

The Central Valley Counselor's Advocate

The Newsletter of the Central Valley Counseling Association

Year End • 2017

Clinical contributions

Family counselor Charles Shepard reflects on the work of Minuchin and his impact on the Valley.

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Member Spotlight

Cook uses VCAF grant to hit new rhythm at youth center

New drums add to care for clients at SVJC

Members of the Central Valley Counseling Association (CVCA) that attended the Virginia Counselors Association Convention in Hot Springs in November may have recognized Melissa Cook as she accepted her award as a Virginia Counseling Association Foundation (VCAF) grant. Her long, pink hair and colorful wardrobe are hard to miss. But for a group of adolescent clients at the Shenandoah Valley Juvenile Center (SVJC) in Verona, she is known better for how she uses sound and rhythm to draw attention to their emotional, developmental, and mental health needs. Cook was awarded \$1,000 by the VCAF after applying for the Spring 2017 awards. She used the money to fund the purchase of equipment to run therapeutic



**Photo courtesy
Melissa Cook**

Melissa Cook, LPC, NCC, ACS used a \$1,000-grant to equip therapeutic drumming groups.

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From President Lown

An Invitation to the Top of the Mountain

There is a hike just northeast of Harrisonburg I like to do, but the first climb is an over 500-



foot wall of loose dirt and pebbles. Looking up from the bottom, all you can see is the mountain-side; the top is well out-of-

view and even having done the climb five or six times, I can never quite remember how long it is. The first step on that climb remains an act of faith. I know my goal is the top of the ridge, but I can't yet see my way there. I have to just focus on that first step, and then the second, and then the third, and so on.

Over the past year, I have felt overwhelmed and discouraged as an endeavoring advocate. In addition to the ongoing frustration I feel for

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A Giant in the Central Valley

Remembering Minuchin and his Democratization of Family Therapy

By Charles Shepard

Just after lunch on a Friday afternoon late last March, Salvador Minuchin gently raised his hand to address the hundreds assembled to learn from him at the Psychotherapy Networker Symposium in Washington, D.C. If any of the session attendees were drowsy from their meal or just the demands of their week, they were not that way for long. Once the crowd quieted, the then-95-year-old giant of family therapy, his body and voice diminished by age, announced that this appearance would be his last one in public. And so this memory was the first to hit me, eight months later, when I saw Minuchin's face on the cover of *The Washington Post* on the first Sunday in November. Sadness and gratitude quickly followed when I learned that he had died, at age 96, on October 30.

His face, voice, and genius are familiar to many of us who have been trained to apply family systems theory to the practice of professional counseling. Many of us were introduced to what has become known as Structural Family Therapy (SFT) during our graduate training programs. Countless instructors have shown archived videos of Minuchin seeing, naming, and changing families' maladaptive patterns of clients seeking his expertise at the renowned Philadelphia Child Guidance Center (CGC). Certainly this is my preferred mode of practice and teaching; however, it was Minuchin's democratization of family therapy that I find most inspiring. At the time Minuchin was breaking ground, psychotherapeutic services were available almost exclusively to elite members of society and usually focused on individuals. Minuchin, himself a Jewish Argentinian immigrant, broke from his psychoanalytic training to include as many members of a client's family as possible in the room. More often than not, these families were of lower socioeconomic status who had not previously had access to systemic care. Furthermore, Minuchin became known for his training of laypeople to provide SFT-influenced care to their neighbors in the ghettos and barrios of urban Philadelphia. Minuchin truly advocated for family therapy to be available to all.

Minuchin's influence on counseling in the Central Shenandoah Valley region is also remarkable. The late Steve Greenstein, a Minuchin protégé at the CGC, founded the Charlottesville League of Therapists in the late 1990s. This agency, which primarily provided intensive in-home services to at-risk families, had expanded to Waynesboro and Harrisonburg by the early 2000s. Through weekly video review-style supervision, Greenstein and his former CGC colleague David Waters taught the next generation of SFT

Minuchin ... broke from his psychoanalytic training to include as many members of a client's family as possible in the room. More often than not, these families were of lower socioeconomic status who had not previously had access to care. ... Many members of the CVCA came from this tradition.

practitioners. Even though the League of Therapists has closed, many members of the Central Valley Counseling Association (CVCA)—myself, Nicki Shepard, Gretchen Wilhelm, and Donna Detrich to name a few—came from this tradition and continue to serve underprivileged clients and teach new counselors from the SFT model.

A few of us were in the room with Minuchin last March, and the moment was not lost on us. Minuchin was not only a great developer of the theory and practice, but also one of the great advocates for a systemic approach and for giving access to the underserved. May we all carry his legacy forward in our CVCA community.



