Central Valley Counseling Association Newsletter

*Inside this Issue*

Page 2: Greetings from the president - Vanessa Redmond

Page 3: Letter from the Editors - Stewart Nafziger and Michael Horst

Page 5: New Consultation Groups in the Clinical Community

Page 6: Reflections on My EdS Project and Internship Experiences – Rachel Tysinger

Page 7:Reflections on My EdS Project: “Counseling Considerations among refugees of Middle Eastern Descent.” - Jennifer Semaan

Page 8:Working with Veterans: Michael McAndrew

Page 9:Finding My Voice - **Matt Swartzentruber**

Page 10: Lessons in Mindfulness from Thich Nhat Hanh: Would you like to supersize that? – Michael Horst

Page 12: Opening to the spectrum: Considering the role of the professional counselor with neurodiverse populations – Charles Shephard

Greetings, fellow counselors!

As I sit at my desk, anticipating how to begin this message, my mind continues to revolve around one word: gratitude. I am grateful for the spring season to have finally graced us all with its warm, inviting presence; for the loyalty and steadfastness of my husband; for the pure joy on my doggie’s face when I return home from work; for the resiliency of my students; and for the compassion and comradery that embodies the Central Valley Counselor Association (CVCA). As I conclude my role as president, I would like to share with you how gratitude imbues my memories and fondness for CVCA.

About five years ago during this time of year, I was invited to Sandy Hite’s home in Staunton with several of my cohort members from the James Madison University Graduate Counseling Program. We were enticed to join her for a fun afternoon with friends, hot dogs, and a view that would take your breath away. Little did we know what we were getting into. We were invited to the first CVCA board meeting of the new term, and the current representatives were in need of new members to serve on the board! In that moment, I did not realize the journey I was about to embark.

Following my first CVCA board meeting experience, I had the opportunity to serve in many different positions: historian, awards chair, secretary, treasurer, and president. I have submitted to the newsletter, hosted workshops and receptions, attended local and state meetings, and organized breakfasts and dinners. I am grateful to others for those opportunities and feel proud to be part of such an incredible professional community. What an unbelievable niche to have found! I cannot imagine my professional, and often social, life without the presence of CVCA.

In short, I feel grateful. Grateful that I took a chance one day down the back roads of Augusta County to find myself enveloped in an organization that is unwavering. Grateful for the members who are excited to reconnect at different events offered throughout the year. Grateful for the opportunities to grow among some of the finest colleagues in the field. Grateful to lead CVCA and give back to the organization that has personally and professionally impacted my life.

In these coming months, as the trees and flowers are blooming, and life is being restored in our natural world, I ask you to reflect on ways in which you feel gratitude as well.

Warmest regards,

Vanessa Redmond

CVCA President

***Letter from the Editors***

Why not? What harm could the discussion do?

*Sigmund Freud, 1924, The Resistances to Psychoanalysis, pg. 219*

As a warning and invitation, Freud (1924) welcomed his patients into a discussion. This discussion, broadly named psychoanalysis, was based on talking about what was typically censored or dismissed by others or themselves. Freud (1924) noticed that the longer his patients continued to participate in this discussion, the more difficult it became to keep it alive. This is why psychoanalysis became a discipline focused on the analysis of resistances, on identifying how things get in the way of saying something important. And so Freud formulated his clinical observations into theory: resistance to a discussion is a form of censorship operating under the guise of what seems, at first, to be irrelevant. And this censorship is constitutive of a person’s morality; the compass that determines which things could be up for or are even worth discussing.

As the editors of CVCA, we encourage you to read with the possibility of finding something new in these writings. We hope you will be able to do this by questioning the moments when you may feel tempted to refuse yourself (or others) the opportunity to look beyond resistances in response to what is written. As the following submissions to this newsletter reveal, there are still many things up for discussion in our profession. We invite each of you to read in such a way that keeps your questions and those of our contributors alive. Keeping a discussion alive is difficult because it inevitably involves the concept of resistance, the unwillingness to say or hear something that feels foreign or strange. And as Freud (1924) showed us, censorship is the silent conversation killer; it is the resistance to which we often feel entitled. The idea that this newsletter could be a form of discussion is also to suggest that we have the capacity to read something new about our professional field in it.

