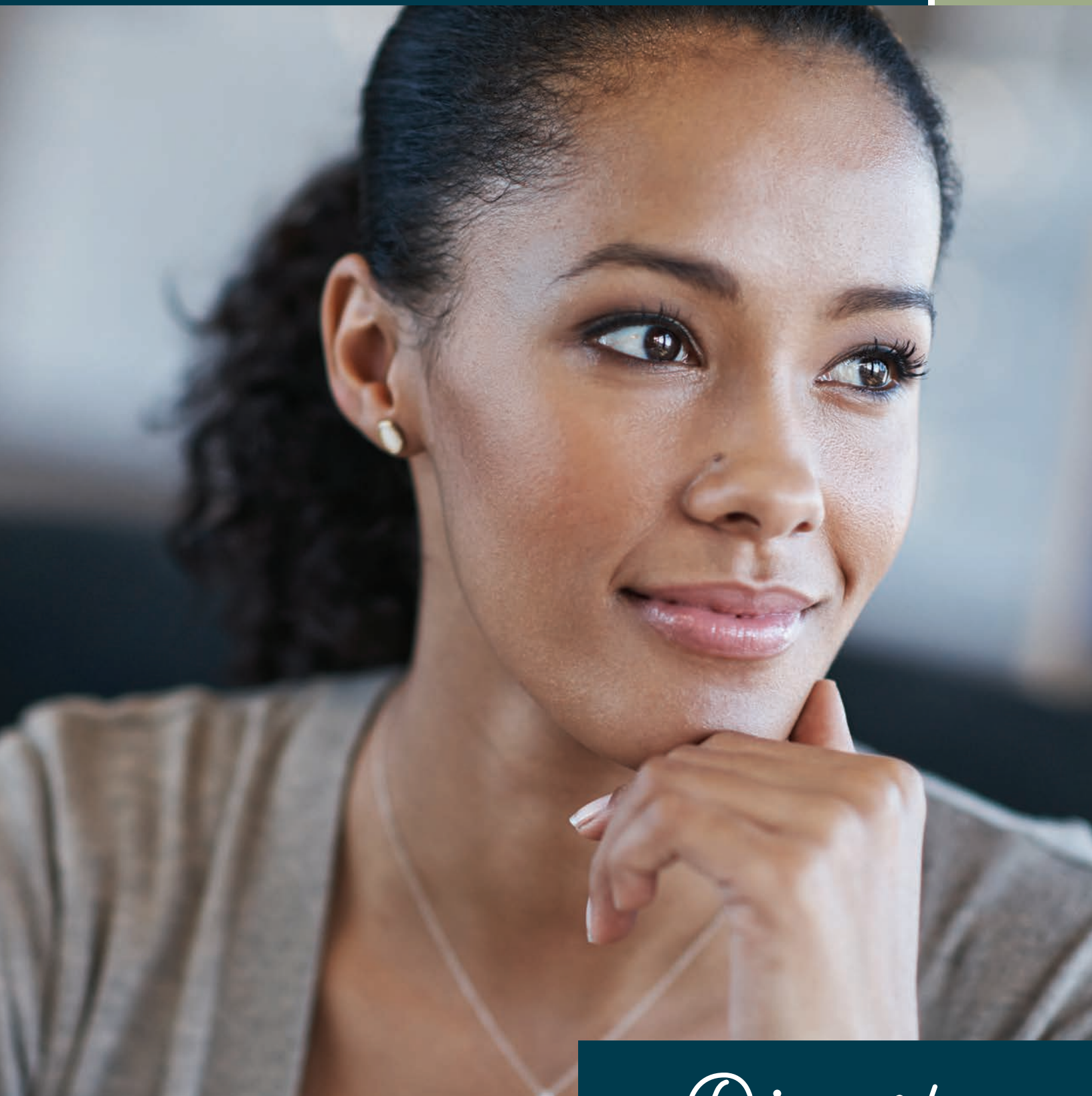


# The Professional Counselor

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*Digest*  
Volume 6, Issue 4



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# Lifetime Achievement in Counseling Series

An Interview With Theodore P. Remley, Jr.

Neal D. Gray, Lindsay Kozak

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This is the inaugural paper in the Lifetime Achievement in Counseling Series. This set of articles will present an annual interview with a seminal figure who has attained outstanding achievement in counseling over a career. We are hoping that from this series readers will better understand the evolution of the profession and be motivated to address current and future challenges described by the authors.

