



*Counselors Rock!*

# LPCA CONNECTION

Official Publication of the Licensed Professional Counselors Association of Georgia

## The Mental Healthcare Crisis in Rural Georgia

***"Today, we take the next step—a monumental step—toward a Georgia where every person receives the help they need to fight and overcome whatever personal trials they may face."***

—Governor Brian Kemp upon signing the Mental Health Parity Act, April 4, 2022

Since that time, we have seen an increased emphasis on providing mental healthcare access. Legislators, universities, local schools, state commissions, and agencies have developed outreach programs to inform citizens of resources available to address their mental health concerns. Unfortunately, our rural and agricultural communities have not seen a measurable increase in access to this care.

One major concern is the lack of qualified providers to serve these communities. Georgia still has rural counties with little access to mental healthcare (see *MH Providers Map on page 29*). With Georgia's number one industry being agriculture or agriculture related services, it is imperative that these communities have access to care. Studies have put the suicide rate among agricultural workers to be three to five times that of the general population. Another concern is the lack of knowledge about the distinct factors that contribute to anxiety, depression and sometimes suicide in farming and agricultural communities.

During LPC Week, Georgia Commissioner of Agriculture Tyler Harper spoke to LPCA about mental healthcare initiatives for the agriculture community.



**Agriculture Commissioner Tyler Harper**

Harper, who was recently named "Georgian of the Year" by James Magazine, grew up on his family's farm in rural Irwin County (Central South Georgia). LPCA has been working with Commissioner Harper, several legislators and educators on finding ways to reach these underserved rural communities.

Working with agriculture and rural communities is different than with other populations. Tremendous upfront investment, uncontrollable factors like weather, fertilizer prices, commodities prices, farm equipment purchases and maintenance, in addition to deep emotional connections to family land, all combine to create a unique culture of anxiety for far too many.

Legislators and other stakeholders can plan and advocate for rural mental healthcare, but until we have qualified providers who are willing to serve these populations, it's difficult to foresee major improvement in access to mental healthcare in Georgia's rural agricultural communities.

LPCA of GA has partnered with AgriSafe to educate LPCs on effectively counseling agricultural workers by providing a free 3.5 CE online course (see *page 31*). We urge all LPCs to take advantage of this opportunity!



**"Sunrise Over the Georgia Snow" Tracey Pace's farm in Effingham County, Georgia**

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To view past newsletters go to:

<https://lpcag.memberclicks.net/previous-newsletters>

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## EXECUTIVE DIRECTOR

Gale Macke [LPCA@LPCAGA.org](mailto:LPCA@LPCAGA.org)

## Reflecting on Our Progress and Looking Ahead

As we approach our 37<sup>th</sup> Annual Convention, I wanted to take a moment to share a few key highlights from our recent accomplishments and outline our strategic direction for 2025.



## Recent Successes

- **Increased Impact:** We've seen a significant rise in the number of volunteers on the LPCA Supervision Committee which is the training of the trainers, workshops about counseling and the law, and town hall meetings demonstrating the growing reach and effectiveness of our programs. This is directly attributable to the dedicated efforts of our volunteer Board of Directors and dedicated staff, and the unwavering support from our members like you.
- **Community Partnerships:** We've forged new collaborations with national organizations, such as the American Association for State Counseling Boards (licensing board), expanding our network and allowing us to tackle complex issues from multiple angles. Other states are very interested in the LPCA supervision initiatives.
- **Financial Stability:** Through careful budgeting and strategic fundraising, we've maintained a strong financial position, enabling us to invest in critical initiatives.
- **Expanding Access:** Our priority remains to broaden access to the profession by outreach to universities, underserved communities, and new programs such as additional certifications to promote the profession of counseling.
- **Technology Integration:** In 2024 we moved to a new website host, as much as we wanted the new software to be user friendly, easier communications it has proven to be ineffective. Technology must enhance our operations and streamline communication, ensuring efficiency in delivering our services to you. We are now working with a new age developer to create the interface that supports your needs. The prototype should be active later this year.
- **Advocacy Efforts:** We will actively engage in policy discussions at local, state and federal levels. LPCA pushed to make sure we were recognized and our lawmakers answered. You live in the only state in the U.S. to have an official acknowledgement at the State Capitol, LPC Day. (see proclamation on page 6)

## Legislative Agenda: GA HB36

Last year the probate judges proposed a bill adding LPCs to the current list of providers who are authorized to perform Mental Health Evaluations for guardianship under the probate court system. The bill passed the House of Representatives unanimously and passed the Senate with a small change, but the legislative session ended before final voting on the bill changes. That meant that the process to add LPCs to the current list of psychologists and licensed clinical social workers had to start all over again. This year, the same legislation, GA HB36, struggled to a passing vote. Over 70 lawmakers voted "no" to adding LPCs to the current list of approved providers.



The bill did “crossover” to the Senate on March 7th, but now there are discussions if LPCs are qualified. LPCA is working hard to educate our elected Senators on your qualifications.

Please scan the QR code and take a minute to let your elected officials know your training and education.



SCAN ME



DBHDD Commissioner Kevin Tanner with LPCA President-Elect Tracey Pace

## Biennial Institute for Georgia Legislators

The Commissioner of the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), Kevin Tanner, stopped by the LPCA table at the Biennial Institute for Georgia Legislators this past December to update our association on all the changes and improvements to the DBHDD programs. LPCA of GA celebrates the successes and looks forward to being part of the continued solutions for mental healthcare services in Georgia.

There is a very detailed description of the improvements, changes, as well as federal obstacles to improving mental healthcare in Georgia on their website. Go to <https://dbhdd.georgia.gov/organization/be-informed/reports-performance>.

## LPCA of GA Roundtables

**Virtual meetings to ask questions, discuss issues, and share ideas**

**Join us for in-depth discussions!**

### Future Counselors Roundtable

Hosted on the 3rd Thursday of each month  
12:00 Noon to 1:00 PM

### Supervisors Roundtable

Hosted on the 2nd Friday of each month  
12:00 Noon to 1:00 PM

### LPC Roundtable

Hosted on the 3rd Friday of each month  
12:00 Noon to 1:00 PM

For more information:

[www.LPCAGA.org](http://www.LPCAGA.org) under **Upcoming Events**



## IMMEDIATE PAST-PRESIDENT

**David Markwell, PhD, LPC, LCMHC, CPCS, ACS, BC-TMH, ATS**

As I write this final newsletter article as the Immediate Past-President of LPCA of GA, my heart is filled with immense gratitude and joy. Serving this role has been an extraordinary honor—one that has deepened my respect

for our profession, strengthened my connections with colleagues, and reinforced my belief in the power of advocacy, education, and service.

One of the most rewarding aspects of this role has been witnessing the unwavering dedication of our members. You are the heart and soul of the LPCA of GA. Whether in private practice, agencies, hospitals, or schools, each of you plays a vital role in shaping the mental well-being of our communities. Together, through our efforts we have strengthened our association, expanded our outreach, and elevated the voices of professional counselors across the state. I encourage every member to stay engaged in the conversation—our work is far from over.

I am proud of the strides we have made in advocacy. Professional Counseling continues to gain the recognition it deserves, and we have worked tirelessly to ensure that counselors in Georgia have the resources, support, and legislative backing necessary to thrive. LPC Day at the Capitol is witness to this movement. Additionally, our commitment to professional development has remained a cornerstone of LPCA.

These past three years have seen incredible conferences, workshops, and networking events, all designed to equip counselors with the tools they need to excel. I want to express my deep appreciation to everyone who has dedicated countless hours to making these programs possible.

To all of my fellow board members (past and present), thank you for your wisdom, guidance, and unwavering support. I regard you as my colleagues and friends. To the LPCA staff and volunteers, you have my sincerest appreciation for your devotion to the association. To Gale Macke, you are the energy behind the LPCA of GA. Your commitment is unwavering and so often unappreciated—yet you push on for our profession. In closing I want to say “thank you” for allowing me to serve, to lead, and to learn alongside each and every one of you. It has truly been a privilege of a lifetime!

## Johnnie Jenkins Receives GAPT Award

Johnnie L. Jenkins III, PhD, LPC, CPCS, was presented the 2025 GAPT Outstanding Play Therapist Supervisor of the Year Award on Saturday, March 15th, at the GAPT conference. (Caricature by Sean Davis)





## PRESIDENT

*Keisha Buchanan, EdD, LPC, CPCS, CCTP*

## 2025 LPC Week and LPC Day at the Capitol

This year's LPC Day at the Capitol was a powerful demonstration of our collective commitment to advocacy. By engaging with legislators and sharing our expertise, we

reinforced the importance of mental health services and the need for continued support for our profession.

### Legislative Efforts and Advocacy: Strengthening Our Profession

Advocacy remains at the forefront of LPCA's mission. Over the past months, we have actively worked to influence policies that affect the client populations, licensure, and services provided by counselors. Our association has been instrumental in monitoring bills that impact mental health care, ensuring that the voice of professional counselors is heard at every level of government. These efforts are crucial to ensuring that LPCs in Georgia have the resources, recognition, and support needed to thrive in their careers.

### Setting the Standards for Counselors in Georgia

LPCA of GA continues to lead the charge in establishing high standards for professional counseling. Our role in workforce development, supervision, and continuing education ensures that Georgia's LPCs are well-equipped to meet the growing demand for mental healthcare services. We remain committed to promoting licensure portability, enhancing supervision training, and advocating for policies that uphold the integrity of our profession.

As professional counselors, we matter—not only to our clients but also to the well-being of communities, businesses, and the workforce at large. Mental health is a critical component of employee retention, productivity, and overall societal health. By investing in our profession, policymakers are investing in a stronger, healthier workforce.

### Why We Matter and Our Lasting Impact

LPCs play a vital role in the mental health ecosystem. From supporting individuals through crises to promoting emotional resilience, our impact is undeniable. As we continue to advocate, educate, and lead, we must also take a moment to reflect on the significance of our work. ***We are change-makers. We are advocates. We are essential!***

Thank you for your continued commitment to this profession and to the clients we serve. Let's keep raising our voices, supporting one another, and ensuring that LPCs in Georgia receive the recognition and support they deserve.



Yes, We Did It! We Filled the Stairs!





Marvin Brown, Dequincy Atterberry, Keisha Buchanan, LaShawnda Lindsay, Shernethia Brooks



Juliana Krueger, Kendall Clayton, Tara Overzat, Andretta Ligé



Sven Legg-Grady, Lamar Barber, and Kristen Scoles



Tonika Dew Evans and Tara Overzat



GA Senator Nabilah Islam Parkes, Kendall Clayton and Andretta Ligé



GA Representatives Kasey Carpenter and Alan Powell



GA Rep. Phil Olaleye, Keisha Buchanan



GA Rep. Matthew Gambill, Jeff Burney of GCUA, and Will Carroll



Marcia Blane and Vickie Blount



Vickie Blount and Ashley Harris



Andrea Nichols, Laura Moir, Holly Blalock, Brittany Briscoe, Lei Phyu Tun, Patricia Whalen, and Jill Osborne



Dottie Chambers and Lei Phyu Tun





## PRESIDENT-ELECT

Tracey Pace, ThD, LPC, CPCS, CFMHE

### News You Can Use

No longer can a counselor be secure by simply knowing their job as a therapist. They must also be aware of the other areas that affect their ability to safely and legally practice. Detailed below are resources to help you navigate the ever-changing rules and regulations governing counseling.

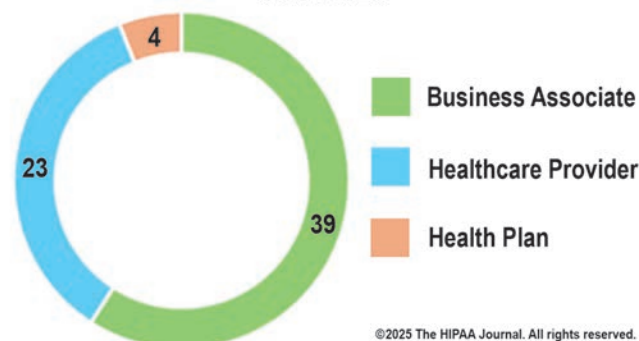
### Health Insurance Portability and Accountability Act

Many larger organizations have a designated person to ensure HIPAA compliance, but HIPAA rules require that all practices, single provider practices included, must have a designated compliance officer with written directives about HIPAA compliance. All practices must undergo a regular HIPAA audit during which all areas of compliance must be reviewed and corrected if needed. If this seems overwhelming to you then you might consider taking the annual *HIPAA Compliance* class offered by LPCA of GA. If this all sounds very familiar to you then you might want to further your knowledge by staying abreast of the frequent challenges and proposed changes to the HIPAA rule. One way to keep up with all things HIPAA is by subscribing to the HIPAA Journal at [www.hipaajournal.com](http://www.hipaajournal.com). The journal, in its weekly email newsletter, reviews record breaches and proposed changes to HIPAA rules. The February 2025 issue identified the most recent breaches to be primarily due to email phishing and business associates. How does this affect you? Are your computers encrypted, have you trained your employees about responding to emails and do you have BAAs as required? The HIPAA Journal newsletter is free.