Like Freud, we feel current discussions in the counseling field are worth keeping alive. We serve the role of a conversation partner of sorts. We help each other in the field wrestle with ideas and experiences that are difficult to entertain on our own. As a community, we entrust ourselves to each other through our newsletter submissions and the subsequent discussions these writings generate. We hold each other accountable to discussing difficult topics and encourage each other to consider our resistance to topics in order to grow. At times, this may appear in our discussion, for example, as a lack of understanding, awareness, and/or empathy. It may also appear as unquestioned uniformity related to professional values, theory and/or clinical work. And as conversation partners reading this newsletter, we are tasked with identifying these resistances without dismissing the conversation that is occurring through them. We are tasked with listening for how our local professional community is striving to say something important.

As editors, we are excited to have the opportunity to put our ideas in the community to work, to begin asking questions about what is operating unconsciously in our profession today. The submissions to this newsletter have been offered as a form of question, a way of pointing us toward important discussions. As readers, we are given the privilege to read what others have written, to entertain these questions. We will notice areas of resistance and possibilities for growth, and we will strive to open ourselves to the perspectives of the writers. Many of the questions submitted to this newsletter regard important topics within the professional field today, including theoretical formulation, clinical practice, and advocacy efforts. We also want to thank each of you for allowing us to serve as your editors. We are glad to facilitate this ongoing discussion between students, professors, and professionals. We are glad to keeping asking the question, “What harm could the discussion do?”

*-Stewart Nafziger and Michael Horst, CVCA newsletter Co-Editors*

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*New Consultation Groups in the Clinical Community*

***On a Center on the Periphery***

It started with a dream, as do many things in psychoanalysis. To say a dream is to say desire, as much as it is impossible to say. Yet, desire has its effects, and to act from it changes what is at stake. It was the result of one such act that in 2014 I took it upon myself to establish the Harrisonburg Center for Psychoanalysis. In so doing, it was my hope to create a place in the clinical community that serves a function, a place that could carry through the dream that sustains it.

The Harrisonburg Center for Psychoanalysis is an open group for any who are interested in psychoanalysis, and especially those for whom participation in the development of the Freudian and Lacanian orientation piques an interest. This is our task and our challenge. No theoretical allegiance is necessary, however, only curiosity. Members and participants of the Center actively engage in the study of psychoanalytic texts, the writing and presentation of theoretical, as well as clinical material, and ongoing clinical consultation. For those members with a clinical practice, this serves as a fundamental and necessary component of our activities. Psychoanalysis is contingent upon the clinic. It does not develop from abstraction, but from clinical encounters, and single cases. Its discourse is different than that of the university.

Though on the periphery, this Center provides the clinical community a place where answers are still in formation, and enigmas are allowed to exist. It is somewhere that creates a link around pertinent issues. Members do not work to continue down well-worn paths of theorization, but for discovery. They are interested in what is new, what hasn’t been said, or heard already. The Harrisonburg Center for Psychoanalysis is, therefore, a place of transmission; a place that not only causes, but also allows clinical formation to take whichever route is applicable for each individual.

***Clinical Counselors Meeting***

Clinical Counselors from across the valley have been meeting for nearly 2 years, facilitated by Teresa Haase, PhD. and Dana Blauch, LPC. Each month a local therapist or professor is invited to share about his or her area of expertise. In recent months Lenny Echterling, Annmarie Early, Hillary Wing-Richards, Greg Czyzczon, Harvey Yoder and Christine Spillman have each brought thought provoking and enriching topics for our growth. The meeting ends with opportunity for group case consultation. Meeting times and group size vary from month to month, however those who regularly participate voice appreciation for the opportunity to meet together, learn and collaborate. The group meets on the second Friday of each month at noon and is held in the EMU MAC space. The group will break for the summer months and resume in the fall. Watch the mycvca.com website and your email for updates on topics. Hope to see you there!