The first interviewee is Theodore Remley, Jr., who currently holds the position of Professor of Counseling and is the Booth-Bricker Endowed Professor at the University of Holy Cross in New Orleans, Louisiana. Dr. Remley received a Ph.D. in counselor education and supervision from the University of Florida and holds a J.D. degree from Catholic University in Washington, DC. Dr. Remley is a Fellow in the American Counseling Association and was the recipient of the Lifetime Achievement Award from the Association for Counselor Education and Supervision. He was selected as a leader and featured in the book, *Leaders and Legacies: Contributions to the Profession of Counseling*, edited by West, Osborn, and Bubenzer (2003).

Dr. Remley has authored or edited numerous textbooks and journal articles, most of which are related to law and ethics in counseling. His coauthored textbook with Dr. Barbara Herlihy, *Ethical, Legal, and Professional Issues in Counseling*, is the most widely used ethics text in the counseling profession. In the area of professional advocacy, he was heavily involved in getting the first counseling licensure bill for counselors passed in Virginia in 1976. He has served on many counseling licensure boards and has chaired the boards in Virginia and Louisiana. He helped draft regulations for the District of Columbia board when it was first established, and has chaired the ethics committee for the boards in various states. He is the Founding President of the American Association of State Counseling Boards, the organization that provides a forum for counseling licensure boards in all states and jurisdictions to communicate with each other and work toward appropriate and fair regulation of the counseling profession.

In the interview, Dr. Remley responds to several questions addressing his career, impact on counseling, and thoughts about the current and future state of the profession. He points to licensure in all 50 states, counseling program accreditation, global development and growth of the profession as some of the major accomplishments he has witnessed. Dr. Remley discusses his impact on professional identity development, as well as educating the general public about who counselors are and what they believe as two of his major contributions. He concludes the interview by identifying challenges currently facing counseling and his outlook on the profession's future.

*Neal D. Gray is an Associate Professor at Lenoir-Rhyne University. Lindsay Kozak is a counselor at Crossroads Counseling Center. Correspondence can be mailed to Neal Gray, Lenoir-Rhyne University, LR Box 7409, 625 7th Avenue NE, Hickory, NC 28601, neal.gray@lr.edu.*

# School Counseling Faculty Perceptions and Experiences Preparing Elementary School Counselors

Emily Goodman-Scott, Jennifer Scaturo Watkinson, Ian Martin, Kathy Biles

School counselors' job roles and preferences reportedly vary by educational level (i.e., elementary, middle, high). However, several organizations, such as the American School Counselor Association, conceptualize and recommend school counseling practice and preparation through a K–12 or PreK–12 lens. But, little is known about how or if school counseling faculty members vary preparation for specific educational levels. The present study was developed by members of the Elementary Advocacy Task force for the Association for Counselor Education and Supervision School Counseling Interest Network. Due to the lack of research regarding school counselor preparation by level, we conducted a convergent mixed methods study to investigate the current status of elementary school counselor preparation, and lay the groundwork for future research and advocacy. Through the use of a survey, we examined the perceptions and experiences of a national sample of school counseling program faculty (N = 132) regarding elementary level preparation. The aim of this study was to gain preliminary data and provide a foundation for future research and potential advocacy. The following research question guided our study: What are school counseling faculty members' perceptions and experiences preparing school counseling students for the elementary level?

To answer the research question, we analyzed demographic data and descriptive closed-ended survey responses (quantitative) and performed a thematic analysis (qualitative) on open-ended survey responses. Then we used triangulation to converge the results of all analyses with the overall goal of expansion, increasing the depth and breadth of the study due to multiple methods. We prescribed to a social constructivist paradigm and relied heavily upon relativistic theory. Specifically, within this perspective, reality is subjective, there exists no absolute truth, and gathering multiple perspectives across sources is a research priority.

Three themes resulted from the data analysis: *Varying Conceptualizations of Differentiation*: faculty's varied experiences and perceptions of differentiation when preparing school counseling students; *K–12 Preparation Focus*: prioritizing a K–12 preparation focus; and *Factors Driving Elementary School Counseling Preparation*: several external factors driving faculty members' preparation such as state licensure and mandates, school counseling job opportunities, and student enrollment, motivation, and interest in elementary school counseling. We also include a discussion and implications for school counselor educators and leaders.