### Laws Pertaining to LPCs

It is no longer enough to have read your various codes of ethics, state laws and board rules. If you are licensed in more than one state, you need to be aware of the laws and rules of each state. Recently, an LPC asked me how to handle a request for the records of their deceased patient by a surviving spouse. They had consulted their liability insurance but due to continuing education they had taken, the therapist felt that the information they received might not have been accurate. The LPC was correct. The problem arose because out-of-state carriers may not be familiar with Georgia case law. One way for the practicing therapist to stay up to date on case law is by subscribing to the Justia Law newsletter at [www.connect.justia.com](http://www.connect.justia.com). The newsletter is free, and you can include only those case reviews that pertain to your practice. I subscribe to news from the United State Supreme Court, the Georgia Supreme Court and the 11<sup>th</sup> Circuit Court of Appeals which covers Georgia, Florida and Alabama. The newsletter is released daily, and it takes just a moment to skim through the cases to determine if any of the decisions are related to the practice of counseling. In a fairly recent case, mental health/substance abuse information obtained during the investigation of a crime was excluded from evidence because law enforcement and the provider had not followed the correct procedures. If you don't know the legal and HIPAA requirements for release of records, you might want to take the class, *I Studied Counseling, Not Law*, offered by LPCA. This 90-minute class is a basic introduction to

### Data Breaches at HIPAA-Regulated Entities Jan 2025



records requests, responding to subpoenas and testifying in court. The class will acquaint you with enough information to know when it is time to consult, contact your liability insurance carrier or ask an attorney.

Finally, the age-old adage to ask for forgiveness later, does not apply here. To the contrary, if you can show that you made a good faith effort to comply with the law and HIPAA, you may mitigate or even eliminate damages (remediation and fines). The Office of Civil Rights is charged with enforcing compliance with HIPAA.

### LPC Day Proclamation, January 29th, 2025







## ATLANTA DISTRICT

**Lei Phyu Tun, Atlanta District Chair**

### Coffee & Chat in Sandy Springs A Great Start to 2025!

The LPCA Atlanta District kicked off the new year with another successful Coffee & Chat on January 18th, at Just Love Coffee Cafe in Sandy Springs. We had a fantastic turnout with LPCs at various stages of their careers coming together to connect, share

experiences, and engage in meaningful conversations. The laid-back and welcoming atmosphere provided the perfect setting for networking, discussing professional challenges, and exchanging ideas about both

work and life in general. Attendees appreciated the opportunity to meet colleagues outside of formal settings, creating a space for genuine camaraderie and support. Whether it was sharing insights on private practice, supervision, or self-care as a therapist, the event fostered enriching discussions that left everyone feeling inspired and connected.

We are thrilled to see this event continue to grow and serve as a valuable resource for our community of counselors. Thank you to everyone who joined us, and we look forward to seeing even more of you at future Coffee & Chats!

For those who missed this event, we encourage you to join us next time—there's always a seat at the table and a warm cup of coffee waiting for you!



L-R: Eric Rodgers, Lei Phyu Tun, Sara Hong, Kathy McCorie, Jessica Renard, Tracy Kissinger, Alisha Uppal, Irene Ferguson, Angela Muscheru, Khadijah Irving, David Markwell, and Todd Smith

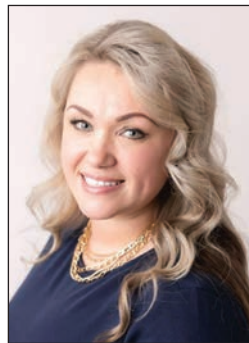
## WESTERN DISTRICT

**Olga Maxwell, LPC, NCC, CPCS**

The Western District had a number of events to lead us into 2025. On January 29<sup>th</sup>, during LPC Day at the Capitol, there were a number of members in attendance from Columbus and neighboring counties representing the Western District and LPCA. It was powerful and impactful to walk through the People's House to see the history in details and watch legislature come to life by attending a session at the House of Representatives. Many new connections were formed, and LPCs from our entire state showed up united and strong.

On February 12<sup>th</sup>, Olga Maxwell, LPC, CPCS, presented *Counseling Clients with Schizophrenia Diagnosis*. It was offered via hybrid model, and nine members attended in-person and twenty-two attended virtually. Many members had positive feedback about the training and requested more in-person trainings to be offered in the future.

On March 3<sup>rd</sup>, LPCA Western District hosted in-person training on childhood sexual abuse, *Darkness to Light*. Teresa Bradley, LPC, and Kathryn Ricks, MA, provided the latest information on child sexual abuse statistics, survivor experiences, and prevention strategies



to deepen understanding and awareness. Presenters have taught foundational skills such as making protective choices, taking proactive measures to minimize risks, and fostering a supportive network, enabling participants to effectively safeguard children from abuse. AmeriGroup have sponsored a free lunch for all participants.

Western District is currently preparing several Coffee & Chat events as well as Lunch 'n' Learn events. Check the LPCA website for updates.

### Western District at LPC Day at the Capitol



Olga Maxwell  
and Meredith McGowan



Shakiyla Benson, Jaime Allred  
and Olga Maxwell



## CENTRAL DISTRICT



**Dottie Chambers,**  
LPC, CPCS

Central District started the year off with a Coffee & Chat on January 18th at the Taste and See Coffee Shop in Macon. These Coffee & Chats have become quite popular. We have enjoyed the opportunity to gather with colleagues in the Middle Georgia area. The counseling profession can have the tendency to become isolating if you are not careful and not deliberate in engaging in social events such as these.



**Jeannie Powell,**  
LPC, CPCS

During LPC Week, Central District showed up for LPC Day at the Capital, and we let our state reps know we were there. It truly was an amazing day with a record turnout. **Counselors Rock!**

Central District closed LPC week in January by relaunching the monthly Lunch 'n' Learns at the local hospital in Macon, Piedmont Hospital Behavioral Health Center (formerly the Coliseum). Our very own Professional Development Chair, Tonja Simmons Lee, PhD, LPC, NCC, CPCS, led the group in learning about advocating for our profession.

At the end of February we held a Lunch 'n' Learn: *Testifying in Court: Navigating Subpoenas, Ethics, and Testimony* led by R. Alan Williams, PhD. We are grateful for this partnership with Piedmont Hospital to bring more events such as these to the Middle Georgia area.



**R. Alan Williams**

On Saturday, March 15, we held another Coffee & Chat in Kathleen, GA, at the Woodlands Coffee Roasters and Café.

### Join us for our upcoming Lunch 'n' Learns

Friday, March 28, *Metacognitive Approach for Anxiety and Depression* presented by Emily Newberry, LPC, CPCS.

Friday, April 25, *Relax and Recharge Self-Care for Therapists* presented by Deanna L. Schultz, LPC, CCH, C-DBT, NCC.



**John McElveen**

Friday, June 27, *Stress and Mental Health in the Georgia Agricultural Community*, presented by John McElveen, EdD, Director of the Georgia Agricultural Wellness Alliance. In this role, he collaborates with numerous organizations and institutions to address farm family health, safety, and well-being.

All Central District Lunch 'n' Learns are held at Piedmont Hospital, 340 Hospital Dr., Macon, Building E, ground floor, entrance and awning marked Behavioral Health. Doors open at 11:30am and training is from 12 noon–1pm. A small fee includes 1 CE and lunch.

If you would like to see an event in your area or if you have a topic request, please reach out, we would love to hear from you.



**Central District at LPC Day at the Capitol**  
Dottie Chambers, Andrea Nichols, and Laura Moir



**Central District Coffee & Chat at the Taste and See Coffee Shop**  
Back: Lisa Ivery, Laura Moir, Tonja Simmons Lee, Thomas Fibbe, Holly Blalock, Lisa Schumacher, Jackson Van Meter  
Front: Keyarta Woodard, Andrea Nichols, Dottie Chambers, Deanna Schultz



**Central District Coffee & Chat at Woodlands Roasters and Café**  
L–R: Candace Leong, Quintisia Kelly, Deanna Schultz, Ashley Turner, Diane Davis, Tom Fibbe, and Dottie Chambers





## Farm Stress Summit

**Tracey Pace, ThD, LPC, CPCS, CFMHE**  
LPCA President-Elect

On Thursday March 13<sup>th</sup>, the University of Georgia School of Social Work and the University of Georgia Extension program hosted the 2025 Farm Stress Summit at Georgia Southern University. As a small farmer and an LPC I was looking forward to attending the summit but went expecting to hear a somewhat depressing report on

Georgia farmers, particularly given the 2024 weather disasters. I was surprised to find myself feeling encouraged and looking forward to each upcoming session. The Summit started with a joint “fireside chat” with Georgia Commissioner of Agriculture Tyler Harper and Commissioner Kevin Tanner of the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD). Commissioner Harper spoke about the Department of Agriculture taking more of an emergency response focus (proactive) as opposed to a department that simply responds to emergencies. Commissioner Tanner highlighted the sad fact that the 988-suicide hotline received a disproportionate number of calls from rural communities. He also recognized Commissioner Harper’s efforts to address mental health concerns in the agricultural community. Commissioner Tanner also discussed the ECHO program which trains rural primary care providers to work with psychiatrists remotely to help patients who need psychiatric services where none are available in their community.

The keynote speaker was Dr. Connie Baptiste, 2023 Woman Veteran of the year and 2024 Department of Agriculture Mental Health Hero. Connie is an Air Force veteran, fourth-generation farmer, owner of Hunter Family Farm, and GDVS’ 2023 Woman Veteran of the Year, who has dedicated herself to providing mental health resources to veterans and farmers alike.



Connie spoke on navigating interruptions in life and business. She emphasized knowing the resources available to not only to survive but to thrive.

Approximately fifteen agencies contributed to the summit by either presenting or providing assistance. Throughout the event, I had the opportunity to engage with numerous small farmers and individuals planning to transition into farming from other careers. All expressed their gratitude for the summit and their enthusiasm about becoming part of the agricultural community.



**Tracey Pace with Dr. Mark Lattimore,**  
Fort Valley State University Extension  
Administrator and Director of Land  
Grant Affairs



**Veterans Planning on Transitioning to Fulltime Farmers**  
L-R: Aaron Motley, Kelsha Weaver, Ira Weaver, and Roger Mottley



**Commission of Agriculture Tyler Harper and**  
Commissioner of DBHDD Kevin Tanner



**Georgia Southern University, Statesboro, GA**

## Mandated Reporting: A Therapist's Point of View

**Patricia Whalen, LPC, CPCS, NCC, CST**  
**LPCA Coastal District Chair**

A summary of Mandated Reporting is: "It is a legal requirement asked of professionals who work with children. This means we are to contact the appropriate authorities even when there is the slightest suspicion or evidence of abuse or neglect. This protects this vulnerable population and intervenes in a timely manner to prevent additional harm" (Chile Welfare Information Gateway). If you need additional information on Mandated Reporting, please see the references provided at the end of this article.



According to the Georgia Department of Human Services Division of Family and Children Services, a mandated reporter is to call the Department of Family and Child Services (DFCS) at 855-422-4453. There is also the option of filling out the Mandated Reporter form online. When DFCS is contacted, the local department of human services investigates the report and determines whether intervention is necessary. The reporter is not required to tell the parent or guardian about the report. The reporter will receive a letter of acknowledgment and acceptance for investigation or screen-out of the case.