***Reflections on My EdS Project and Internship Experiences***

*Rachel Tysinger, EdS*

My name is Rachel Tysinger and I am a recent graduate of the Clinical Mental Health Counseling Program at JMU. I would like to reflect on how my internship positions and research project fostered my enthusiasm for working with college students who may be at risk for alcohol abuse and dependency. I completed my internship requirements at two different locations: the JMU Counseling Center (CC) and the Life Recovery Program at Sentara RMH Behavioral Health. Both have informed how I will continue my clinical work at the JMU CC.

As a result of these internship sites, substance abuse is a clinical interest of mine. Many individuals in the Life Recovery Program are working in recovery from a substance use disorder (alcoholism, opiate addiction, etc.). This setting can be challenging when considering the role of a counselor and his/her duty to maintain hope and optimism. However, my experience working in the Life Recovery Program also highlighted the importance of my work in the JMU Counseling Center. At JMU, I had the opportunity to take a preventative approach to substance use, helping students become aware of how high risk drinking can lead to dependency later in life.   
 My research project for the Educational Specialist degree added to my internship experience by taking a deeper look at excessive alcohol use in the college setting. This included information about prevention and support programs and services available for this population in reducing the likelihood of ongoing high risk drinking. My project contained a review of developmental tasks occurring within emerging adulthood and the impact of alcohol abuse on emerging adults through the lens of neuroscience. When analyzing the impact, attitudes and decisions of emerging adults in the college setting regarding alcohol consumption, I also considered the impact of gender differences. I concluded my project by giving special consideration to how this research may inform clinical practice in the university setting.

My research on the impact of alcohol abuse in the college setting deeply informed my awareness as a clinician. High risk drinking is a problem across US college campuses. The 2015 National Institute of Health estimates 1,825 students die from alcohol-related unintentional injuries, 599,000 students are estimated to be unintentionally injured under the influence of alcohol, 400,000 students are estimated to have had unprotected sex while under the influence, and 97,000 are estimated to be victims of alcohol-related sexual assaults or date-rape.

JMU is working to revise policies, promote prevention and support students who demonstrate patterns of heavy and/or high risk drinking. While drinking is a commonly accepted practice in college student culture, it also impacts a student’s ability to pursue identity exploration, self-focus, and create greater instability. And while not all students’ abuse alcohol, those who do may pose a risk to themselves and others. And this can also pose a risk to the wider community in which we live. Therefore I feel having policies, educational programing, and supports in place is necessary for the health and well-being of the JMU and Harrisonburg community.

Reviewing JMU’s programming highlighted that many alcohol prevention, education, and support programs are housed in our judicial affairs and health center departments. I believe college counselors can aid in helping our students make positive choices about alcohol, which may prevent involvement with these offices. As clinicians, we can provide an important alternative to students, providing the opportunity to speak freely about their experiences and gain education regarding alcohol abuse. My work in the Life Recovery program has motivated me to help with alcohol prevention and early forms intervention. Having gained clinical experience in both of these internships, I see more opportunities for providing individual support to students dealing with alcohol-related problems. In this way, I believe counselors can become more involved and contribute to alcohol prevention and intervention programming on college campuses.

***Reflections on My EdS Project: “Counseling Considerations among refugees of Middle Eastern Descent.”***

*Jennifer Semaan, EdS*

I am a Lebanese woman, currently residing in the United States. I recently completed my Masters and Education Specialist degrees in Clinical Mental Health Counseling at JMU. I am looking forward to beginning my career as a Resident in Counseling. Working with individuals who struggle with mental health has been my passion since middle school. I view counseling as a process that is able to treat a wide variety of concerns, ranging from daily life stressors to more severe forms of mental illness.

