, from a compassionate stance was no small feat. I had previously defined my life by a measurement of trust, or rather broken trust in all nouns, (people, places, and things). My past experiences dictated how my present was going to be, and I was conditioned to titrate how connected I would allow myself to feel in each moment. This basically added up to being a sliver of connection, while the rest of me remained untouchable, distant, heading for the life of a reclusive lone ranger.

In graduate school, we were taught this survival strategy. To politely disconnect, observe from a distance, not get too close or care too much. We needed to remain objective and analytic and observe non-judgmentally. Classic DSM-III training. If we didn't, we would get sucked into the vortex of over-emoting. Bring our work home with us. Become boundary-less. Stay up late at night worrying if we did the right thing, said the right thing, should I have 1013'd that last patient? Not caring too much seemed the lesser of the two inhumane paths. So I slowly corroded into a sarcastic, numb, cut-off from emotion, therapist.

Fast tracked to burnout!

CBCT® was an experience that significantly and quite literally filled me with breath. Enough breath to fill a narwhal cavity. Re-connecting me to purpose and priority. Of course connection is innate, and important and our well-being is nourished by it. In many ways, CBCT® has down-sized my life. It has shaped my furious, ramshackled and uniformed thoughts, and calmed my "elephant-mind." It put everything into slow-motion and allowed my vision to upgrade to High-Definition. It also provided me the courage to have a "garage sale" on my friends, and a wisdom to see clearly the relationships that provided nourishment, safety, security, understanding, and love.

In hindsight, it is quite clear to see the people that are not providing nurturing moments, and my exhaustive efforts and expectations for them to do so.

I was a good student in my life, always applying assiduousness and voracity to excel, to solve problems, and to illuminate what I didn't understand. But, I was ingrained with a suspecting, doubting and interrogative mind that operated largely out of a fear of being duped. I fought like a gladiator and entered the hard, conniving shrewd business world of "having to be right." With this erudite ego, I also took

a good crack at wrongdoing and defiance. I committed my lackluster efforts to fighting injustice, adrenaline pumped by sticking up for the underdog, and when injustice wasn't present, I am sure I created some.

My over-charged negativity bias had forsaken me the opportunities to see the good, even when it was right in front of me.

This tough outer shell became a coat of armor. I was behind a lead radiation vest all of the time. Sure it got me into interesting places, I was fearlessly recruited to jails, DBT groups, crisis groups chock-full of homicidal, paranoid schizophrenics and cluster-Bs. "Jen can handle it!" I was repeatedly told. I believed them, until I fell flat in the skidded tire tracks of burnout. Run off the road. Am I human? Or am I...?

It was not until I took CBCT® that I began to consider seeing beyond my ordinary seeing. What? Softness is a way? And it is not weak?

Dictated and tethered by my painful past, right up until the words "gentleness" and "self-compassion" entered my life. Like a coconut dropping on my head, I came to the realization that there was more to life than what I had previously thought or believed. Despite all of my accolades and academic endeavors, I was beginning to realize how woefully unprepared I was in my life, and could now clearly see how I had been operating out of a shiftless fashion. Like a socialite at a party always on the lookout for someone better to talk to at a party, my professional career, and personal life seemed to be swayed by impulsivity and "either-or" decisions. CBCT® became an "and" philosophy.

It is an expansion philosophy that keeps on getting better the more you commit to it in your daily life. It becomes a choiceless choice that is the modus operandi in your every day moments, even the mundane ones. And there are a lot of those these COVID-days.

I began to recognize that all things have a place in the curriculum. Essentially everything in your life, all becomes a part of the curriculum. My values, the hard and soft news I watch, including the fluff pieces, my parenting, my marriage, the way I treat my neighbors, the way I treat my adversaries, but perhaps most importantly, how I treat myself. It was Jack Kornfield who said, "If your compassion does not include yourself, it is incomplete."

CBCT® allowed me a pragmatic way to train in freeing myself from my thoughts and a sensate grounding into my present moment. It helped me dismantle my past that previously seemed so iron-clad, and I am no longer being swayed like a tumbleweed across the land. It helped me better understand my history and is making me feel more engaged and emotionally connected to my life.

It prepared me for this moment. I have been able to bend and sway with COVID with a resiliency that feels confident.

There was a specific moment in Dr. Negi's CBCT® class where I sat there with all the other brave and courageous participants, and I made up my mind that I was going to keep loving. No matter what! I was going to keep opening my eyes and exposing my heart. It was like a riptide opening my sliver of connection, finally allowing pure joy in. This doesn't come without fear, or pain and suffering, and it is not predetermined. But my back is held straight and strong with confidence and my front is soft and open pointed in a direction of who I want to become.

For more information on CBCT®, e-mail me: jencfinch@gmail.com

Governor Kemp Signed 8 Healthcare Related Bills Including HB 1114

From Rome News Tribune Article:

On July 16, 2020, Gov. Brian Kemp signed into law eight pieces of healthcare legislation that included restrictions on surprise medical billing and enhanced access to medical care for new mothers on Medicaid.

Local lawmakers Sen. Chuck Hufstetler and Rep. Katie Dempsey, both Rome Republicans, were invited guests at the ceremony that took place at Wellstar Kennestone Hospital in Marietta.

Dempsey sponsored House Bill 578, which lets the state Department of Human Services conduct criminal background checks on student volunteers and interns. She'd been working on it for two years at the request of DHS officials.