However, if the danger is imminent, submitting a police report is an option. In 2012, I worked as the clinical director of a pregnancy crisis center in Acworth, Georgia. One day, Chief Mark Cheatham, Chief of the Acworth Police Department, came into the center. He introduced himself and stated that his purpose in coming was to request our assistance. He asked us to contact the Police Department if any female 15 and under came to our center for pregnancy tests, rather than DFCS, because DFCS was overworked and short staffed. He stated that, by filing a police report, the welfare of the child would be addressed in a timely manner. The Acworth Police department worked in conjunction with Safepath Children's Advocacy Center, located in Marietta. Together, the welfare of the child was immediately addressed. Since then, my experience has been that DFCS is the one to go to when there is no proof, but there is suspicion. If there is imminent danger of the abuser causing harm to the victim and to other children, in my opinion, the police department is a good option. As a clinician, I need to follow not only the guidelines but also use my best judgment.

The first time I submitted a Mandated Report was in 2021. I had just opened my private practice in Acworth, Georgia. A woman set up an appointment for her 14-year-old daughter. She explained that her daughter was having trouble in school, and felt she needed counseling. During the intake I asked the client if she had ever experienced abuse. She lowered her head and shared that something had happened to her when she was eight years old. She stated that, at the time, she did not understand. However, something happened in school a few days ago. She said it was scary, she started trembling and sweating. She said her heart was racing and felt something was wrong and wanted to get away. I could see her body squirming and noticed her breath was shallow. I stated in a calm voice that she was okay, and she was safe. I offered her a glass of water. She took it and appeared to relax a bit. I

waited until she was ready to talk. She stated that a neighbor, the father of her girlfriend, did things she did not like. Now, she knew that what he did was wrong but then, she didn't. When I asked if she had told her parents, she said "yes." I then asked if her parents had reported this to the authorities. She said "no." I, therefore, stopped the session. I knew that I could not ask her anything else. I did not want to compromise her testimony nor put any ideas into her head.

I asked her to wait. I went to another room to call her mother and explain the situation. The mother stated that her daughter had just recently told her, but she did not know whether to believe her or not. They had moved out of the neighborhood several years ago and her daughter had never said anything to her. She said, I wonder if that could explain why her daughter was acting differently. She said that her daughter used to be outgoing and friendly and now she's introverted and shy. I feel that our conversation made the mother sense that her daughter had told the truth.

I went back to my office where my client was and told her that she was very brave and thanked her for trusting me. I said that what had happened to her should not have happened, and it was not her fault. I explained that her mother was going to come back to the office and pick her up. Her mother loves her and wants to protect her. I mentioned to her that she would need to talk to a different counselor, but I assured her that she would be in good hands. She hugged me and said that she was glad she talked to me. It touched my heart to hear her words. A part of me was hurting for her, another part was praying that she would be OK. I had no choice but to trust the process.

***She lowered her head and shared that something had happened to her when she was eight years old.***

As a Mandated Reporter, I am obligated to submit a report with 24 hours. Remembering what Chief Cheatham said, I explained to the mother that she had the option to call DFCS or file a police report. She had all the pertinent information and was able to stop this neighbor from abusing any more children. If she felt she could not do it, I would do it for her. However, if she chose to file a report, I needed proof of either the DFCS or police report. If I did not receive a copy of either within 24 hours, I would file the report. The mother chose to file a police report, and I received a copy of the police report the very next morning. It had the name of the police department, the case number and the date. I then called the police department to confirm that the report was valid. The policewoman thanked me for verifying it, and said they would handle it.

I have since done more Mandated Reports. One was suspicion of child abuse, in which I contacted DFCS. I did not have all the pertinent information, but I did have the name of the parent that was suspected of child abuse. This was a virtual client who lived in Georgia, but in a different county. My call went to a voicemail where I was able to leave my name, phone number and a brief message. DFCS returned my call within 24 hours. I explained that I suspected child sexual abuse but had no proof. The DFCS worker took all the necessary information and assured me they would investigate.



***A part of me was hurting for her, another part was praying that she would be OK. I had no choice but to trust the process.***

The latest was just this week. A couple came to see me and stated that a serious matter had recently come to light, and felt they needed marriage counseling. When I asked what it was, I realized it was child sexual abuse. In this situation, a police report was filed because there was imminent danger to the victim, and the potential of others being harmed. Mandated Reporting "protects this vulnerable population and intervenes in a timely manner to prevent additional harm" (Child Welfare Information Gateway).

I have also counseled families that were asked to come to counseling because a Mandated Report had been recorded. It has been a privilege to witness the healing that can take place when the truth is out in the open. Reparation can happen if the family is able to come together and help one another. However, there are instances when it's too late and families are irreparably broken.

From a therapist's point of view, Mandated Reporting is not easy to do. It is the right thing to do, and necessary. For this counselor, it does not bring a feeling of satisfaction, but a feeling of heartache. First, I hurt for the victim that had to endure it, for the family that gets shattered as a result, and then there is the abuser. What happened to the abuser that resulted in causing harm to a child? Mandated Reporting will never be something that I want to do. However, doing the right thing is not always easy.

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Georgia State University, URL: <https://pcaga.gsu.edu/2024/04/03/mandated-supporter/>



*Good morning Johnnie,  
I am the Grady Intern who took your NCE prep course over the summer. I worked with Nyasha and I was the only one in the class that day.*

*I am pleased to inform you that I passed the NCE exam on the 1<sup>st</sup> take!*

*Thank you so much for your help in prepping me for the test!!*

*Sincerely,*

*("Mandie") Amanda Ethridge  
Intern-Grady Behavioral Health  
Master of Clinical Mental Health Counseling  
Richmont Graduate University '24*

## National Counselors Exam Prep Workshop

**Johnnie L. Jenkins III, PhD, LPC, CPCS**

This one exam stands between licensure and continued employment as a counselor. On average, at least 40% will fail every time.

Our NCE Exam Practice and Workshops Bundle give you the tools to understand and master the NCE exam. We've helped thousands of people achieve their dream scores with a success rate of 98% for the last several years.

This is an overview and in-depth approach to understanding theories of psychotherapy and their application in preparation for the NCE licensing examination. The exam candidate is provided the most complete coaching experience, and gets a 3" thick study manual covering the DSM. Each prep course has been designed by experts who know the test inside and out. This workshop is a total of six hours of interactive one-on-one instruction, plus weekly follow-up on the at-home study materials.



**NCE Prep Exam Saturday, February 8, 2025**  
L-R: Darrell Sneed, Sonja Reeves, and Jennifer Moon



**NCE Prep Exam Saturday, March 22, 2025**  
L-R: Front Row: Tonia Davis, Valerie Rose, Tammy Campbell, Heather Dorin, and Charmin Hayes. Back Row: Andrea Wilson, Kristal Freeman, Bridget McCarthy, and Chanel James.



### An Incredible Day at the Georgia Capitol Celebrating LPCs!

**Vicki Blount, LPC, CPCS, MAC**  
Continuing Education Chair

January 29, 2025 was an electrifying day at the Capitol. So many counselors showed up to make their voices known. Because Georgia is

10,000 strong, it was imperative for us to show up at the Capitol and let others know that we are trained, licensed to diagnose, and treat many different types of disorders. The purpose was to “unite” to promote the Licensed Professional Counselor Profession to the public, create a widespread awareness of our essential work, and stimulate a sense of pride and identity within our community. (see photos on page 7)

A number of counselors gathered at the Central Presbyterian Church across from the Capitol for a pre-celebration for the “Networking and Welcome Address.” There were opportunities for counselors to network and learn/share helpful tips for effectively communicating with legislators prior to walking over to the Capitol. Many of the counselors were prepared and knew the names of their public officials but for those who did not know, a website was provided.

Once in the Capitol, LPCA board members greeted visitors at the welcome tables, handing out maps of the Capitol, assisting them with completing request forms to meet with their representatives from the House and/or Senate, and reminding them to use their “elevator”\* speech because they will only have a few minutes. Many inquired about current bills that are being considered by the lawmakers and how to educate them about our crucial role in addressing Georgia’s growing mental healthcare needs. One of the highlights of the day was the group photo on the Capitol steps. Although Governor Brian Kemp and his wife Marty were unavailable to be present, there were other legislators who stepped in to join us. We proudly filled those steps in solidarity as we promoted awareness and advocacy for the professional rights and recognition of LPCs!

**\*LPCs are highly trained, licensed professional counselors who work with people struggling with life or suffering from clinical disorders, to help them heal and grow and achieve their personal goals, so that they can feel better about themselves and enjoy a better quality of life.**



L-R: Olga Maxwell, Will Carroll, Vicki Blount, Suneetha Manyam, Lei Phyu Tun



### Suicide Prevention, Postvention, and the Lifesaving 988 Crisis Line

**Keisha Buchanan, EdD, LPC, CPCS, CCTP**  
LPCA of GA President

Suicide remains a public health crisis, affecting individuals, families, and entire communities. With the growing awareness of mental health and the need for accessible support, suicide prevention and postvention efforts have become critical components in reducing suicide rates and offering care to those impacted. The introduction of 988, the national mental health crisis line, has strengthened the response system, providing immediate, lifesaving intervention.

#### Suicide Prevention: Taking Action Before a Crisis

Suicide prevention involves proactive measures to identify warning signs, provide support, and reduce risk factors for those struggling with mental health challenges. Prevention strategies include:

##### 1. Recognizing the Warning Signs

People experiencing suicidal thoughts often exhibit signs such as:

- Expressing hopelessness, despair, or feeling like a burden
- Sudden withdrawal from loved ones or activities they once enjoyed
- Increased substance use or reckless behaviors
- Talking about wanting to die or feeling like there’s no way out
- Giving away possessions or saying goodbye in an unusual way

For more on recognizing warning signs and risk factors, visit the Suicide Prevention Resource Center (SPRC), which offers evidence-based resources on suicide prevention.

##### 2. Providing Support and Encouraging Help-Seeking

One of the most effective ways to prevent suicide is early intervention. Encouraging open conversations about mental health, reducing stigma, and ensuring access to professional care can save lives. If someone is in distress, ask directly:

- “Are you thinking about hurting yourself?”
- “Do you need help right now?”
- “I care about you. Let’s find support together.”

The American Foundation for Suicide Prevention (AFSP) provides practical tools for having these difficult conversations and supporting someone in crisis.

##### 3. Strengthening Protective Factors

Preventing suicide is not only about reducing risk factors but also about strengthening protective factors, such as:

- Building strong connections with family, friends, and mental health professionals
- Encouraging coping skills and emotional resilience through therapy and self-care
- Increasing access to mental health care and reducing barriers to treatment

For Georgia residents, DBHDD’s Georgia Crisis and Access Line (GCAL) at 1-800-715-4225 provides 24/7 crisis support and referral services for mental health and substance use concerns.



## Postvention: Supporting Survivors and Preventing Future Suicides

Postvention is the support and response provided after a suicide to help those affected grieve, process, and heal. It is a crucial component of suicide prevention, as individuals exposed to suicide—especially family members, friends, first responders, and coworkers—are at an increased risk of experiencing mental health struggles or suicidal ideation themselves.

### 1. Supporting Suicide Loss Survivors

People who have lost a loved one to suicide often struggle with guilt, trauma, and unanswered questions. Effective postvention efforts include:

- Crisis counseling and grief support groups
- Encouraging open dialogue about suicide loss while addressing stigma
- Providing community resources for those impacted

For individuals coping with loss, AFSP's Healing Conversations provides peer-led support for suicide loss survivors.

### 2. Workplace and Community Response

When a suicide occurs in a school, workplace, or community, structured postvention efforts help prevent suicide contagion (the risk of additional suicides following a loss). Steps include:

- Debriefing and psychological first aid for affected individuals
- Education on coping strategies and grief processing
- Creating safe spaces for discussion and mental health support

The Suicide Prevention Resource Center offers guidelines on postvention planning for schools, workplaces, and communities.

## 988: The Lifeline for Immediate Crisis Support

Recognizing the need for a more accessible crisis response system, the U.S. implemented 988, a three-digit number connecting individuals to suicide prevention and mental health crisis services.

### What is 988?

- A free, confidential, 24/7 crisis line available nationwide
- Connects callers to trained crisis counselors
- Provides support for suicidal ideation, mental health crises, and substance use emergencies
- Available through call, text, or chat for individuals in need of immediate help

### The Veterans Crisis Line: Dedicated Support for Service Members

Veterans face unique mental health challenges, including PTSD, depression, and traumatic brain injuries, which can increase suicide risk. The Veterans Crisis Line is an extension of 988, specifically designed for service members and veterans.

