



# Chi Sigma Iota - Beta Upsilon Chapter

*Counseling Academic & Professional Honor Society International*

## Beta Upsilon News

The Official Newsletter of Barry University Department of Counseling's Chapter of Chi Sigma Iota Counseling Honor Society International

Spring 2014

### Chi Sigma Iota

The mission of Chi Sigma Iota is to promote scholarship, research, professionalism, leadership, advocacy, and excellence in counseling, and to recognize high attainment in the pursuit of academic and clinical excellence in the profession of counseling

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### Faculty Advisor's Greeting: Dr. Raul Machuca, LMHC, NCC

Dear members,

As the Faculty Advisor for the Chi Sigma Iota-Beta Upsilon Chapter, I am feeling really proud of all the efforts that our chapter, under the leadership of our President Mirsha Alexandre and the executive board, have made to offer meaningful activities to our members, counseling students, and the community. I am particularly proud of the common effort of our executive board, faculty and volunteers in putting together the Sixth Graduate Student Conference in the Miami Shores Campus. I also want to thank Dr. Christine Sacco-Bene for starting this wonderful event as Co-Advisor in our Orlando campus.

I am very excited about the upcoming events in the summer and fall semesters. These events will include professional development, advocacy, social, as well as counselor community engagement activities. I am witnessing a growing interest among our counseling students to become part of Chi Sigma Iota -Beta Upsilon. We are initiating 17 new members during our ceremony on April 26. To them I want to say welcome. You should feel very proud of your membership and we are ready to hear from you about any ideas, projects, and expectations that you may have.

I want to take this opportunity to specially invite our doctoral stu-

dents to become more involved in our Counseling Academic and Honor Society. This is a wonderful opportunity for you to increase the development of your skills as future counselor educators and supervisors, as well as future leaders of our profession. This is also an opportunity for you to demonstrate that you can be a model of counseling professional identity to others.

Finally, I want to thank Nicole Lewis and the Newsletter team for this edition of Beta Upsilon News. You truly demonstrate the high level of dedication, responsibility, and excellence for which we are known as members of our wonderful chapter.

## President's Address: Mirsha Alexandre



### *Chi Sigma Iota—Beta Upsilon Chapter 2014 Executive Officers*

**President:**

Mirsha Alexandre

**President Elect:**

Kayla Anthony

**Treasurer:**

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**Secretary:**

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**Faculty Advisor:**

Dr. R. Machuca

**Orlando Faculty Advisor:**

Dr. C. Sacco-Bene

It is a privilege to serve as Chi Sigma Iota—Beta Upsilon's President for the 2014 Academic Calendar. It has already been a truly rewarding experience collaborating with the knowledgeable and skilled faculty and students that are here at Barry University. With the help of my executive and leadership boards, we are raising the standards for chapter performance in order to bring a rewarding and recognizable honor society to Barry University's Department of Counseling.

This semester has proven to be a busy, yet fulfilling, four months for everyone. We hosted the 6<sup>th</sup> Annual Graduate Student Conference on the Miami Shores Campus and it was a huge success. There were over 30 attendees with eight educational sessions and eight posters on display. Our Keynote speaker, Dr. Katharine Campbell, LCSW provided great advice and tips for our students on being a counselor in an agency setting.

This month we also hosted a seminar conducted by Dr. Regina Moro, LCAS on April 19<sup>th</sup>, from 9:00AM-3:00PM for on the Addiction Spectrum. The seminar provided counselors of all specialties tools to address substance abuse addiction, as well as various process addictions

with brief counseling intervention. We will also be hosting a Wellness Week of events including a self care presentation, nutritional presentation and inviting students to participate in some physical activity in the Miller Studio Zumba and Yoga classes.

We will end the semester strong with our initiation ceremony on April 26<sup>th</sup>, from 1:00pm to 4:00pm, in the Kostka Room at Barry University Miami Shores campus. We will honor the winners of the educational session and poster session from the Graduate Student Conference as well as the new initiates (over 15) and graduating CSI-BU members. Dr. Lauren Shure will deliver a motivational speech as our Keynote Speaker. The summer is sure to be a good time for all, as we plan to fundraise by hosting restaurant takeovers at Menchie's and Chili's restaurants. We will also host a CSI webinar for faculty and students to attend, as well as a pool party social to beat the summer heat. The 2014 academic year is deemed to be a great year indeed!

### Doctoral Student Submission

## Mental Health Court: What's the Verdict?

By: Nicole Berry, M.S.

Therapeutic jurisprudence is relevant to the field of counseling. Astonishingly, there are many people who have never heard of it and what's even more surprising is that some of these people are counselors. Therapeutic jurisprudence offers individuals an opportunity to receive treatment rather than punishment for criminal offenses. Traditionally, when a person commits a crime, they are sent to trial where a judge or jury decides on a verdict. Many times, the sentence involves jail time, depending on the circumstances. Therapeutic jurisprudence offers an alternative option for people with mental health concerns.