Rep. Katie Dempsey
R-Rome



Sen. Chuck Hufstetler
R-Rome

Hufstetler and Rep. Lee Hawkins, Gainesville Republican, teamed up on the surprise billing legislation, pushing identical bills. Hawkins' HB 888 was the one that made it through under the wire and Hufstetler carried it in the Senate.

"This will get the patient out of the middle of surprise bills — a position that often leads to massive charges and bankruptcy," Hufstetler said following the signing.

HB 888 addresses the problem of emergency care patients getting socked with out-of network charges, sometimes months after an operation. It sends disputes between the insurer and the provider to arbitration, instead of leaving it to the patient to pay the balance.

Hufstetler said Georgia is the 16th state to enact a system to resolve the disputes, and he believes it's the most comprehensive.

"I hope it can be used as a model for other states, as well as the federal government to pass national reform," he said. "This bill is a compromise between all parties. It took five years to make it happen and it is a huge win for the consumer."

Kemp, who combined the signings with the grand opening of the hospital's new emergency room, said the new laws signal "an historic step forward" in terms of healthcare.

"And frankly, it couldn't come at a better time — as our state and country face the greatest public health challenge we have seen in the 21st century," he added.



Rep. Lee Hawkins
R-Gainesville,

"When we began 2020, none of us could have predicted that we would face a pandemic and grapple with unprecedented threats to the lives — and livelihoods — of all Georgians," Kemp said.

Rep. Sharon Cooper, R-Marietta, took up the problem of maternal mortality this session to pass HB 1114. The measure lets Georgia seek a Medicaid waiver to provide up to six months of postpartum care.

The bill also extends Medicaid coverage for breast-feeding and lactation care.

Kemp also signed the following legislation on July 16, 2020:

- HB 789, creates a rating system for hospitals based on how many medical specialty groups like anesthesiologists and radiologists are contracted. The bill's sponsor, Rep. Mark Newton, R-Augusta, said the intent is to promote "truth-in-advertising" that can help curb surprise billing practices.
- HB 521, by Rep. Houston Gaines, R-Athens, allows dentists licensed outside the state to temporarily practice dentistry in Georgia if they are serving low-income patients at clinics or charitable events.
- HB 932, by Gaines, allows podiatrists in Georgia to organize professional corporations with other doctors.
- SB 28, by Sen. Lester Jackson, D-Savannah, prohibits insurance copayments for health benefits plans from being set in a way that could "unfairly deny health-care services."
- SB 395, by Rep. Ben Watson, R-Savannah, sets terms for investments in mutual, trust and retirement funds, and revises terms on reserving proceeds from the sale of hospitals for indigent care.



Rep. Sharon Cooper
R-Marietta,



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- Promote and serve the continuing education needs of mental health professionals. This is accomplished by educational seminars, workshops, publications via a highly specialized team of trained forensic mental health professionals.
- Serve families by providing specialized assessments, educational materials and treatment plans. This is accomplished through a professional team approach used to assess and diagnose attention deficit hyperactivity disorders, autism, disruptive behaviors, oppositional defiant disorders and various other problematic child behavioral issues.
- Serve the needs of our veterans and nursing home residents by promoting entertainment modalities throughout our senior communities. Additionally, establish and serve the needs of at-risk children and families by promoting entertainment modalities throughout local communities.



The National Board of Forensic Evaluators (NBFE) has been approved by the National Board for Certified Counselors (NBCC) as an Approved Continuing Education Provider, ACEP No. 6189. Programs that do not qualify for NBCC credit are clearly identified. NBFE is solely responsible for all aspects of the program.



This workshop has been approved for 8 hours of continuing education (7 CORE hours and 1 hour Ethics hour) with the Licensed Professional Counselors Association, CE approval #9469-19C and 8 hours of continuing education (6 general hours, 1 domestic violence hour, and 1 hour ethics/professional boundaries) with the Florida Board of Clinical Social Work, Marriage & Family Therapy, & Mental Health Counseling and Florida Board of Psychology, CE Broker Tracking # 20-551881 (CE Broker Provider #50-15823). NBFE is recognized and endorsed by the American Mental Health Counselors Association.



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Vicarious Trauma

"In the role of witness to acts of violence, the therapist feels, at times, overwhelmed and experiences, to a lesser degree, the same terror, rage and despair as the client."—Adapted from (Herman, 2001).

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Presenter: Jennifer Finch, M.A., LPC, NCC, CBCT®, Certified Meditation Instructor
Jennifer combines her wealth of knowledge of ancient practices, neuroscience and resiliency research with years of clinical work to create a masterful guide to building compassion through the work of CBCT®.

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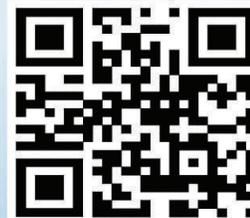
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Currently we are seeking submissions for the Journal to be published this spring. Prospective manuscripts should comply with the *Guidelines for Authors* as stated in the Journal and on the LPCA website, <http://www.LPCAGA.org>, that follow the APA guidelines for Blind Review, <http://www.APA.org>.

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- In addition, the Journal considers reviews or theoretical contributions that have the potential for stimulating further research in counseling, and conceptual or empirical contributions about methodological issues in counseling research.

The Georgia Journal of Professional Counseling considers manuscripts that deal with clients who are not severely disturbed, who have problems with living, or who are experiencing developmental crises. Manuscripts that deal with the strengths or healthy aspects of more severely disturbed clients also are considered.

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