- Dial 988, then Press 1 to reach trained responders familiar with military culture
- Chat online or text 838255 for support
- Provides confidential help for active-duty service members, veterans, and their families

For additional behavioral health resources for veterans and active-duty service members, visit the SAMHSA (Substance Abuse and Mental Health Services Administration) website.

## Moving Forward: A Collective Effort

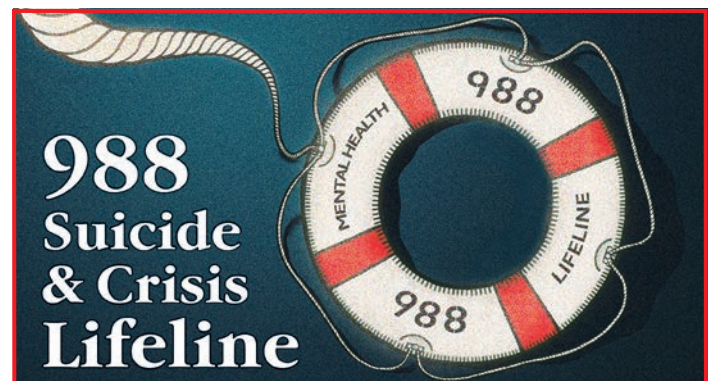
Suicide prevention and postvention require collaboration between individuals, communities, and mental health professionals. By promoting awareness, access to care, and compassionate responses, we can reduce suicide rates and support those affected by loss.

## Essential Resources for Suicide Prevention and Crisis Support

- 988 Suicide and Crisis Lifeline: call or text 988 for immediate support (988lifeline.org)
- Veterans Crisis Line: call 988, press 1 or text 838255 (veteranscrisisline.net)
- Suicide Prevention Resource Center (SPRC) – Evidence-based suicide prevention tools (sprc.org)
- American Foundation for Suicide Prevention (AFSP) – Suicide prevention, loss support, and advocacy (afsp.org)
- Georgia Crisis & Access Line (GCAL) – 24/7 crisis support and referrals (1-800-715-4225) (dbhdd.georgia.gov)
- SAMHSA – Mental health and substance use resources (samhsa.gov)

If you or someone you know is in crisis, you are not alone. Reach out for help, because support is available, and hope is possible.

***Together, we can save lives!***



**Update your email signature and voice mail message to include 988!**

## Lenox Pointe Office Space in busy psychotherapy practice

Two lovely offices available June 1, 2025 at Lenox Pointe, 2660 Lenox Road, NE, Atlanta, GA 30324. The offices are on the second level and are approximately 12'x13' and 16'x16'. Each has two large windows. The larger office can accommodate group therapy.

**For more information contact:**

**Dr. Bill Talmadge at wctalmadge@gmail.com, 404-314-6905**

or

**Dr. Lynda Talmadge at lyndadtalmadge@gmail.com, 404-406-0829**



### AASCB The American Association of State Counseling Boards Annual Conference

The AASCB Annual Conference was held February 9–11 in Myrtle Beach, SC. The theme was *The New Frontier in Mental Health Counseling*. Licensing Board members from across the nation were in attendance. Angie Smith, Eric Rodgers and David Markwell were able to share information about the Clinical Certification Association of Licensed Professionals (CCALP). It was a great opportunity to learn and connect!



**Facilitated Roundtable Discussion on Ethics**  
L–R: AMHCA Interim Executive Director and CEO Dr. Beverly Smith; LPCA Chief Operating Officer Eric Rodgers; NBCC President and CEO Kylie Dotson Blake; Executive Director of ACES Kelly Duncan; LPCA Immediate Past President David Markwell



**Presentation on Navigating Emerging Ethical Challenges in Counseling**  
L–R: LPCA Chief Operating Officer Eric Rodgers; Georgia Composite Board Chair Angie Smith; Louisiana Licensing Board Member and Current Counseling Compact Chair Jamie Doming; Missouri Licensing Board Member XX; Missouri Licensing Board Chair Cindy Baker; and Montana Licensing Board Member XX



L–R: David Markwell, Louis Boynton, Keisha Buchanan, and Vicki Blount

## 2025 Legislative Reception

LPCA of GA was once again a recognized sponsor of the Georgia Legislative Reception held on January 15<sup>th</sup> at the Commerce Club in Downtown Atlanta. The annual reception allows our association to share with state legislators the work that LPCs do for the professional counseling field as expressed in LPCA's Mission Statement, and the importance of supportive measures for mental health care progress throughout the state of Georgia.

In attendance were LPCA Immediate Past President David Markwell, LPCA President Keisha Buchanan, LPCA Continuing Education Chair Vicki Blount, and LPCA Clinical Supervision Chair Louis Boynton. This event presented opportunities for LPCA to connect and build relationships while engaging in meaningful conversations about legislation, work, and family. The venue was beautiful with impressive views of Atlanta, and the food was delicious. All in all, it was a delightful and successful event!



## LPCA Attends Meet 'n' Greet with Georgia Lawmakers

LPCA President-Elect Tracey Pace attended a special reception on January 29<sup>th</sup> with Georgia lawmakers and commissioners at Dr. Scofflaw's at The Works in Midtown Atlanta. Tracey was joined by LPCA Executive Director Gale Macke, LPCA Professional Development Chair Tonja Simmons Lee, and her husband Gary Lee. Among the many attendees there was Georgia Governor, Brian Kemp.

In another event at DAS BBQ in Grant Park attended by Georgia Agricultural Commissioner Tyler Harper, Tracey and Tonja had the opportunity to discuss with Harper the importance of mental healthcare in rural Georgia, especially within the agricultural community.

The issue of access to mental health care in Georgia's rural counties has always been of great importance to Tracey. To bring awareness of this important topic at the LPCA Annual Convention in Savannah this May, Tracey suggests that convention handouts be "Georgia Grown," the same name as the marketing and economic development division of the Georgia Department of Agriculture headed by Commissioner Harper. Georgia Grown helps new agribusinesses grow and established agribusinesses thrive by bringing producers, processors, suppliers, distributors, retailers, agritourism and consumers together in one powerful, statewide community.



Georgia Grown Division of the Georgia Department of Agriculture  
Headed by Georgia Agricultural Commissioner, Tyler Harper



LPCA President-Elect Tracey Pace,  
GA House Chairman of Agriculture and Consumer Affairs Robert Dickey,  
GA Senate Chairman of Agriculture and Consumer Affairs Russ Goodman,  
LPCA Professional Development Chair Tonja Simmons Lee



Gary Lee, LPCA Professional Development Chair Tonja Simmons Lee,  
Commissioner of Agriculture Tyler Harper, LPCA President-Elect Tracey Pace



Gary Lee, LPCA Professional Development Chair Tonja Simmons Lee,  
Governor Brian Kemp, LPCA President-Elect Tracey Pace



LPCA President-Elect Tracey Pace,  
GA Senator Mike Hodges,  
LPCA Executive Director Gale Macke



LPCA Professional Development Chair Tonja Lee,  
Senate Chair of Ethics Committee Max Burns,  
LPCA President-Elect Tracey Pace





## Revitalizing Student Programs: Licensure Workshop at Columbus State University

**Eric Rodgers, MA, LPC**  
LPCA Chief Operating Officer

I recently had the pleasure of visiting Columbus State University on behalf of the LPCA of Georgia Foundation to lead a Licensure Workshop for their counseling students. This event was part of our larger project to revitalize student programs and student affiliate organizations across Georgia. It was exciting to connect with such an engaged group of future counselors, all eager to learn more about the path to licensure.

During the workshop, we covered the essentials—everything from understanding the licensure process to selecting the right clinical supervisor. The students asked thoughtful questions about timelines, supervision, and the realities of post-graduate life as an Associate Professional Counselor (APC). I left feeling energized and ready to travel to the next university that would host me!

At the LPCA Foundation, we're focused on building meaningful partnerships with universities to support counseling students as they prepare for their careers. If you're interested in bringing a student organization or licensure workshop to your university, I'd love to connect! Feel free to reach out to me directly at [ERodgers@lpcaga.org](mailto:ERodgers@lpcaga.org).



Want to become more of a part of LPCA of GA?

*Volunteer to be on the LPCA Board!*

*Counselors Rock!*

## LPCA of GA is seeking nominations for the 2025–26 LPCA Board

Being on the LPCA Board will provide you with a platform to advocate for mental health while also expanding your understanding of the collaborative nature of healthcare.

You will receive invitations to events where you can have the opportunity to speak about the importance of your counseling profession.

You will gain opportunities to connect, learn, and grow alongside others who are equally passionate about improving mental healthcare services.

You will witness firsthand what goes on behind the scenes in running LPCA of GA, a highly successful not-for-profit organization that is recognized across Georgia and beyond.

To nominate or volunteer for the LPCA 2025-2026 Board, go to [lpcaga.org/awards-and-nominations/](https://lpcaga.org/awards-and-nominations/) and put your "hat in the ring!"



L–R: Elijah Clemmons, Ashleigh Marion, Alyssa Grant, Monica Campbell, Trenadee Jones, Amiaa Vanover, and Jennifer Day

## NCE Prep Workshop

**In-person intensive prep workshop**

3rd Saturday of each month 8:30 AM – 5:30 PM

LPCA of GA office in Norcross, GA

(See page 11 for more details)

## —Calling All Colleges—

**Let LPCA Visit Your Campus!**

## LPCA of GA is Hitting the Road!

Tailored specifically for counseling students, we're traveling to colleges all across Georgia to provide free talks on licensure and more.

Let us bring the resources and guidance your students need to succeed in their journey to becoming LPCs.

Plus, we're bringing bling and food to make it a fun and engaging experience!

Students, ask your professors or program coordinators to email Eric Rodgers at [erodgers@lpcaga.org](mailto:erodgers@lpcaga.org) to arrange a visit today.

Don't miss this opportunity to connect with LPCA and get the insider knowledge you need for your career!

Professors, we can't wait to meet your students and support the next generation of professional counselors!



## CPCS Training Summit New Supervisors, TeleSupervision and Anger Management

March 10–14, 2025, Rumford Center, Macon, GA



This 5-day Hybrid Training Summit was geared toward providing the education and credentialing vital to becoming a Certified Professional Counselor Supervisor (CPCS). Seven different presenters covered the required modules.

A two-day intensive *TeleSupervision Certification* was presented by Dr. Louis Boynton, LPC, CPCS, along with Charlie Safford, LCSW, experts in the field, covering best practices, emerging technologies, and effective techniques for effective remote supervision. In an era where remote communication is increasingly prevalent, supervisors find they should consider adding TeleSupervision to meet the demand.

*Anger Management Specialist/Therapist* was presented by the Justitia Foundation and included experts Dr. Tom Black and Dr. Vincentia Paul-Constantin. It provided attendees research-based techniques and comprehensive intervention strategies, giving them the opportunity to apply for certification.



Jill Osborne, EdS, LPC, CPCS, RPT-S, and Stephanie Hunt, LPCC-S, Present *Foundations of Supervision: Defining the Relationship*



Anger Management Training by Vincentia Paul Constantin, PhD, LPC, NCC Proves Learning Can Be Fun!



Sendena Scott takes notes during training by Carolyn Ramp, LPC, NCC, ACS, CPCS, *Supervision Documentation Made Easy*



Rumford Conference Center in the Methodist Home Complex



TeleSupervision Training with Louis Boynton, PhD, LPC, CPCS, NCC





## Navigating Sexual Health Conversations in Counseling: Best Practices for LPCs

**Natalie A.N. Elliott, LPC, CPCS, CST-S**

As mental health professionals, Licensed Professional Counselors play a crucial role in addressing the diverse aspects of a client's well-being. While topics like anxiety, depression, and trauma are commonly discussed in therapy, sexual health is often overlooked—even though it is a fundamental component of a person's mental and emotional wellness. Many clients struggle with sexual concerns but hesitate to bring them up, either due to shame, stigma, or fear of judgment. As counselors, we must be prepared to initiate and navigate these discussions with competence and care.