As a Lebanese woman, I have experiences of feeling marginalized and set apart from others because of my identity. I have always empathized with minority groups and people whose voices have been unaccounted for, or sometimes even silenced. My connection to and passion for working with individuals who have also experienced marginalization prompted my Ed.S final research project. My research focused on the multicultural concerns of Middle Eastern refugees that may be easily overlooked in current counseling praxis.

Let me briefly note that I do not identify as a refugee, as I was fortunate to have been raised in an area of Lebanon that was not subject to war. Still, my parents were exposed to the atrocities of war and they taught me how to recognize how fortunate I have been and to use it to serve others. The title of my research project is “Counseling Considerations among Refugees of Middle Eastern Descent.” I hope my research will assist mental health professionals look beyond stereotypes and prejudices refugees of Middle Eastern decent are often subjected.

In my research, I identified the three stages of a refugee’s journey. Throughout this journey, refugees often need to withstand traumatic experiences and could benefit from the service of mental health professionals. I would like to briefly explain a refugee’s journey in terms of these three stages and then discuss the important role of a mental health provider. These threes stages are pre-migration, in-transit, and post-migration. The pre-migration stage occurs in the midst of conflict or war in one’s home country. This leads to a state of internal displacement and the need for refugees to seek refuge in an intermediary location, which is identified as the in-transit stage. Finally, residence in a host country is the third stage, post-migration.

These three stages are equally important to be addressed in counseling since they consist of unique and challenging experiences. When individuals think of refugees, they may be tempted to disregard the challenge and trauma involved in their journey, focusing only on the war-zone from which they came. Thus, mental health professionals need to be aware of how refugees may experience trauma in refugee camps. This trauma may also complicate how they adjust to a host country in which they are seeking asylum. Through my research, I feel it is important to attend to this trauma in the counseling process.

One strategy for recognizing and attending to this trauma in the counseling process is to highlight the resilience and strength of refugees. The fact that they made it to the United States is, in and of itself, a testimony to their strong coping skills. Although one may be tempted to view refugees as victims, exploring their resilience may be a fruitful avenue for clinical work. As I move into this profession, I am challenged by the findings of my research. I am also hopeful that our profession will continue to gain the tools needed to serve this clinical population.

I would be a hypocrite to claim that I do not have my own biases and stereotypical thought patterns. I recognize that each person’s worldview is unique to their own experiences. However, my hope is that this research provides, at the very least, some awareness and education around the current needs of this clinical population. As mental health counselors, we have the duty to educate and advocate on behalf these clients.

***Working with Veterans***

*Michael McAndrew, MA Student, EMU*

As a graduate counseling student and a veteran of both Operation Enduring Freedom and Operation New Dawn, I recognize my privilege within the veteran community. I enlisted in the Navy; and frankly speaking, not many who enlist have the opportunity to go to graduate school, much less a highly competitive counseling program. It is my responsibility to use this privilege to help those who return home from their respective journeys of war; perhaps if Odysseus had a good counselor it would not have taken him ten years to reach the shores of Ithaca following the Trojan War.

Upon reintegration to civil society, many U.S. veterans face a country which may not understand their service, or fully appreciate the extent to which they have sacrificed. Only about one half of one percent of the U.S. population has served as active duty military following the events of 9/11. It is our duty as counselors to help them acclimate to a world that is not the same as the one they left four, six, eight, ten, or even twenty or more years ago. It is our role as counselors to help them meet and embrace this new reality, consisting of new truths. We encourage a dialogue in which veterans can wrestle and discover their own truths in new ways.