### **Mental Illness in Prisons**

A substantial amount of inmates in prisons suffer from mental health concerns. Steadman, Osher, Robbins, Case, and Samuels (2009) found that 14.5% of male and 31.0% of female inmates suffer from current serious mental illness. They define 'serious mental illness' as: "major depressive disorder; depressive disorder not otherwise specified; bipolar disorder I, II, and not otherwise specified; schizophrenia spectrum disorder;

schizoaffective disorder; schizophreniform disorder; brief psychotic disorder; delusional disorder; and psychotic disorder not otherwise specified (Steadman et al, 2009). This percentage does not include other mental health concerns such as substance abuse and addiction. This is an alarming number of mentally ill people who are stuck in prison. One must wonder whether these individuals are receiving adequate treatment for their mental health issues.

### **Treatment in Prison**

According to the Michigan Department of Corrections Mental Health care records of Michigan state prisons, 65% of prisoners who were experiencing mental health concerns were not receiving any treatment (Fries et al., 2013). Although these records only reflect one specific state, it can be assumed that prison is not the optimal place to receive mental health services. With a large percentage of inmates suffering from mental illness and receiving subpar treatment, therapeutic jurisprudence is a step in the right direction for improving this problematic situation.

### **Mental Health vs Traditional Court**

Individuals who go through mental health court have reduced rates of recidivism when compared to traditional court (Hiday & Ray, 2010). Hiday and Ray (2010) examined court

data from ninety-nine defendants to determine the rate of recidivism; it was found that those who successfully completed the program were much less likely to get arrested again. One of the key differences between traditional court and mental health court is that mental health treatment is offered in the latter. Presumably, treatment is correlated with reduced rates of recidivism. This validates the notion that mental health court is a superior method for managing this group of people when compared to traditional court.

*"Therapeutic jurisprudence offers people with mental illness a chance to receive treatment instead of punishment for misdemeanor crimes. It is a great improvement from what was previously established."*

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# Mental Health Court: What's the Verdict?

By: Nicole Berry, M.S.

*Continued from page 3*

With the emergence of therapeutic jurisprudence, one must wonder about the implications. It is seemingly a vast improvement from what was established prior to this development. Before therapeutic jurisprudence, people with mental illness were grouped together with the average criminal who knowingly and willingly broke the law. The implementation of mental health court allows for an increasing number of people to understand the unique needs of the mentally ill population. It also allows this population to get the treatment they need.

*"Therapeutic jurisprudence is clearly beneficial to individuals with mental illness."*

## Mental Illness in Our Society

Individuals with mental illness are generally ostracized in our society; the stigma surrounding mental illness perpetuates this trend. Why

should mental illness be considered anything other than a disability or illness? We do not treat diabetics with the same disregard as someone suffering from hallucinations. Generally, people probably assume mentally ill individuals are malignant or can willingly fix their behavior, emotions and actions.

## Conclusion

Therapeutic jurisprudence is clearly beneficial to those suffering from mental illness. With the enormous amount of inmates in prison with mental illness, one must hope they receive proper treatment. Perhaps offering mental health court as an option for more people would help improve the system.

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# When A Client is Baker Acted

By: Amber Carreau Davidson

The Florida Mental Health Act, more commonly known as the Baker Act, is a law in the state of Florida. The purpose of this act is to place a client who is a danger to themselves or others in confinement for a short amount of time (72 hours or more) while they are evaluated and stabilized (Florida Mental Health Act, 2009). The persons who can initiate this involuntary evaluation are: judges, police officers, doctors, or mental health professionals (Florida Mental Health Act, 2009). As long as that official has evidence to prove that the client is going to harm themselves, another person, or is having issues with a mental illness then that client is transferred to a crisis stabilization unit.

Additionally, any client can also voluntarily check themselves into a crisis stabilization unit. However, even though a client may have voluntarily checked in, they cannot check themselves out whenever they are ready. Since it is a crisis stabilization unit the client has to wait for a doctor and psychiatrist to feel that they are stable enough to not harm themselves or others in the outside world (Florida Mental Health Act, 2009). If the doctors in charge of their care feel that there is enough evi-

dence of the client's unstable condition they can be transferred to involuntary status after the evidence is reviewed by a magistrate (Florida Mental Health Act, 2009) which can potentially lengthen a client's stay in the unit.

When your client is admitted to the unit their clock starts (the count down to 72 hours of involuntary confinement). During the initial 24 hours the client will meet with case managers, therapists, psychiatrists, and/or a medical doctor in order to form a treatment plan for their care while there. Since many of these units are in hospitals, the client may have a roommate. The client will also have access to medical care and medication management services if they require them. However, during this time the client will be around people of varying mental health statuses ranging from functional to dysfunctional. Clients are not allowed to leave the unit until they are discharged by the psychiatrist and doctor who is in charge of their care.

During a client's short stay they will be interacting with therapists, nurses, medical doctors, psychiatrist, and other patients. They will receive three meals a day along with medication if they require it.