### Why Sexual Health Matters in Mental Health Counseling

Sexual health is intrinsically linked to overall well-being. Research indicates that issues related to intimacy, body image, sexual trauma, gender identity, and dysfunctions like low libido or pain during intercourse can significantly impact an individual's mental health. According to the World Health Organization (WHO), sexual health is "a state of physical, emotional, mental, and social well-being in relation to sexuality." When left unaddressed, sexual distress can exacerbate mental health conditions such as depression, anxiety, and relationship difficulties.

For LPCs, integrating sexual health into therapy is essential for holistic treatment. A client struggling with sexual dissatisfaction, performance anxiety, or trauma-related avoidance behaviors may experience emotional distress that affects their self-esteem, relationships, and sense of identity. By providing a safe space for open conversations, therapists can help clients break through shame and receive appropriate support.

### Overcoming Barriers to Discussing Sexual Health

Despite its importance, many therapists feel unprepared or uncomfortable addressing sexual health with clients. Common barriers include:

- **Lack of Training:** Many graduate counseling programs do not include coursework on human sexuality, leaving therapists uncertain about how to address sexual issues.
- **Personal Discomfort:** Therapists may feel awkward discussing intimate topics, especially if they have not explored their own biases or cultural beliefs around sexuality.
- **Client Hesitation:** Clients may assume their therapist is not equipped to discuss sexual concerns or may fear being judged.
- **Ethical Concerns:** Therapists may worry about crossing professional boundaries or unintentionally pathologizing a client's sexual experiences.

Overcoming these barriers requires intentionality and skill-building. By adopting a trauma-informed, sex-positive, and inclusive approach, LPCs can foster an environment where clients feel safe to explore their concerns.

## Best Practices for LPCs in Sexual Health Conversations

### 1. Create a Welcoming Environment

- Signal to clients that sexual health is an acceptable topic by including it on intake forms and in session discussions.
- Use inclusive language that respects diverse sexual orientations, gender identities, and relationship structures.
- Normalize the topic by framing sexuality as a natural part of human life and mental health.

### 2. Address Your Own Discomfort and Biases

- Engage in professional development through CE courses, workshops, and supervision focused on sex therapy and sexual health.
- Reflect on personal values and biases regarding sexuality to ensure they do not interfere with clinical work.
- Seek consultation if unsure how to approach certain topics, ensuring ethical and informed care.

### 3. Use Open-Ended Questions

- Instead of directly asking about sexual issues, integrate sexuality into broader conversations about relationships, self-esteem, and emotions. For example:
  - "How do you feel about intimacy in your relationships?"
  - "Are there any concerns related to physical connection that you'd like to explore?"
  - "How has your past shaped your views on sexuality and relationships?"
- Allow clients to set the pace while reassuring them that all discussions are confidential and judgment-free.

### 4. Be Trauma-Informed

- Recognize that sexual health concerns may be tied to past trauma, including sexual abuse, religious shame, or medical trauma.
- Avoid making assumptions about a client's experiences or comfort level with sexual discussions.
- Provide grounding techniques if clients exhibit distress when discussing sexuality.

### 5. Know When to Refer

- While LPCs can address many sexual health concerns, some cases require specialized expertise. Know when to refer clients to a certified sex therapist, medical provider, pelvic floor therapist, or endocrinologist for further evaluation.
- Collaborate with multidisciplinary professionals to ensure clients receive comprehensive care tailored to their needs.

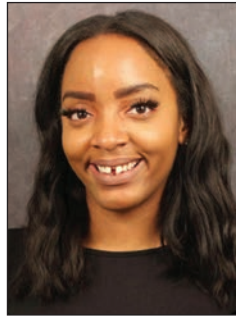
## Conclusion

Sexual health is an essential but often neglected component of mental health counseling. By equipping ourselves with the knowledge, comfort, and skills necessary to navigate these discussions, LPCs can provide holistic and affirming care. Creating a safe space for sexual health conversations empowers clients to explore their identities, relationships, and intimate experiences without fear or shame. As we work to destigmatize these discussions, we move closer to helping clients achieve a fully integrated sense of well-being. To learn more about incorporating sexual health into your practice, visit [www.AtlantaSexTherapy.com](http://www.AtlantaSexTherapy.com).

*Natalie Elliott is an AASECT Certified Sex Therapist and Sex Therapy Supervisor. She received her Master's degree in Professional Counseling from Argosy University and has taught at both the undergraduate and graduate levels. Natalie is currently working exclusively in her private counseling practice in North Atlanta. She's been a member of LPCA since 2008 and resides in the LPCA Atlanta District.*

## Underrepresented Minorities

**Ugonna Love, EdS, LPC, NCC**



The demand for minorities in the field of counselor education is increasing. The review of the literature will provide an overview of the effects of the lack of diversity and underrepresentation in counselor education programs. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) is an accreditation body that promotes the professional competence of counseling and related practitioners through: the development of preparation standards; the encouragement of excellence in program development; and the accreditation of professional preparation programs (CACREP, 2013).

In implementing the CACREP Standards, programs must ensure alignment with all applicable institutional policies and legal requirements (CACREP, 2024). The underrepresentation of minorities in the field does not align with the standards of the accreditation body. The number of students enrolled in master's and doctoral programs accredited by CACREP has increased exponentially (Field et al., 2020). In 2012, there were 36,977 master's-level students and 2,028 doctoral students in CACREP-accredited programs (CACREP, 2018). Of the doctoral students, less than 30% are minorities. The majority of counselor educators are White (71.38%), with 14.52% Black, 4.77% Latinx, 4.03% Asian American, and 0.7% Native American (CACREP, 2018). The percentages of minority doctoral students are disproportionate to the population of individuals in the U.S. A significant portion of the United States is made up of minorities, yet the number of counselor educators does not match this diversity.

Currently, there is no research in the literature that explores the doctoral educational experiences of Hispanic counselor educators and the factors that contribute to the successful completion of their doctorate (Lerma et al., 2015). Factors contributing to vulnerability include a lack of family understanding and the inability to rely on family members for support during doctoral education (Lerma et al., 2015). These factors could contribute to the lack of representation in teaching positions in counselor education. In this community, there could also be feelings of alienation or marginalization. Policies and evidence-based practices that support communities of color will be beneficial in creating access and opportunities for diverse communities to be equally represented in these programs.

Similarly, in African American communities, there is a disproportionate number of doctoral students represented in counselor education programs. Research suggests that African Americans in doctoral programs, particularly those enrolled at predominantly White institutions (PWIs), contend with a variety of issues not encountered by their White peers, including being a numeric minority (Henfield et al., 2015).

There is a correlation between attitudes and beliefs about oneself in relation to minorities in doctoral programs. Hinkle et al. (2014) stated that students' motivations to pursue a doctorate in CES include (a) becoming a professor, (b) being a respected professional with job security, (c) becoming a clinical leader, and (d) succeeding for family and community amid obstacles. Gains made in ethnic and racial

diversity among counselor education faculty and their subsequent experiences have shed light on oppressive factors that impact minority faculty members' success (Hinkle et al., 2014).

These factors may also inhibit minorities from entering counselor education programs, decreasing the number of graduates and, therefore, the number of tenured faculty. Most minority faculty recruitment efforts have taken place without documented strategies or long-term strategic plans (Aguirre, 2000).

Strategies to combat this include maintaining and recruiting faculty of color, as well as providing institutional changes in policies and practices to alleviate the burden diverse individuals face when entering graduate programs.

*Ugonna Love is a dedicated school counselor based in Atlanta, specializing in play therapy, divorce counseling, and sand tray therapy. With a passion for helping children navigate emotional challenges, she creates a supportive environment where students can thrive. She has been a member of the LPCA for two years in the Atlanta District*

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## The Power of a Hug: Why Do We Crave It?

**Luis Hines, PhD, LMHC, LPC**

### Personal Introduction

Have you ever felt an overwhelming need for a hug? Maybe after a tough day, an argument, or just out of nowhere? You're not alone. I've

personally experienced moments where a simple embrace made all the difference, instantly easing tension and bringing a sense of comfort that words couldn't provide. Physical touch has a profound impact on our emotional well-being, and science backs this up.

Hugging is more than just a simple act of affection—it has profound psychological and physiological benefits. If you've ever found yourself longing for a hug, there's a scientific reason behind it. Touch is essential to human connection, and embracing others can be a powerful source of emotional and physical well-being.

### The Science Behind the Need for Hugs

Decades of psychological research highlight the significance of physical touch. One of the most well-known studies on this subject was conducted by psychologist Harry Harlow. He explored the concept of "contact comfort" by studying infant rhesus monkeys, offering them two surrogate mothers: one made of soft cloth and another made of wire that provided food. Despite the wire mother providing nourishment, the baby monkeys overwhelmingly preferred the comforting embrace of the cloth mother. This study reinforced the idea that human beings, like these monkeys, need more than just sustenance—we thrive on physical affection and emotional security.

### Hugs as a Stress Reliever

Hugging has a direct impact on reducing stress. When we experience a warm embrace, our bodies release oxytocin, often referred to as the "cuddle hormone." This hormone promotes feelings of trust and connection while reducing cortisol levels, the stress hormone associated with anxiety and tension. Additionally, hugs lower heart rate and blood pressure, promoting overall relaxation.

### Hugs: A Source of Happiness and Connection

Beyond reducing stress, hugs enhance happiness. The physical touch of a hug stimulates the release of dopamine, sometimes called the "feel-good" neurotransmitter. Dopamine plays a key role in pleasure, motivation, and emotional well-being, which is why a simple hug can uplift your mood instantly. Furthermore, physical contact—whether in the form of a hug, holding hands, or a gentle touch—can strengthen bonds between individuals, fostering deeper relationships and a sense of security.

### The Impact of Hugs from Strangers vs. Loved Ones

Can a hug from a stranger be as beneficial as one from a loved one? Surprisingly, research suggests that even receiving a hug from an unfamiliar person can offer stress-reducing benefits. Studies show that hugging—even from someone outside of your close circle—helps regulate emotions and signals safety and comfort.

However, the impact of a hug from a loved one is even greater due to the emotional connection and shared history. A quick embrace from a family member or romantic partner can reinforce feelings of support, trust and belonging.

### Hugs and Conflict Resolution

Embracing someone can also serve as a powerful tool in navigating personal conflicts. Research suggests that a hug during a disagreement can buffer against negative emotions and help mend strained relationships. One study found that individuals who received hugs on days of conflict experienced improved mood and reduced stress, even into the next day.

### The Negative Psychological Impact of No Physical Touch from a Spouse

Lack of physical intimacy in a marriage or committed relationship can have significant negative psychological effects. Physical touch, including hugging, holding hands, and intimate contact, fosters emotional closeness, security, and trust. When this type of affection is absent, individuals may experience:

- Increased Stress and Anxiety
- Feelings of Loneliness and Rejection
- Reduced Relationship Satisfaction
- Increased Risk of Depression
- Lower Self-Esteem

Maintaining physical touch in a relationship is essential for emotional well-being and connection. Open communication and small gestures of affection can help reinforce bonds and provide emotional stability.

### Boosting Immunity Through Hugs

Believe it or not, hugs may also contribute to a stronger immune system. A study examining social support and physical touch found that individuals who experienced more frequent hugs had a lower risk of developing illnesses, such as the common cold. The theory is that physical affection reduces stress, which in turn strengthens the body's immune response.

### The Takeaway

Physical touch is essential to human well-being. Whether from a loved one, a friend, or even yourself, a hug can be a powerful remedy for stress, anxiety, and loneliness. If you ever find yourself craving a hug, don't hesitate to ask for one—chances are, the person you're asking needs it just as much as you do. And when human contact isn't readily available, remember that self-soothing techniques can still provide comfort and emotional support.

So go ahead—embrace the power of a hug and experience the many ways it can enhance your overall well-being.



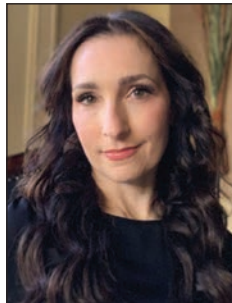
*Dr. Luis Hines and Associates is a leading mental health practice dedicated to supporting individuals and families through expert counseling and therapy services. The practice helps individuals manage stress, anxiety, relationship issues, and mental health concerns. Luis has spent decades helping people develop healthier coping mechanisms, strengthen their relationships, and embrace positive habits—such as the power of touch—to enhance emotional resilience.*

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## Knowing When to Take the Last Shot: Setting Boundaries With Toxic People

**Jo-Anne T. Liakakos, LPC**



We all have moments when we know we're about to make a choice that will harm us. It's like the experience of drinking alcohol, where you take that final shot or sip, and you *know* it's going to put you over the edge. It's the last drink, the one you're fully aware will make you sick, yet you drink it anyway. You've felt the warning signs, but you still proceed, disregarding your better judgment. People can be the same way. We often make choices to allow toxic individuals into our lives or tolerate behavior that we know will harm us—sometimes consciously, sometimes out of habit or fear. But just as we have the power to choose not to take that last drink, we also have the ability to set boundaries with toxic people.