*Emily Goodman-Scott, NCC, is an Assistant Professor at Old Dominion University. Jennifer Scaturo Watkinson is an Associate Professor at Loyola University Maryland. Ian Martin is an Associate Professor at the University of San Diego. Kathy Biles, NCC, is a Senior Instructor at Oregon State University, Cascades Campus. Correspondence can be addressed to Emily Goodman-Scott, Old Dominion University, 110 Education Building, Norfolk, VA 23529, egscott@odu.edu.*





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# Meeting the Mental Health Needs of Syrian Refugees in Turkey

Mehmet A. Karaman, Richard J. Ricard

Movements such as the Arab Spring and recent regional conflicts have forced people to leave their homes and flee to other countries or regions. Syrian refugees are currently the second largest refugee group worldwide. According to the United Nations High Commissioner for Refugees, Turkey has accommodated the largest number of Syrian refugees in the region. The majority of refugees (90%) live outside of camps and are surviving under challenging circumstances compared to the refugees who live in the camps.

Turkish government and non-governmental civil organizations have mobilized efforts to address the immediate survival needs of refugees such as providing food and shelter. Despite these efforts, the available resources, including the number of counselors and other qualified mental health professionals, are inadequate to deal with the constant flow of Syrian refugees. Turkish officials have utilized a physiological and psychological needs-based approach in the planning for a response to the refugee crisis. The approach includes four levels, which are (1) basic needs and security, (2) the community situation and family support, (3) focused, non-specialized counseling support, and (4) specialized counseling services to assess the urgency of needs.

Syrian refugees are at especially high risk for mental health problems as well as social and physical concerns, and uncertainty about the future and the current situation in Syria. Individual accounts of extensive violence, death and war illustrate the distress of refugee life at the personal level. There are specific situations that affect the mental health of Syrian refugees. First, 83% of Syrian refugees have experienced a traumatic event. Intensity of the experience and duration of exposure may affect their level of mental health. The stories and experiences of refugees who were exposed to the traumatic events can frighten other refugees who did not experience a traumatic event, triggering anxiety and stress. Second, unmet physiological needs may exacerbate feelings of insecurity and affect healthy psychological responses. Moreover, refugees' lack of personal awareness of their own mental health needs can affect help-seeking behaviors. Third, there may be acculturative stress stemming from cultural differences and adaptation to the host culture that can adversely affect mental health factors after immigration. Specifically, high risks exist for children who lost one or both parents in the war. Last, hearing about and seeing people continuing to die in the conflict through news and social media can increase or sustain depression and PTSD symptoms.

As the refugee population continues to grow, host nations will need to prepare a systematic response to this continuing humanitarian crisis in ways that support the basic human needs of forcibly displaced people. The Turkish government has responded to the presence of Syrian refugees with interventions that support basic survival needs (i.e., food and shelter). The availability of mental health and social services for refugees is limited and remains a focus of humanitarian assistance.

*Mehmet A. Karaman is an Assistant Professor at the University of Texas Rio Grande Valley. Richard J. Ricard is a Professor at Texas A&M University-Corpus Christi. Correspondence can be addressed to Mehmet A. Karaman, EDUC 1.642, 1201 West University Dr., Edinburg, TX 78539-2999, Mehmet.Karaman@utrgv.edu.*

## Read full article and references:

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# Violence and Residual Associations Among Native Americans Living on Tribal Lands

Adam Hardy, Kathleen Brown-Rice

Research suggests that Native Americans living on tribal lands are more likely to be victims of violence than any other population in the United States. The purpose of this article is to help shed light on the nature of this issue and provide counselors with culturally competent treatment directions. Although the exact prevalence of exposure to violence is difficult to ascertain due to between-tribe differences, it is estimated that 46–91% of Native Americans have experienced physical or sexual trauma. Non-Native populations have previously been estimated to report exposure to violence at a rate of 7–51%. The likelihood of violent victimization increases for individuals with substance abuse issues, low socioeconomic status, unemployment, and a history of childhood trauma. Moreover, Native American women are twice as likely to be sexually assaulted when compared to women of other ethnicities.

The high rates of exposure to violence on tribal lands can lead to several issues among Native Americans. For example, this population is more than twice as likely to develop post-traumatic stress disorder (PTSD). Furthermore, Native Americans on tribal lands are at increased risk for depression, suicidal ideation, substance abuse and chronic pain. Exposure to violence also is theorized to increase high-risk behaviors, such as sexual promiscuity which can lead to residual consequences (Hobfoll et al., 2002). Unfortunately, cultural competency deficiencies among counselors have been identified as a major barrier for receiving treatment.