Veterans can often feel marginalized by the mental health system. Although the Veteran’s Administration exists, a bureaucratic backlog and a bad reputation discourage many vets from seeking the help they need. Unfortunately, others have found civilian mental health resources to not be much better. A 2014 Rand Corporation study titled, “Ready To Serve” found that just thirteen percent of surveyed civilian providers met all the criteria to be considered culturally competent or sensitive to clients who are veterans. As a veteran, I understand this context intimately and encourage others in the profession to do so as well.

As counselors, particularly for a diverse, multicultural population like U.S. veterans, we cannot limit our actions to the clinic alone. Veterans need interventions on their behalf not just in their local communities, but on the national level as well. It is a social justice issue; that we, as Americans, must ensure that these men and women who have served us in our country do not go without either competent mental health care, or the economic and social opportunities that will see them thrive outside the clinic. I believe it is the responsibility of all counselors, both graduate students and those who have been in practice for decades, to adapt to the challenge that caring for our nation’s veterans has presented the mental health community.

***Finding My Voice***

*Matt* ***Swartzentruber, MA/EdS Student, JMU***

One of my largest areas of growth has been striving to find my own voice within the counseling profession. It has become abundantly reaffirmed throughout our class discussions and readings that the counselor is most effective as an authentic, genuine, and active individual and not a removed or “objective” observer within the therapeutic relationship. Counseling is an inherently intersubjective process that calls for an ability within the counselor to connect and matter to the client, and vice versa. With this in mind, I have been reflecting on the following questions: How am I giving authentic and genuine expression to my own thoughts, feelings, and ways of being within counseling sessions? Am I allowing myself to truly be with the client or am I too caught up with finding just the right words to say or the correct invention to give?

As a beginning counselor in training, I often feel pressure to standardize my counseling interventions or, as Wallin (2007, p. 231) described, become a “therapy machine”. It’s easy to think about specific interventions within certain contexts of therapy; such as if client expresses A, I can offer B intervention. This way of thinking about therapy is easier to work with as a beginning counselor in training who often feels overwhelmed by vast theoretical orientations and various counseling processes; not to mention the complexities of the unconscious dynamic of therapy as evidenced by Wallin’s (2007) discussion of the nonverbal realm and working with what is enacted, evoked, or embodied implicitly within the therapeutic relationship.

However, this perspective of formulaic counseling is incredibly limiting and does not allow for the full expression or exploration of the unique human experience and spontaneity occurring in the counseling relationship described by Wallin (2007). It is my desire to continue to grow and find my voice within this counseling process so as not to become a “therapy machine” but rather another human on a journey that is vulnerable, and willing and able to authentically encounter and live deeply with others.

Holding my intention to increase counselor authenticity, I’d also like to offer my reflections on the growth I’ve already experienced during this program. If my first semester as a graduate student was like a first step on the journey of becoming a counselor, than each successive semester has felt like an increasing awareness that this journey is many miles long and we have only just begun the process. In other words, looking back upon my counseling education experience thus far, it is amazing to think about how initially I perceived counseling as a learned skill, whereas now it feels much more like a personal journey that involves integrating these ideas, skills, theories into your own unique individuality. Counseling now feels more like a way of being in the world than a specific skill set. This semester I have come to understand that this journey of becoming a counselor is one that never truly ends.

With this in mind, Atwood and Stolorow’s (1992) discussions on intersubjective theory, and Wallin’s (2007) ideas on client conceptualization through attachments, have felt like stable ground on which to stand within a sea of possibilities presented throughout my counseling education. The way of thinking about and providing therapy from the integrated theoretical perspective of attachment theory and intersubjective theory feels like a wonderful place to start within my own beginning growth as a counselor in training. I now am beginning to see how theory guides my interventions within the counseling process and this has made me feel more grounded in my clinical work. This feels like a successful step in the right direction of moving away from being a “therapy machine” (Wallin, 2007, p. 231) and towards becoming an authentic counselor.