Just as you can choose to stop drinking before that final shot, you have the power to make choices about the people you allow into your life. We often feel obligated to stay in toxic relationships—whether due to family ties, guilt, or fear of confrontation. But in truth, we always have a choice. We can choose to set boundaries, remove ourselves from toxic situations, or distance ourselves from people who continuously bring harm. Much like with alcohol, once you've crossed the line, it's much harder to go back. Yet, before that happens, we have a choice. What do we do with that choice, and how do we become comfortable standing up for our self-worth, safety, and happiness?

Establishing healthy boundaries is one of the most effective ways to protect yourself from toxic individuals. Boundaries are not just about physical distance but about emotional, mental, and even social boundaries. It's important to identify what you will and will not tolerate. It's about being comfortable with your own self enough to know your worth and what makes you feel good in a relationship. By setting clear limits, you take control of how others treat you. It's not always easy, particularly if you've been conditioned to please or accommodate others, but it's essential for your mental health. Boundaries don't have to be confrontational; they are merely a means of expressing your needs and safeguarding yourself.

Just as you wouldn't intentionally subject yourself to something toxic like that last drink, you don't have to expose yourself to toxic people either. Alternatively, you might need to treat them like alcohol and recognize how much you can handle before they become harmful. Some individuals are okay to be around for a while, but at a certain point, it becomes overwhelming. We must learn to gauge how much time spent with someone is enough before the relationship is affected and identify which people we can't tolerate at all. Setting boundaries, knowing when to walk away, and learning to protect yourself from negative influences are not only empowering but essential for maintaining a healthy, balanced life. Be mindful of your choices and remember just because you can endure something doesn't mean you should.

*Jo-Anne Liakakos, LPC, holds a Bachelor's Degree in Family and Consumer Sciences with a Specialty in Foods and Nutrition, working with eating disorders and emotional and behavioral issues surrounding food. She has advanced trainings in couples work, family, parenting, and personality disorders. Her therapeutic services include Individual Therapy, Couples Therapy, Premarital Counseling, Family Therapy, Disordered Eating, Eating Disorders, Personality Disorders, Parenting, and Co-Parenting. She resides in the LPCA Atlanta District.*







## Are Psychotherapy Outcomes Improving? Are We Getting Better At It?

George S. Braucht, LPC, CPCS, CARES

Today's tsunami of trauma-informed clinical services is buoyed by peer and other culturally-congruent supports that promote progressive wellness also known as recovery. This series of articles focuses on promoting wellbeing while recognizing and fostering growth including various evidence-based practices for producing practice-based evidence of service effectiveness. The fundamental goal is developing a habit of engaging in compassionate conversations with equanimity that promote resilience. Upon completion of this article, readers will be able to:

- Identify five characteristics of the social model of recovery.
- Recognize six elements of social model programs.

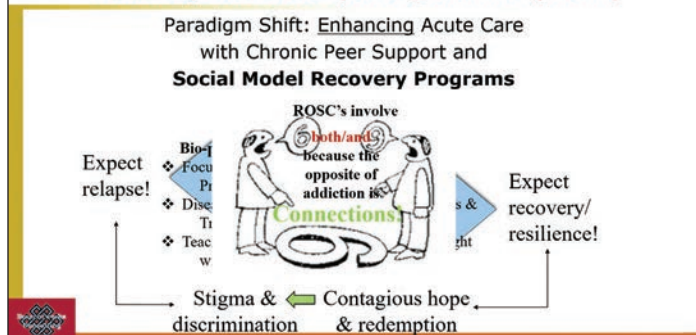
We are in a 50+ year paradigm shift that began with the end of the "war on drugs." Today's enhancements to behavioral health acute clinical care include chronic peer support and social model recovery programs. To be clear, acute care follows the bio-psycho-social model that focuses on disease processes, is delivered by disease experts who provide treatment, that begins by teaching "What's wrong with you?" and that expects relapse. In contrast, the chronic care or social model focuses on recovery processes, is delivered by recovery experts with lived experience who offer services that begin by learning "What's right with you?", and who expect recovery/resilience due to contagious hope and redemption. Recovery-oriented systems of care (ROSC) are coordinated networks of treatment and community-based services that involve both/and (not either/or) clinical and peer services because the opposite of addiction is not sobriety, it is connections.

Dr. John F. Kelly (2020) recommends enhancing recovery capital (connections) within ROSC. He describes traditional addiction treatment using a burning building analogy. Today we are good at addressing acute clinical pathology or putting out the fire. Preventing reignition—relapse prevention that emphasizes "think right, do right!" or an intrapersonal focus with emotional regulation or mindfulness—has a pragmatic disconnect but is OK. Rebuilding skills and scaffolding support beyond acute stabilization or developing recovery capital has been neglected at best until recently along with granting "building permits" by removing social barriers or addressing determinants of health. More rapid initial achievement and maintenance of stable remission more likely occurs through attending to BOTH clinical pathology AND environmental and resource deficits—recovery capital AND legal/other barriers. Kurt Lewin (1936) eloquently captured this by proposing that behavior is always a function of people and their environments. (B=PXE).

Social model programs contain five characteristics (Borkman et al, 1998).

1. Emphasize social and interpersonal connections and mutual support as the foundation of recovery.
2. Value experiential knowledge.

## Solution B: Develop Recovery-oriented Systems of Care (ROSC)



3. Promote peer-to-peer connections, mutual aid and other supportive environments in which recovery or wellbeing is the common bond.
4. Require active work on an individualized recovery plan in sober environments.
5. Emphasize peer-to-peer AND practitioner-client relationships that mutually blend to enhance treatment and recovery or resilience outcomes.

In addition, social model programs include the following operational elements.

- Physical environment: homelike versus institutional
- Staff role: peer versus hierarchical relationship
- Basis of authority: experiential versus professional
- View of recovery: person-driven versus staff-driven
- Governance: participatory versus non-participatory
- Community orientation: integration versus introduction

Contemporary examples of social model behavioral health programs include recovery community centers, recovery community organizations, addiction recovery support centers, peer support wellness and respite centers and recovery residences. Explore these resources in your community at <https://gc4recovery.org/recovery-community-organization/> and <https://www.thegarnnetwork.org/>.

In the next newsletter look for an article on *Positive Psychology of Wellbeing: Beyond Happiness to Flourishing*.

George Braucht has over 14,000 hours of psychotherapy, supervision, and applied community psychology experience. He co-founded the Certified Addiction Recovery Empowerment Specialist (CARES) Academy, a peer recovery coach training that is operational in several states and the Forensic Peer Mentor Ready4Reentry training. He is a Charter Board Member, Curriculum Developer and Trainer for the National Alliance for Recovery Residences and a Recovery Consultant with SAMHSA's Opioid Response Network. He became a Licensed Professional Clinical Counselor in 1998 in Ohio while teaching psychology at Franklin University. He has been an LPCA of GA member since 2015.

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## Healing Veterans Through STAIR Narrative Therapy: Lessons from Tim O'Brien's Novel, *The Things They Carried*

Tiffany Davis, LPC, NCC, MS, CCTP



As the child of an Air Force veteran and a trauma therapist working with veterans at a VA treatment program, I've seen firsthand the unique challenges veterans face—particularly in relation to PTSD, emotional dysregulation, and reintegration into civilian life. My work with veterans has been profoundly influenced by Tim O'Brien's *The Things They Carried*, a novel that explores the emotional weight of trauma. The book's portrayal of Vietnam veterans' struggles with guilt, grief, and shame has shaped my therapeutic approach.

### The Power of Storytelling in Trauma Therapy

One of the most valuable lessons I've learned from *The Things They Carried* is the power of storytelling. The novel shows that trauma cannot be fully understood through facts alone. This aligns with a central principle of Skills Training in Affective and Interpersonal Regulation (STAIR) Narrative Therapy, which encourages individuals to share their personal narratives to help process and reframe trauma. In therapy, veterans are not just recounting facts—they are re-examining their emotional responses and distorted memories.

### STAIR Narrative Therapy: A Path to Healing for Veterans

STAIR Narrative Therapy is a 16-session, evidence-based approach that integrates emotion regulation and narrative therapy. This dual approach is especially effective for veterans, who often carry unresolved trauma that distorts their sense of self and their interactions with others. STAIR focuses on helping veterans regulate their emotions and challenge cognitive distortions while Narrative Therapy allows them to process their trauma narratives in a safe, structured environment.

For veterans, this process is essential for healing. It allows them to confront guilt and shame, process buried emotions, and reclaim control over their personal stories, ultimately reducing emotional dysregulation and PTSD symptoms.

### The Role of the Therapist: Witnessing the Transformation

As a therapist, one of the most rewarding aspects of using STAIR Narrative Therapy is witnessing the transformation of veterans as they share their most vulnerable stories. In creating a safe space for veterans to express their feelings without judgment, we help them understand that their emotional reactions are valid. This validation reduces distress, fosters self-awareness, and improves coping strategies.

### Practical Tips for Therapists Working with Veterans

If you're a therapist working with veterans or other trauma survivors, consider these steps when applying STAIR Narrative Therapy:

1. **Create a safe space:** Veterans often carry a heavy emotional burden. It's vital to provide an environment where they feel comfortable sharing their stories without fear of judgment.
2. **Encourage storytelling:** Allow veterans to explore their experiences in-depth. Focus on the emotions and memories tied to the trauma, rather than just the facts.



3. **Use narrative reframing:** Help veterans reframe their trauma narratives by challenging cognitive distortions and exploring alternative interpretations of their experiences.
4. **Integrate emotion regulation:** Incorporate strategies that help veterans manage overwhelming emotions, such as mindfulness techniques or social skills training.

### Conclusion

Reclaiming the story through STAIR Narrative Therapy, veterans can begin to reclaim their personal narratives, addressing the emotional burdens that have shaped their lives. Like the characters in *The Things They Carried*, veterans can work through their trauma, gain insight into their emotional experiences, and continue to heal. As therapists, we can offer a pathway to healing by helping veterans confront and reframe their trauma, ultimately empowering them to lead more balanced and fulfilling lives.

*Tiffany Davis, LPC, is a trauma-focused therapist with over eight years of experience. She currently works as a PTSD therapist for the Veterans Health Administration's Mental Health Residential Rehabilitation Treatment Program, specializing in co-occurring conditions like chronic PTSD, substance abuse, and homelessness. She also teaches at the University of Southern Maine and is a Doctoral Candidate in Counselor Education and Supervision at Capella University. With eight years in community mental health, Tiffany has served specialized populations, including survivors of sexual abuse and individuals in court-mandated treatment. A member of LPCA of GA for the past two years, Tiffany remains dedicated to trauma recovery and advocacy for vulnerable populations.*

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## Workplace Mental Health: Counseling Undocumented Immigrant Workers

**Keny Felix, PhD, LPC, CPCS, LMHC (FL)**



As one in five adults in the United States suffers from a mental illness, the focus on workplace mental health has increased tremendously since the COVID 19 pandemic and rightly so. Stress, burnout, and issues related to diversity, equity and inclusion are significant factors that continue to impact employee wellness, even while many DEI initiatives are being eliminated in both the public and private sector. Nevertheless, the need to foster a workplace culture that supports the mental wellness of employees is tremendous.

### ***But what about the mental health of undocumented workers?***

They make up an estimated 5.2% of the American labor force and contribute across industries. As work is central to overall wellbeing and we continue to place an increased focus on the importance of workplace mental health, can we ignore the plight of this marginalized group?