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Breaking the Pipeline

Empowering African-American Families in Educational Settings

By Brittany Williams & Matt Bukowski

According to data collected from 2011-2012 by the U.S. Department of Education, in Virginia, 38.3% of law enforcement contacts concerned African-American students, while African-Americans made up only 23.9% of the school population. This disparity went in the opposite direction for Caucasian students, who made up 53.5% of the school population, and yet were the subject of law enforcement contacts only 44.2% of the time (Zubak-Skees & Weider, 2015). Similarly, only 10% of American youth are African-American males, but they comprise 60% of incarcerated youth (Barbarin, 2010). The criminalization of school behavior, leading either directly or indirectly to a cycle of increasing adjustment difficulties and further legal consequences, is known as the school-to-prison pipeline. This article explores parental involvement as a buffer against the school-to-prison pipeline, and provides practical advocacy strategies for school and mental health counselors.

National and local studies of academic achievement consistently demonstrate an alarming pattern of underachievement among African-American males across grade levels (Barbarin, 2010). African-American boys who are suspended have less time in the classroom, can fall farther behind, may become disconnected from learning, and ultimately drop out. Other studies show that parental involvement improves academic achievement and school engagement, but that significant barriers to parental involvement can impact this resilience factor (e.g. Simons-Morton & Chen, 2009). Some of these factors include lack of time and resources, marginalization, shared parenting responsibilities, and the parents' negative experiences with racism in schools as a child (Williams & Sanchez, 2011). Negative assumptions about African-American parents carried by school professionals have also been linked to parental feelings of hopelessness and frustration regarding advocacy (Stanley, 2015).

Counselors can help parents advocate by being aware of these potential barriers and utilizing the first three levels of the ACA advocacy competencies: empowering clients, advocating for clients and collaborating with the school and community (Lewis, Arnold, House & Toporek, 2002). At the level of empowerment, counselors can encourage families to create resilience against systemic oppression by having open dialogue (Smyth-Bynum, Anderson, Davis, Franco, &

context of their child's experience of marginalization they *expand* their point of reference for adverse experiences. Practically, these three facets of conversation may help bridge the gap between what the child knows and what is to be learned.

At the levels of advocacy and collaboration, counselors can encourage parents to develop a partnership with the school. By developing a partnership, parents can foster a supportive environment that encourages positive emotional development in African-American boys (Koonce, Harper & Walter, 2005). Communities can raise consciousness about the plight of black children and translate concern into action. Schools can also utilize instructional methods that motivate and engage African-American boys.

The negative impacts the school-to-prison pipeline has on communities of color is a call for action on school and mental health counselors. Increasing emphasis on social justice advocacy in the counseling profession is a necessary response to the ongoing systemic marginalization embodied in the school-to-prison pipeline epidemic

References

- Barbarin, O. A. (2010). Halting african american boys' progression from pre-K to prison: What families, schools, and communities can do! *American Journal of Orthopsychiatry*, 80(1), 81-88.
- Koonce, D. A., & Harper, J., Walter. (2005). Engaging african american parents in the schools: A community-based consultation model. *Journal of Educational & Psychological Consultation*, 16(1), 55-74.
- Lewis, J. A., Arnold, M. S., House, R. & Toporek, R. L. (2002). ACA advocacy competencies. Retrieved from https://www.counseling.org/Resources/Competencies/Advocacy_Competencies.pdf
- Smith-Bynum, M., Anderson, R. E., Davis, B. L., Franco, M. G., & English, D. (2016). Observed racial socialization and maternal positive emotions in african american mother-adolescent discussions about racial discrimination. *Child Development*, 87(6), 1926-1939.
- Stanley, S. L. G. (2015). The advocacy efforts of african american mothers of children with disabilities in rural special education: Considerations for school professionals. *Rural Special Education Quarterly*, 34(4), 3-17.
- Williams, T. T., & Sanchez, B. (2011) Identifying and decreasing barriers to parental involvement for inner-city parents. *Youth and Society*, 45(1), 54-74.
- Zubak-Skees, Chris & Weider, Ben. (2015). A state-by-state look at students referred to law enforcement. Retrieved from <https://www.publicintegrity.org/2015/04/10/17074/state-state-look-students-referred-law-enforcement>



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Diagnosis on a Continuum

Reviewing Phelps' 'A Spectrum Approach to Mood Disorders'

By Jodi Myers, with Sue Stalcup

As professionals working in the field of mental health, spectrums are a reality. Now, more than ever, all of those working in the helping professions need to increase awareness of working with the concept of mental health diagnosis on a continuum. In his book, "A Spectrum Approach to Mood Disorders", James Phelps, MD, gives a thorough commentary of the continuum of mood disorders between unipolar and bipolar disorder, with an emphasis on clients whose symptoms reflect a mid spectrum presentation.

Throughout the book, Dr. Phelps is committed to helping the reader understand the spectrum and just how important it is to carefully consider depression, rapid cycling, and hypomania in terms of diagnosis and more importantly, in terms of treatment and quality of life for the patient. Within this discussion Dr. Phillips gives a very compassionate and unorthodox view of how patients should be treated. Dr. Phelps dedicates a large portion of the book to a very detailed and unique discussion regarding the very careful use of antidepressants in patients who are showing symptoms of hypomania and other markers indicating diagnosis on the spectrum leaning toward a bipolar diagnosis versus a major depression diagnosis. This hypervigilance is returned to time and again in the book as a theme of "do no harm" to patients suffering on the spectrum.