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Matt Swartzendruber

***Lessons in Mindfulness from Thich Nhat Hanh: Would you like to supersize that?***

*Michael Horst, MA, PhD Student JMU*

In a February 2014 interview, Charlie Rose posed a difficult question to Bill Murray. He asked Murray what it is that he [Murray] wants that he does not have. Murray’s response surprised me because his answer was so congruent with the mindfulness literature that has become popular in counseling. Murray replied, “Well, I’d like to be more consistently here, you know?...I’d just like to see how long I could last as being really here, you know? Really in it. Really alive in the moment”. Although Phil Connors’ awareness of his time-loop in Groundhog Day did have a certain mindfulness to it, mindfulness practice seems to be what Bill Murray wanted and did not feel like he had.

Jon Kabat Zinn (2005) defined mindfulness as “non-judgmental awareness of the present moment” (p. 108). The continued cultivation of this awareness of the present moment becomes the heart of mindfulness practice. Mindfulness is an invitation into the present moment. It is an invitation to return from the enticing thoughts that pull each of us into the future or the past. Even as you read this sentence, mindfulness practice is an invitation back to the present moment. We can only fully *be* and we can only act in the present moment. This much is obvious and easily understood. Mindfulness practice is simple, but it is not easy.

Mindful awareness joins our experience of our body, our mental constructs and feelings, and our awareness of the environment together through concentration. The object of our concentration may change, but the most common place to rest awareness is the breath. Thich Nhat Hanh wrote that mindful breathing is a kind of bridge that brings the body and mind together. There is no need to change or alter the breath. Hanh (2012) wrote, “’Breathing in, I know that I am breathing in.’ It’s simple. When the in-breath is short, you take note of the fact that it is short. That is all. You don’t need to judge. Just note very simply: my in-breath is short and I know it is short. Do not try to make it longer. Let it be short. And when your in-breath is long, you simply say to yourself, ‘My in-breath is long’” (p. 25). This mindful awareness of the breath bridges mind, body, and environment by focusing the mind on the physical act of breathing in air the environment.

This is not to say that the body and mind are separate in some sense of Cartesian Dualism. While the qualia of subjective experience may seem independent, the mind, body, and the environment inter-exist for Hanh (2012). Our habit of parsing out and categorizing the elements of present experience necessitate a reminder of Hanh’s concept of “inter-being”. Mindfulness practice recognizes that each element of our experience “inter-is” with every other element of our experience. Like what Bill Murray wants, when we are mindful, we are really in it, really alive in the moment.

Mindfulness is a continual *practice*. Often, mindfulness can seem like a handy *tool* for our clients or ourselves to use when we are feeling too anxious or activated in the moment. But we must tread cautiously here. Commoditizing mindfulness into “McMindfulness”, separates mindfulness from its origins and the heart of the practice itself. If we are practicing mindfulness to achieve a goal, then we are not being mindful. If we are practicing mindfulness to avoid uncomfortable feelings, then we are not being mindful.

Mindfulness practice is the non-judgmental awareness of the continual flow of our emerging experience. It is a disciplined practice that is engaged as continually as a person’s awareness tolerates. For a person practicing mindfulness, there are mindfulness bells everywhere. A stoplight is a mindfulness bell calling us into the present moment. A screaming child in the grocery store is a mindfulness bell. The ache in your neck after a long day is a mindfulness bell. The continual cultivation of this non-judgmental (notice the mindfulness bells may seem unpleasant) awareness of the present moment, the flow of your emerging lived experience is the practice of mindfulness. Simple, but not easy.

To conclude, Thich Nhat Hanh (2012) suggests a day of mindfulness. One day per week wherein the mindfulness practitioner focuses entirely on being mindful. When you wake up, you are mindful of the process of waking. As you make coffee, you do so mindfully. As you speak with others, you communicate mindfully through loving speech and deep listening. You drive mindfully, garden mindfully, read mindfully. And when you go to bed, you are mindful of falling asleep. Hanh encourages us to spend just one day in seven mindfully at first. If you can be mindful for one whole day per week, then chances are you will be mindful the other six days of the week as well. If an entire day is too much, then try a mindful minute, fifteen minutes, or an hour. Whatever the length of time, this sort of mindfulness training will emerge into a mindfulness practice. If we too, like Bill Murray, want to really be here, then this practice is for us.