By the time of this publication, I would have presented at the 2025 American Counseling Association Conference on this very topic, *Workplace Mental Health: What About the Undocumented?*

We're not talking about complete strangers. Undocumented individuals work throughout various industries, from hospitality to healthcare, serving and contributing to the economy and their local communities. Their children attend local schools. They are members of congregations. They not only live next door but are part of communities. Many of the estimated 427,000 undocumented college students are part of this group (Nienhuser et al., 2023). So, their mental health is not just an individual concern but one that impacts their family and community, especially at a time when overall anti-immigrant sentiments has increased in the U.S. (Becerra et al., 2020).

This article explores mental health outcomes among undocumented immigrants, including the unique risk factors that increase the possibility of mental illness. The vulnerability of undocumented immigrants in the workplace is addressed. Lastly, factors related to advocacy and the delivery of mental health services among undocumented workers in the present social-political climate is explored.

### **Mental Health Outcomes Among Undocumented Immigrants**

Due to their legal status undocumented workers can experience increased anxiety and depression. Concerns and fear of deportation can lead to chronic stress. Many face significant financial hardships due to low wages and legal fees associated with navigating through the immigration process.

Post traumatic stress is common due to premigration experiences and the journey to the United States, including extreme poverty, food insecurity, persecutions, rape, kidnappings, and killings. Furthermore, the fear of losing or being separated from loved ones while in the U.S.

can add to significant depression and anxiety-related symptoms. Those who experienced past violence or persecution can also be triggered in encounters with law enforcement, especially when these encounters involve aggression (Goodman et al., 2017).

### **Risk Factors for Increased Mental Illness**

Isolation is a risk factor for increased mental illness among undocumented individuals. Fear of attracting legal attention may lead many to withdraw from community engagement. This contributes to lower help-seeking behaviors even at time of crisis, exacerbating concerns while increasing negative health outcomes (Hacker et al., 2011). While the use of mental health services is less among minorities than the general population due to various factors, the fear or mistrust of institutions can lead to lower access of mental health support among undocumented immigrants. Consequently, some may turn to alcohol and drugs as a means to cope, increasing the possibility of developing comorbid mood and substance use disorders.

### **Vulnerability of Undocumented Workers**

The fear of being deported or reported to authorities creates great vulnerability for undocumented workers. They may be financially exploited by being offered subpar wages that fail to meet basic needs. This and job instability contributes to severe financial stress, whether they are making more money than they were in their homeland.

Undocumented individuals also often face unsafe work conditions that place them at risk of experiencing physical injury or chronic stressors. Additionally, mistreatment in the workplace, fostered by anti-immigrant sentiments or racism, can negatively impact their wellbeing. Even when experiencing physical or sexual violence, fear of being reported to law enforcement may keep undocumented individuals from seeking the proper recourse to address their exploitation (Garcini et al., 2016).

### **Advocacy and Delivery of Services Among Undocumented Workers and Individuals**

- Counselors can certainly play a significant role in assisting undocumented individuals and workers by first embracing their inherent dignity, regardless of legal status. Unconditional positive regard can still be disposed when working with undocumented clients.
- Counselors can establish an empathic alliance by validating the hardship of their undocumented clients and their efforts to provide for themselves and their family, which often includes supporting those left back in their native country.



- Counselors can help undocumented clients by helping them foster a sense of resilience as they continue to navigate through their present stressors. Cognitive Behavioral Therapy techniques can be utilized to address PTSD and anxiety-related symptoms, along with other mood disorders. Emotion-Focused Individual Therapy can also be considered (Marovic-Johnson et al., 2024).
- Counselors can advocate for the humane treatment of this vulnerable population by engaging their local, state and congressional representatives. Preserving funding for safety net programs to assist vulnerable families or their U.S.-born children can help ensure that needed services, including mental health support, are accessible (ACA, 2014).
- Since the lack of access to affordable mental health services can be a factor, counselors can assist undocumented individuals by offering reduced fee services to increase affordability.
- Counselors can also assist the undocumented by continuing to foster greater cultural competence through intentional efforts to learn more about diverse immigrant populations in their community. A great place to begin is to tap into available resources, including trainings, the professional literature, and direct encounters with diverse immigrant groups outside of the counseling room, regardless of legal status.

*Dr. Keny Felix is an associate professor of counseling at Liberty University, a licensed therapist in Florida and Georgia, and an ordained minister who strategizes with individuals and organizations to prioritize wellness and foster growth.*

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## Becoming an Effective LPC

**Erik Schmitt, PhD, LPC**

So, you've done the coursework necessary to make it possible to complete the required fieldwork components in becoming a licensed mental health counselor...*NOW WHAT?*

How do you make sure that the experience in practicum and internship will prepare you properly to be an effective counselor? In my work with students in fieldwork as an Assistant professor in Clinical Mental Health there are specific tips to help make the process smoother and more likely to work out.

1. Start early on checking at possible sites. Review your program plan to see when you are scheduled to begin fieldwork and 6–9 months before then start reaching out to possible sites. Create a short email or letter that you can provide and follow up via a phone call a couple days after submitting.
2. Next you get an interview at a potential site but now have no idea what to look for or ask. You must fit and feel comfortable with the site and there are some possible interview questions that can help with this process:
  - What is your experience as a supervisor for counseling students?
  - What is your supervision style?
  - Do you allow recordings?
  - Do you anticipate that I'll be able to earn my direct hours here?
  - Have interns been offered positions here after graduation?

Now that you are beginning your journey as a professional counselor what are some important things to remember?

- It's okay to be a beginner.
- Being able to understand and treat trauma is so important.
- Learn to practice self-care.
- Make sure to have an understanding and ability to apply at least a couple counseling modalities.
- If all else fails, just be there for the client!

*Erik Schmitt is an Assistant Professor for Liberty University and a Marriage and Family Therapist at The Marriage Point in Marietta. He was also a school counselor for ten years in Gwinnett County. He is currently located in the LPCA Atlanta District and is in the process of becoming a Licensed Clinical Supervisor.*

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## Reflections of a Licensed Professional Counselor's Journey

**Cheryl A. Francis, LPC, CPCS, CGP**

Reflecting on my journey as a Licensed

Professional Counselor, my understanding of the phrase, "I get to do this!" has deepened. I get the privilege to sit with others in their deepest pain, offering support and being a proverbial "mirror," guiding and offering hope that leads to healing and growth. This part of my work is very fulfilling. Realizing that my presence alone can be a catalyst for change to make a difference in someone else's life enhances my passion for this work.

The skill of building rapport, especially when many of us, including myself, transitioned to a virtual platform, reinforced the beauty and significance of the therapeutic alliance. This alliance highlights the importance of trust regardless of physical distance. Creating a safe, nonjudgmental, and compassionate therapy space and having clients report feeling heard and understood is one of my many joys. To have an individual invite me into their world and form a partnership to tell their side of the story for the first time is priceless.

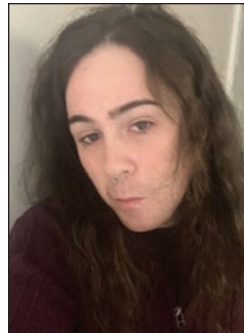
As an advocate of self-care, I recognize the benefits of aligning with my clients and providing strategies that help them become aware so they can care for their inside and outside hurts and move toward positive change. This alignment empowers my clients to find their voice, set boundaries, and develop techniques to navigate painful moments.

I also see it necessary to provide self-care strategies and resources for clinicians, healers, helpers, and transformational workers who often put themselves last, forgetting to prioritize themselves. They are challenged to care for their "stuff"—those unseen issues—as they make daily choices and show resilience while consistently showing up and pouring out for those they serve. Engaging in this advocacy work is very satisfying.

I often reflect on the countless expressions of gratitude—the "thank yous," the "I was on the edge when I found you," and the "I would not be here if it weren't for you" moments. These sparks of appreciation impact my reflection as an LPC, reminding me how fortunate I am to do this work.

**I get to do this!**

Cheryl A. Francis, LPC, CPCS, CGP, owns The Heart Matters Wellness Services LLC that offers professional development workshops to help individuals learn, earn, and keep their credentials. She is a Certified Grief Professional who is Trauma Focused-CBT trained and works from a CBT (Cognitive Behavioral Therapy). Cheryl hosts a monthly wellness group for clinicians in the West Georgia area. She established Rebounding With A Purpose (RWAP), a 501C-3 organization providing mental health care and resources to the underserved. Cheryl is a published author and a public and motivational speaker. She has been an active member of LPCA of GA for over ten years and resides in the Atlanta/Western District. Visit [www.heartmatterswellness.com](http://www.heartmatterswellness.com).



## Denied

**Anna Taylor Stewart**

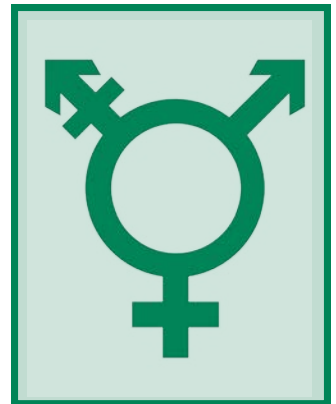
My name is Anna (she/her/they), and I am a transgender woman. It's very important to my spirit that someone else reads this, and at least acknowledges what happened to me in my counseling program. This counseling graduate student story involves the issues of cultural encapsulation, a very important topic given our current time period.

On my first day of graduate school I had to use the restroom on campus, but not one for someone like me existed. This is something quite simple that most counseling students don't need to think about. I was denied a restroom twice by the front business office and the library. All-gender restrooms are the only restrooms I use as a transgender/gender diverse person. Understand that because I was denied a restroom, I could not find one in time. Someone saw what happened and reported it to Title IX.

I then had to speak with the Title IX advocate and vice president of this college so they would install them on campus. Speak actually is a kind term, because really I yelled, and then apologized for my tone later.

On my second day of counseling school, my counseling educator called me, "a male with a male perspective to offer the counseling field." The room was dead silent, and I almost had a gut reaction. All my friends who are counselors told me that it is the exact opposite of what should happen in a counseling classroom. We hadn't made introductions yet, and I was dressed down without any makeup applied. My counseling educator was later dismissed after two months.

I'm writing this in hopes that counselors and counseling educators do not become culturally encapsulated because several counseling ethics involve valuing diversity and advocacy. I wanted to continue my counseling program, but felt incredibly discouraged that no one understood the severity of this situation. I will not name this program in Southwest Georgia as the leaders are genuinely, kind and helpful people. We must actively work to remain a safe-space for everyone who needs it.



Anna Taylor Stewart is an LPCA student member who resides in the LPCA Western District. Some of her favorite hobbies are gardening and being spiritually in-touch with nature. Before her counseling program she used to volunteer as a Crisis Counselor at The Trevor Project. She received her Bachelor's Degree from the University of Georgia.

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## No Pineapple on Pizza! *Regrets and Apologies*

**Tara Overzat, PhD, LPC, NCC, ACS**

I am hearing from people that they have regrets. They have made choices in their past—sometimes the distant past, sometimes recently—that, upon further information or

reflection, they now feel were misguided or wrong. This can be a heavy load to bear. How can we face these regrets and, when appropriate, ask for forgiveness?

Thomas and Kilmann (Schaubhut, 2007; Thomas & Kilmann, 1974) address five different styles of resolving conflict based on human tendencies toward assertiveness and cooperation in their Thomas-Killman Conflict Mode Instrument. The horizontal axis, or x-axis, represents cooperativeness (concerns about the other party having their needs or wants met) while the vertical, or y-axis, represents assertiveness (your concern about your wants or needs being met). When assessment scores are plotted, five categories of conflict resolution may emerge: competing, collaborating, compromising, avoiding, or accommodating. People may have a primary tendency to one or more of these categories and it may well depend on the situation. For example, one may be more avoiding or accommodating when it comes to loading the dishwasher the “right way” versus more competing or collaborating when it comes to their wants in buying a house.

It may be helpful to explain to friends, family, or colleagues the importance of the conflict at hand, and why you feel you may have been mistaken or have changed your mind. Sometimes new information comes to light. Other times outcomes are not what was initially expected, forcing a review of how the decision was made. While it may feel like a sign of weakness to admit a mistake, it can often foster better, more trusting relationships. Jim Whitehurst, a Georgia native who has worked at Delta Air Lines, been CEO of Red Hat, and later President of IBM, noted that his admission of mistakes earned him the trust of his associates (Whitehurst, 2015).