Although the benefits of cognitive behavioral therapy (CBT) are well established, a major criticism of this treatment approach has been its application to minority populations. In particular, CBT has been criticized for ignoring the spiritual wellness of the client. In order to better account for this gap in treatment, counselors can utilize the Native American Medicine Wheel with their Native American clients. This sacred tool has been used for generations to depict health and healing. Each direction on the wheel represents various interconnected concepts, including physical, mental, emotional and spiritual domains. Counselors can process how these concepts impact each other as the client works toward recovery from exposure to violence. Moreover, counselors can incorporate other aspects of the Native American Medicine Wheel into counseling sessions. In order to avoid the violation of sacred traditions, these ideas must be collaborated between the counselor and client.

There also are specified implications for working with Native American clients after exposure to sexual violence. Native Americans are at a high risk to attempt suicide following sexual assault, and victimization recurrence rates have been reported as high as 79%. It is theorized that these phenomena are, in part, due to high levels of self-blame perceptions. When self-blame is exacerbated by encounters with others in the environment, the likelihood of traumatic stress symptoms increases. It is crucial for counselors to aid these clients in the ability to identify and challenge self-blame cognitions and behaviors to create sustained change. If the cycle of violence on tribal lands is to be broken, counselors must continue to learn how to heal the emotional and spiritual wounds of Native Americans.

*Adam Hardy, NCC, is a Counselor at Glory House in Sioux Falls, SD. Kathleen Brown-Rice, NCC, is an Assistant Professor at the University of South Dakota. Correspondence can be addressed to Adam Hardy, 3005 West Courtyard Lane, Sioux Falls, SD 57108, adam.hardy@usd.edu. Mathematical Sciences Building, University of Central Florida, Orlando, FL 32816, christopher.belser@ucf.edu.*

## Read full article and references:

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# Burnout, Stress and Direct Student Services Among School Counselors

Patrick R. Mullen, Daniel Gutierrez

School counselors are charged to spend 80% or more of their time in direct and indirect service to the student. Researchers have found that the facilitation of direct student services, such as those found within comprehensive school counseling programs, is positively related to academic success, personal and social development, career and college readiness, increased sense of belongingness, increased attendance, fewer hassles with other students, and less bullying. Therefore, the facilitation of student services is vital, as higher levels of services likely lead to better outcomes for students. Research on potential barriers to school counselors' programmatic service delivery may shed light on ways to promote the facilitation of services for students, thus leading to enhanced educational outcomes.

An area we believe may be a barrier to school counselors' facilitation of direct student services is the stress and burnout they experience as part of their work. School counselors endure various difficulties related to their demanding and emotionally draining work. Stress can come from various sources such as multiple job responsibilities, role ambiguity, high caseloads, limited resources for coping, and limited clinical supervision. While the presence and sources of stress and burnout for school counselors may be of no surprise, the relationship between these forms of impairments and school counselors' delivery of student services is important. Yet, there is limited research that examines the relationship between these variables.

In this article, we report findings from a research study that examined the relationship between practicing school counselors' ( $N = 926$ ) reported levels of burnout, perceived stress and their facilitation of direct student services. Specifically, in this associational research investigation, we recruited members of the American School Counselor Association using e-mail-based surveying techniques. We used structural equation modeling to test a hypothesized relationship between participants' stress, burnout and their facilitation of direct student services. We also review descriptive statistics regarding participants scores on the measures used in this study.

The findings from this study indicated that burnout was a statistically significant contributor to the frequency of direct counseling services and direct curriculum services. Furthermore, the findings identified that burnout was a significant contributor to participants' reports of the percentage of time they spend on their job working directly with students. That is to say, participants with greater levels of burnout also facilitated lower levels of direct student services. Another finding of interest was that school counselors' degree of perceived stress did not have a statistically significant relationship with the direct student services variables, but did correlate with burnout. Overall, participants reported low levels of burnout and stress, which is a promising finding. We believe that the results from this study provide additional merit for school counselors and school counseling supervisors to take steps to manage stress and prevent burnout. We recommend that researchers replicate these findings using more diverse samples and methods of assessing service delivery, stress and burnout. Also, we suggest future research on mechanisms to help school counselors manage stress and prevent burnout.

*Patrick R. Mullen, NCC, is an Assistant Professor at the College of William and Mary. Daniel Gutierrez, NCC, is an Assistant Professor at the University of North Carolina – Charlotte. Correspondence can be addressed to Patrick Mullen, School of Education, P.O. Box 8795, College of William & Mary, Williamsburg, VA 23188, [prmullen@wm.edu](mailto:prmullen@wm.edu).*

## Read full article and references:

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# Clinical Supervisors' Perceptions of Wellness

## A Phenomenological View on Supervisee Wellness

Ashley J. Blount, Dalena Dillman Taylor, Glenn W. Lambie, Arami Nika Anwell





**W**ellness is an integral component of the counseling profession and is included in ethical codes, suggestions for practice and codes of conduct throughout the helping professions.