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***Opening to the spectrum: Considering the role of the professional counselor with neurodiverse populations***

*Charles Shepard, LPC*

Though not a new idea, neurodiversity is making a new push for relevance in mainstream society and pulling the window shade back on a spectrum long kept in the shadows of mental health practice. Proposed by Hans Asperger during his first public lecture on autism in 1938, neurodiversity “refers to the notion that conditions like autism, dyslexia, and attention-deficit, hyperactivity disorder (ADHD) should be regarded as naturally occurring cognitive variations with distinctive strengths that have contributed to the evolution of technology and culture rather than a mere checklist of deficits and dysfunctions” (Silberman, 2015). This perspective brings with it the opportunity to view neurodiverse clients from a strengths-based approach, increasing a counselor’s clinical effectiveness. It may also signal the need for the ethically practicing counselor to develop competencies related to the needs of neurodiverse clients.

There is a growing need in society for practitioners to be involved in the improved wellbeing of persons on the autism spectrum. Recent estimates suggest that persons diagnosed with Autism Spectrum Disorder (ASD) make up about 1 percent of the general population. Further, approximately 1 in 68 persons born this year will be diagnosed with ASD (Centers for Disease Control and Prevention, 2015). That is an increase from 1 in 110 births estimated in 2006 (CDC).

Autism Speaks, a well known group promoting mainstream awareness for people affected by ASD, does not list professional counseling in its medical-choice toolkit (Autism Speaks, 2015).Instead, Autism Speaks and other such groups appear to be heavily influenced by the fields of behavior analysis, clinical psychology, occupational therapy, and speech-language pathology. It appears that professionals that come from fields that have a wealth of evidence-based interventions — e.g., Cognitive Behavioral Therapy (CBT) and Applied Behavior Analysis (ABA) — have the inside track to provide services. There is good reason for this. More than 400 “treatments” claim to be helpful, even curative, for ASD, however, the vast majority do not or have not been researched enough to retain any scientific validity (Celiberti & Sullivan, 2015). This leaves such treatments open to suspicion regarding their effectiveness in helping persons overcome functional difficulties.

Still, evidenced-based approaches are not immune to criticism. Behaviorally focused treatments still run the risk of dehumanizing participants through a lack of emphasis on the interpersonal relationship. This may be one way professional counselors could contribute to the wellbeing of neurodiverse people. Many humanistic counselors, whose primary focus is the development of the therapeutic relationship, may hesitate to work with persons diagnosed with ASD because a key element of their presenting concern is likely to revolve around their difficulties with social communication and emotional reciprocity. From a Rogerian approach, this hesitation seems unfounded: if an “individual has within himself or herself vast resources for self-understanding, for altering his or her self-concept, attitudes, and self-directed behavior… [then] these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided” (Henderson & Kirschenbaum, 1989). Research focused on a counselor’s genuineness, acceptance, and empathic understanding (Kahn, 1997), may greatly enhance the treatment of clients diagnosed with ASD. Counselors have the opportunity to offer this research.

Counselors in Virginia may begin to contribute in this way by opening their practice to a wider range of neurodiverse clients, continuing to increas the variety of mental health services available for those with neurodevelopmental concerns. Resources to consider when expanding one’s clinical practice include: *Neurotribes* (2015) by Steve Silberman, *Uniquely Human* (2015) by Barry Prizant, as well as better-known writings such as *Thinking in Pictures* (2006) and *The Way I See It* (2011) by Temple Grandin. These resources provide avenues for working with persons diagnosed with ASD in engaged, curious, and genuine ways. I hope others working with this important population also find these challenges to be enriching.

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