Along with bruising our ego, fear of being ostracized or punished may come to mind when we think of admitting a mistake. Restorative justice (RJ) principles offer a remedy to this. An alternative to traditional “punishment,” RJ looks to heal wounds and help salvage the connection between people when an incident has occurred. While these ideas originated in the criminal justice space, these practices could apply to more common instances of division between people such as arguments and actions taken that hurt others whether intentionally or unintentionally. Suzuki and Jenkins (2023) discuss the apology-forgiveness cycle in RJ, wherein apology may or may not engender forgiveness; forgiveness may spur an apology; or an individual forgives without any apology at all. I wonder, when we make a mistake, what can our apologies look like? How can we promise to do better next time? How do we move forward knowing it is up to the other person to decide if they wish to forgive us and that they cannot be forced to do so?

In sum, it is worth letting others know you have made a mistake or simply changed your mind. These conversations can lift the veil of

regret and open the way to richer, deeper connections with the people you care about. Whether pineapple on pizza or something more serious, the opportunity is always there to say, “I was wrong about that. Next time, I’ll do more research,” or “I could have made a better decision there, and for that I’m sorry.”



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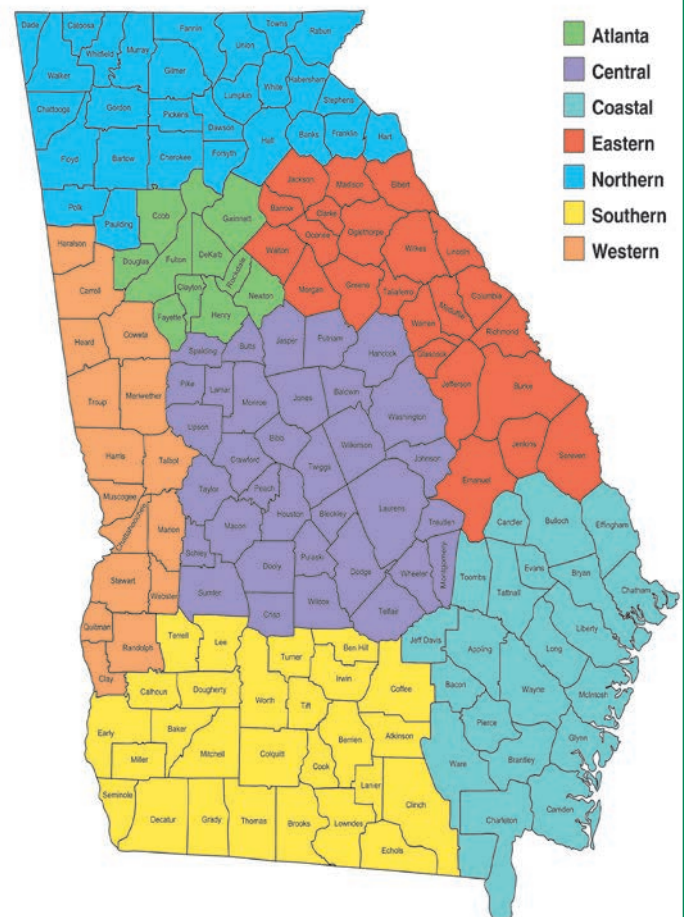
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## Know Your LPCA of GA District







## A Student's Experience at LPC Day at the Capitol

**Naomi Tatum**

As students in LaGrange's Clinical Mental Health Counseling Program, one of our core values is advocacy—both for others and for our profession. On January 29th, we had the exciting opportunity to put this into action during LPC Day at the Capitol. This event allowed us to connect with Georgia legislators, discuss the state laws affecting our field, and advocate for the critical role licensed counselors play in mental health care across various community settings. For us students, it was also a chance to come together, build connections, and foster fellowship.

The day began with refreshments at the Central Presbyterian Church, where we were inspired by speeches from our current LPCA President, Dr. Keisha Buchanan, Director of Outpatient Services at Rogers Behavioral Health, Dr. Nathan Butzen, and LPCA Past-President, Dr. David Markwell. Their words reinforced the importance of staying informed about legislation impacting our profession and the need to reach out to legislators when necessary. They also reminded us of the power of unity, advising us that, despite the political climate, LPC Day was a day to come together as one voice in support of our profession.

After these motivational speeches, I felt energized and ready to head to the Capitol, united in our mission to represent LPCs and advocate for change. Once at the Capitol, it was thrilling to walk through the historic halls and legislative chambers where decisions are made. In addition to speaking with a few legislators, I visited information booths, where I had the chance to engage in meaningful conversations with other advocates and attendees. As a future counselor, this was a meaningful opportunity to impact change.

Another valuable aspect of this experience was the opportunity to network within the counseling community. I'm quickly learning this is a close-knit community that offers immense support to emerging counselors, providing guidance, valuable insights, and much-needed moral support. Hearing counselors—both recent graduates and seasoned counselors—recall their own challenges and successes in the learning process was encouraging. (Do you remember all of those role-plays in class?) This experience gave



**L-R: Naomi Tatum, Kamel Riggins, Tiffany Payton, Nevin Jackson, and Yvette Njan Essounga**

me a sense of the mentorship and support available within the profession. The connections I've made and advice generously shared will be crucial to my development as a future counselor.

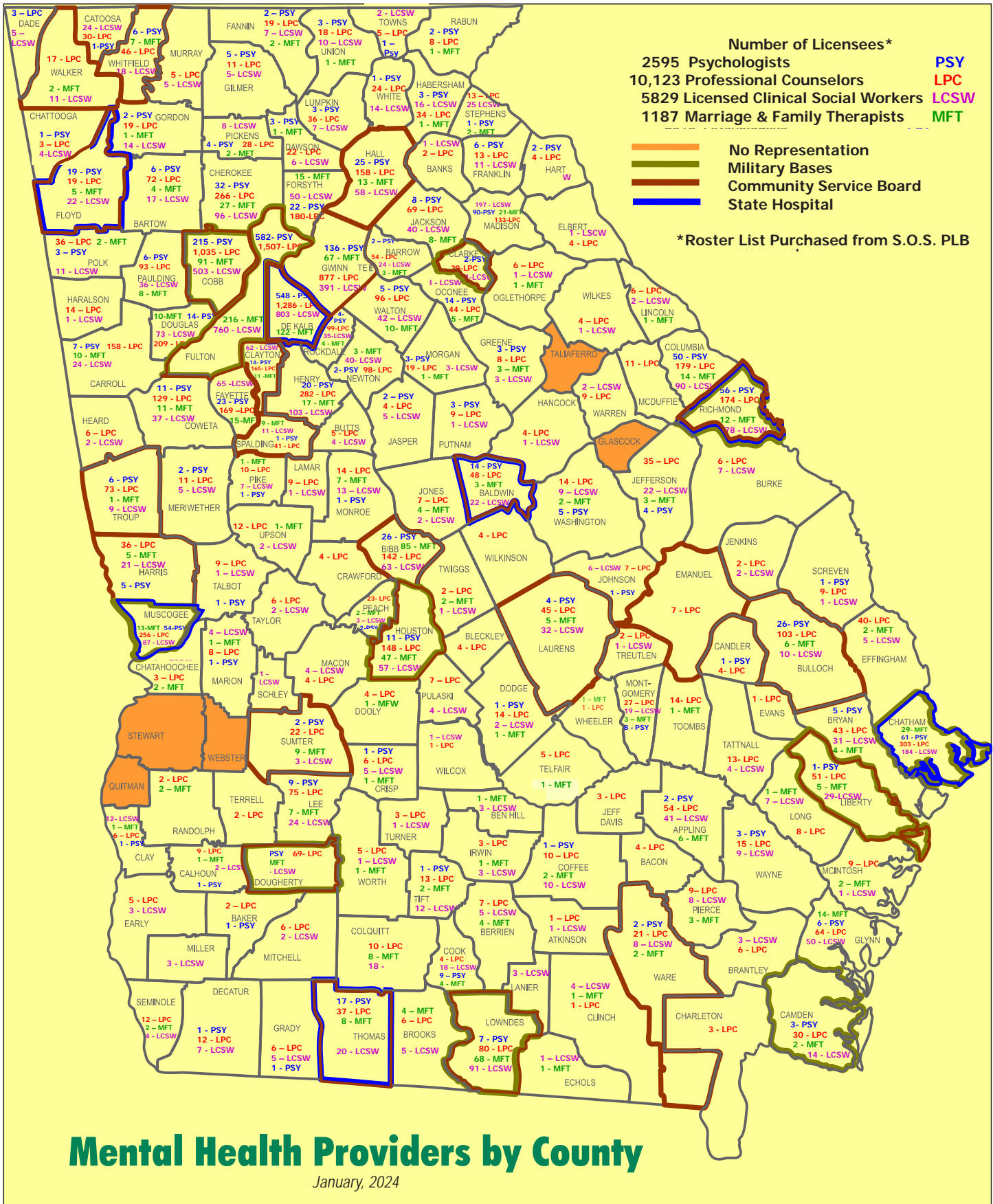
A huge highlight of the day was the opportunity to connect with my amazing LaGrange classmates. As a student who sees my classmates virtually, it was incredible to meet face-to-face and share the excitement of the event. This sense of community is something that has been essential in keeping me motivated throughout the program. I truly couldn't ask for a better family and future colleagues to share this journey with.

Moving forward, I feel even more motivated to remain engaged in advocacy efforts that shape mental health policies. Advocacy is an ongoing process and LPC Day reminded me of the impact informed counselors (and students) can have on legislation. I will continue to seek out opportunities to participate in additional events and continue to deepen my understanding of how to affect change and growth in the counseling profession.

The day left a lasting impact on me in more ways than one, and we ended it with a photo of all the attendees on the Capitol steps—a symbol of our unity and our shared commitment to making a difference in Georgia's mental health system. Looking back, LPC Day at the Capitol was not only an opportunity for advocacy and professional growth but also a reminder that we, as future counselors, have the power to inspire meaningful change. I look forward to continuing this journey with such a strong, supportive group of individuals.

*Naomi Tatum is a graduate student in the LaGrange College Clinical Mental Health Counseling program. She has been a member of the LPCA since Fall, 2024.*









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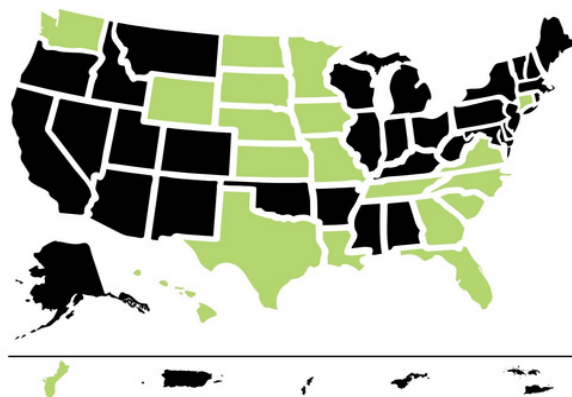
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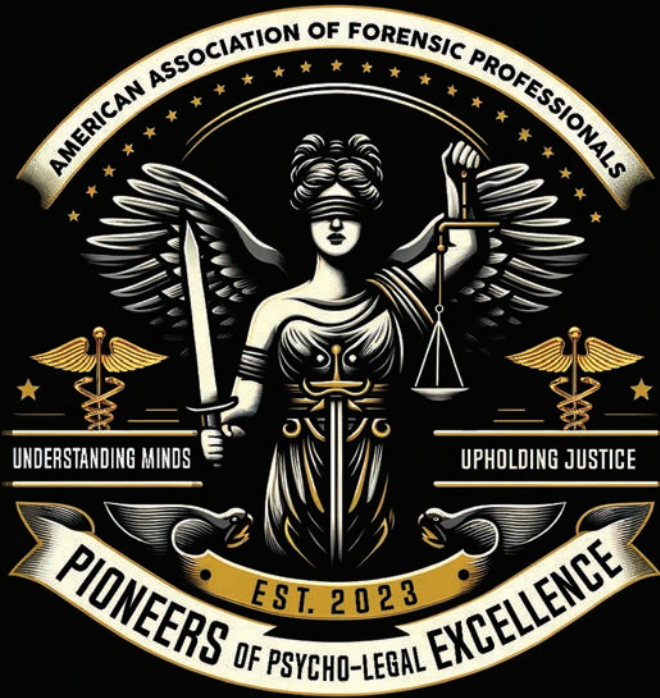
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