As a practicing medical doctor, James Phelps has studied and specialized in mood disorders for over twenty years. In his book, he uses a refreshing mix of everyday language, clinical experiences, and humor to educate the reader on the extreme importance of diagnosis and treating as carefully as

possible with patients on the mood spectrum. He maintains a non-profit website, PsychEducation.org, which provides resources for patients and those working within the mental health field. He works with Samaritan Mental Health in Oregon and his book was published in 2016 by W.W. Norton and Company, Inc.

The strength of Dr. Phelps' book is that he really encourages the reader to think about bipolar disorder, major depression and unipolar disorder in a much more expansive way. His experiences and passion for his work are evident and his use of everyday language and examples make this book a fairly quick read for the counselor or medical practitioner who want to know more about the spectrum of mood disorders. Many treatment options are offered and discussed including pharmacological approaches as well as therapy, such as social rhythm theory.

For the reader who is not of a medical background about half the book may present a challenge to comprehend and understand as Dr. Phelps gives a detailed account of some of the medications recommended for patients. His account does include advantages and disadvantages of each of the treatment options and his opinion on those options.

In conclusion, this is book that provides a new outlook on mood disorders and the spectrum they fall on, how to better understand patients with a mood disorder, and how to treat them. The first part of the book that focused on the continuum was particularly helpful to challenge the social beliefs surrounding people with mood disorders. This is a practical book that provides much insight and a bounty of resources for all in the helping profession and those they serve.



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Cook: Grant-funded program helps ease experience for detained youth

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drumming groups for adolescent clients at the center as they served sentences for juvenile offenses. The grant was awarded Cook through her private practice, Spiral Roots, and the drumming groups were run in conjunction with the Community Placement Program (CPP) at SVJC.

"You could see difference in affect regulation in the kids before and after the group," Cook said. "It was a good

way to teach them ways to use adrenaline and energy and get it out in appropriate means. We used fast drumming, slow drumming, yelling."

Cook speaks Spanish fluently and is credentialed as a licensed professional counselor (LPC), national certified counselor (NCC), and approved clinical supervisor (ACS). She hopes to build on the groups' success by expanding therapeutic drumming to the greater Valley community. She

plans to see more clients in 2018 through Spiral Roots, which has an office located in Dayton, with an emphasis on assisting Spanish-speaking individuals and families.

"I want to use drumming with kids who are integrating into the culture," she said. "I want to find a way to meet them and work with acceptance. I'm bilingual, so it's kind of my heartbeat."

— Charles Shepard

From the Editor

A new look for CVCA Advocacy

Greetings, and thank you for taking time to read this latest edition of the Central Valley Counseling Association



(CVCA) newsletter. For those of you familiar with past editions of the newsletter, you'll recognize a lot of changes!

First of all, the publication

has a unique name, maybe for the first time: *The Central Valley Counselor's Advocate*. There is a totally new layout, which I hope you'll find aesthetically pleasing as well as helpful for navigating through the content. There are more photographs and color, and we have specific sections to appeal to the wide range of practitioners that represent our membership. The changes come from my past life as a newspaper reporter and designer.

Maybe most important has been the inclusion of a theme for this issue and subsequent issues (at least for the foreseeable future). I hope that this move helps to highlight the substantial talent of our members and contributions that they are making to the field of professional counseling.

Picking *2017: A Year for Advocacy in Counseling* as the theme for this year-end issue was almost too easy. This year was remarkable for the challenges posed to vulnerable populations in our community and the impact these challenges had on mental health. The Central Valley chapter of the Virginia Counselors Association (VCA), which is comprised of professionals practicing in Augusta, Page,

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Photo by
Charles
Shepard

The view from the top of Devil's Marble Yard in Natural Bridge Station. Though the path of advocacy can be fraught with obstacles, give others the opportunity to show you the way over the barriers.

Lown: How does one start with advocacy?

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my clients with chronic mental health diagnoses trying to succeed on their own, I have also felt an intense urgency and pressure to do something, *anything* to address issues on a state and national level. And I've also just felt helpless, aimless.

I wonder if some of you have felt the same. "Advocacy" is something most of us acknowledge needs to be a part of our professional lives but where do you even start? There is no shortage of injustice to call out or neglect to reverse. And even if you can find a specific cause to back – what are the chances we could affect any real change? Can we bear another disappointment, another acknowledgement that we're often unsuccessful in our efforts?

It's very easy to stop before we ever get started. So we need to engage our faith, and accept that the first, small steps will lead to the climb that will get us to the top of the mountain. The difficult news is that we seem to be at the bottom of a lot of mountains right now – but the

good news is that you're not alone in this climb. There are a lot of us here to help each other. Some have been up this path before and can show you the shortcuts around the obstacles. Some of us can coach you through the times you feel ready to give up, and others know when and how to help you take a break.

I want to officially welcome you to our Year of Advocacy. We have already had some opportunities to engage in several forms of this crucial component of our work, and we have more events planned that will further guide us how to advocate for and with our clients and students, each other, and to those who make decisions. Please reach out to your CVCA board with any questions, any ideas, any frustrations and worries – and please share your victories as well! Let's go climb some mountains!



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