Yet, individuals in the helping professions do not necessarily practice wellness or operate from a wellness paradigm, even though counselors are susceptible to becoming unwell simply because of the nature of their job. Proximity to human suffering, trauma, difficult life experiences and additional occupational hazards (e.g., high caseloads) make careers costly for helpers. Further, counselors may be vulnerable to experiencing burnout because of their ability (and necessity because of their career) to care for others. Compassion fatigue, vicarious traumatization and other illness-enhancing issues often coincide with burnout, increasing the propensity for counselors to become unwell. Furthermore, counselors who are unwell have the potential of acting unethically and may in turn harm their clients. Thus, it is imperative that helping professionals' wellness continue to be examined.

Counselor impairment occurs when counselors ignore, minimize, and dismiss their personal needs for health, self-care, balance, and wellness. Counselors need awareness of their personal wellness and should work to maintain their wellness. The American Counseling Association states that counselors are responsible for seeking help if they are impaired and that it is the duty of colleagues and supervisors to recognize professional impairment and take appropriate action. Thus, counselors and supervisors are responsible for not only maintaining their personal wellness, but also are responsible for monitoring the wellness or impairment of their colleagues. One of the platforms for monitoring counselor wellness is supervision.

Limited researchers have examined wellness in counseling supervision and, therefore, we explored clinical mental health supervisors' experiences with their supervisees' levels of wellness within this article. Through a phenomenological investigation, we examined expert (M = 21.2 years of experience supervising) supervisors' experiences of their supervisees' wellness. Emergent themes gleaned from the research investigation include: (a) intentionality, (b) self-care, (c) humanness, (d) support and (e) wellness identity.

*Ashley J. Blount, NCC, is an Assistant Professor at the University of Nebraska Omaha. Dalena Dillman Taylor is an Assistant Professor at the University of Central Florida. Glenn W. Lambie, NCC, is a Professor at the University of Central Florida. Arami Nika Anwell is a recent graduate of the University of Central Florida. Correspondence can be addressed to Ashley Blount, 6001 Dodge Street, RH 101E, Omaha, NE 68182, [ablount@unomaha.edu](mailto:ablount@unomaha.edu).*

### Read full article and references:

Blount, A. J., Taylor, D. D., Lambie, G. W., & Anwell, A. N. (2016). Clinical supervisors' perceptions of wellness: A phenomenological view on supervisee wellness. *The Professional Counselor*, 6, 360–374. doi:[10.15241/ab.6.4.360](https://doi.org/10.15241/ab.6.4.360)



# Analyzing CACREP-Accredited Programs' Utilization of Criminal Background Checks

Maribeth F. Jorgensen, Kathleen Brown-Rice

The purpose of this study was to determine how CACREP-accredited master's counselor education programs are utilizing criminal background checks (CBCs) regarding applicants and current students. Currently, all 50 states, the District of Columbia, Guam, Puerto Rico and the Virgin Islands require a CBC for school counselors and 17 states report requiring an applicant to pass a CBC in order to become a licensed professional counselor. This could be a problem, however, because counselors-in-training work with clients while they are in their training program. Counseling programs that do not have access to CBC data may be left without critical information to help best protect vulnerable populations. Therefore, the responsibility of having CBC results might more appropriately fall on counselor educators.

Literature searches revealed only one study that explored the use of CBCs by counseling programs. Over 10 years ago, researchers conducted a study of 50 CACREP-accredited counseling programs to examine use of CBCs. Specifically, they sought to gather data about how counseling programs use criminal background checks and what resources are consulted when deciding how and when to use CBCs. At the time of that study and within the sample, five CACREP-accredited counseling programs were utilizing criminal background checks. Alarming, none of the programs that indicated use of CBCs answered the question about having established criteria to decide how criminal background check results are used.

In the present study, 27.7% ( $n = 23$ ) of respondents reported requiring applicants to undertake CBCs. Although this may seem like a small portion of the sample, it still offers the field knowledge that can augment previous findings. Previous research revealed that educators would like to use background checks, but they feel hesitant due to litigation that can come with such methods. These fears may be exacerbated by the fact that the use of CBCs is not universal across university programs, and there may be little knowledge about how to seek out university lawyers when developing these requirements. At this time, most university guidelines around CBCs focus on the use of them with employees. Some researchers posit that it is this lack of guidance and misuse of results that continues to keep graduate programs from using CBCs.

Alarming, of the 23 programs in this study that required CBCs, only 13 reported that their program had an established procedure for deciding about the non-admission of applicants based on CBC results. When procedures are not in place, there may be a greater potential for phenomena such as the empathy veil effect, leniency effect, or likability effect. The consequences of graduating a student with a criminal history could be great and, ultimately, put future clients at risk for harm when those individuals are not screened out at the training program level.

Perhaps CACREP could assist programs in understanding if and how to use CBCs by adding ideas for best practices in their accreditation standards. Previous literature has indicated that the field of counseling may benefit from creating more formalized screening procedures that include reliable, objective measures. The current study offers support that programs are using CBCs as a part of the admission process and to continually evaluate their students. Given this is a trend, it may be important to establish best practices and policies around CBCs so that programs are using them in ways that are consistent.

*Maribeth F. Jorgensen, NCC, is an Assistant Professor the University of South Dakota. Kathleen Brown-Rice, NCC, is an Assistant Professor at the University of South Dakota. Correspondence can be addressed to Maribeth Jorgensen, 414 East Clark Street, Vermillion, SD 57069, maribeth.jorgensen@usd.edu.*





### Read full article and references:

Jorgensen, M. F., & Brown-Rice, K. (2016). Analyzing CACREP-accredited programs' utilization of criminal background checks. *The Professional Counselor*, 6, 375–386. doi:[10.15241/mfj.6.4.375](https://doi.org/10.15241/mfj.6.4.375)





# A Comparison of Telemental Health Terminology Used Across Mental Health State Licensure Boards

Jay Ostrowski, Traci P. Collins

Research was conducted to identify the regulations and terminology used for distance counseling by state mental health license boards for counselors, social workers, marriage and family therapists and psychologists in all 50 states. The outcomes highlight barriers to the advancement in research and barriers to the adoption of telemental health for these mental health professions. Examples of barriers include the diverse terms (19) used by these boards and the lack of similarity with terms used commonly by counselors, government and researchers.

Only 43% of all state licensing boards researched above had regulations related to telemental health. The existence of state licensing regulations for telemental health in 2015 was nearly equally split among the professions investigated (counseling, n = 22; social work, n = 21; marriage and family therapists, n = 1; and psychology, n = 22). The data found on 151 state mental health licensing board Web sites surveyed were verified through with these boards through email. Sixteen licensing boards responded with information that was significantly different from their publicly posted statements, stating permissions or restrictions which were not otherwise posted. Only one state had regulations prohibiting telemental health practice, and this applied only to the counseling profession.

The full article discusses the 42 terms found for the concept of telemental health and the terms more commonly used by mental health licensing boards. The boards are encouraged to use research for making regulations in telemental health, use terms more commonly used by counselors, government and researchers, and to clarify policies that may be inadvertently restrictive.

The shortage of counselors across the United States has renewed an interest in telemental health. The U.S. government estimates that more than 4,000 counselors are needed nationwide to fill counselor shortages. Telemental health services are viewed by the U.S. government as a viable means to fill these service access gaps.

The National Board of Certified Counselors broke ground in the telemental health space almost 20 years ago when they published the first set of guidelines for what was then called Web Counseling. All major mental and behavioral health entities have followed with updates that reflect changes in research, culture and technology.

Telemental health is now supported and funded by federal agencies including the Department of Defense and the Department of Veterans Affairs, and the U.S. Department of Health and Human Services' Health Resources and Services Administration Office for Advancement of Telehealth funds 14 Telehealth Resource Centers. The term "telemental health" is more prominent in the vernacular of the U.S. government than any other term and one of the top terms recommended for use by the authors.

Counselors are encouraged to add telemental health services to their in-person practice to take advantage of new opportunities to help people in rural areas and urban areas where access to mental health is difficult. Due to the risks related to telemental health, counselors should obtain professional training and contact their respective licensing board for terms and policies both in the state where the counselor is located and the state in which the client will be located at the time of services.

*Jay Ostrowski, NCC, is Director of Product and Business Development at the National Board for Certified Counselors, Inc. and Affiliates, and the CEO of Behavioral Health Innovation. Traci P. Collins, NCC, is a professional counselor at Triad Counseling & Clinical Services, LLC in Greensboro, NC, and a doctoral candidate at North Carolina State University.*

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