The client will have ample access to therapeutic groups that are run throughout the day. Therefore, not only can they talk to the therapist/co-therapists, but they can also socialize and meet others who may have a condition similar to theirs. The client can also have a family session or couple's session if they feel the need to mediate with their loved ones before returning home.

Clients also have access to a case manager. If a client unfortunately lives in an environment that is contributing to their mental status or causing them to enter a crisis stage more often, the case manager may refer the client to a half-way house or assisted living facility that meets the need of the client and contains a population that is similar to them. In addition to assisting the client with their living situation the case manager and therapist can set the client up with other therapeutic resources.

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# When A Client is Baker Acted

By: Amber Carreau Davidson

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This stabilization is by no means free of charge; the client will have to pay for all services during their stay. And if they do not have insurance it will be difficult for them to find a facility. Local facilities do accept clients without insurance; however they will try to fill their beds with clients who do have insurance first before admitting clients who do not. A client without insurance will still receive a bill for all services. All clients have to be admitted to a receiving facility when they are "Baker Acted" because it is the law; so on the bright side there is no way that a client in crisis will be turned away. Lastly, the client's stay in a mental health facility is added to their background record even if it is on a temporary status. Because of this mark on their background record the client may never be able to own a firearm (Katz, 2013).

This article is by no means meant to sway readers away from having a client involuntarily admitted for treatment. If anything it is meant to get future and current clinicians to consider these issues before baker acting clients too easily. If possible before baker acting a client there are some steps that will come in handy in making this decision on the behalf of a client (adapted from the *Student Workbook for Ethics in*

*Action*, Corey, G., Corey, M., & Haynes, R., 1998):

## **1. Identify the problem or dilemma.**

Does a problem or dilemma actually exist? Is this an ethical, legal, moral, professional, or clinical problem?

## **2. Identify the potential issues involved.**

How might you best evaluate the rights, responsibilities, and welfare of all those involved and those who are affected by the decision, including your own welfare as a practitioner? What actions have the least chance of bringing harm to your client? Are there any ways to encourage the client to participate in identifying and determining potential ethical issues?

## **3. Review the relevant ethical codes.**

Are your values in agreement with the specific ethical code in question? How clear and specific are the codes on the specific area under consideration? Are the codes consistent with applicable state laws?

## **4. Know the applicable laws and regulations.**

Are there any laws or regulations that have a bearing on the situation under consideration? What are the

specific and relevant state and federal laws that apply to the ethical dilemma? What are the rules, regulations, and policies of the agency or institution where you work?

## **5. Obtain consultation.**

Do you know where to go to obtain consultation with professionals who are knowledgeable about ethical issues? What kinds of questions do you want to ask of those with whom you consult? With whom do you seek consultation? What kinds of information do you document when you consult?

## **6. Consider possible and probable courses of action.**

What are some ways that you can brainstorm many possible courses of action? Are you willing to involve your client in the discussion of the various courses of action? What might you document pertaining to discussions with your client about probable courses of action?

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## Flashback Article

From Beta Upsilon News Summer 2009 Edition

# Credentials: The Mark of a Professional

By: Dr. Sylvia Fernandez



To be a recognized practitioner or member of a profession, very often requires that one be credentialed. The counseling profession is no different. The attainment of professional credentials for practice may be mandated or voluntary. In the U.S., to practice counseling and marriage and family therapy across settings one has to be licensed or certified in the state in which one practices. The title of that license varies from state to state and the requirement for licensure also varies accordingly.

In Florida one has to be credentialed as a Licensed Mental Health Counselor (LMHC) or Licensed Marriage and Family Therapist (LMFT) or certified by the Department of Education as a PK-12 Guidance Counselor in order to practice independently. In addition, one can also hold national certifications through counseling credentialing organizations that set the national training and practice standard. While there is no formal reciprocity agreement between states, your license does have limited portability. Your national certifications, however, have interstate portability. Being licensed or certified offers benefits to multiple stakeholders.

**Benefits to Self.** National certification or state licensure is a source of pride and career enhancement which advances your professional visibility. A professional credential demonstrates your expertise, validates your knowledge, gives you a competitive edge, and distinguishes you as a professional with a particular knowledge and skills set. The credential also puts you on a registry that generates client referrals for you. Participating in regular continuing education is a requirement for the maintenance of your credential. Through these educational activities not only will you develop new and hone existing knowledge and skills, but you will also build your professional network. Holding a professional credential affords you professional liability insurance at good rates, particularly if you get your insurance through counseling organizations.

**Benefits to Employers.** Your credential makes you more valuable and marketable. Employers are assured of your expertise, professional accountability, and standard of practice consistent with the code of ethics that governs your credential. A credentialed counselor strengthens the agency, elevates the status of the agency, and reduces professional liability risks. Your continuing

education gives surety of the currency of your knowledge and indicates a level of competence.

**Benefits to Clients.** Your credential lets clients know that you meet the standards of practice in the profession, that you practice under a code of ethics, and that you continue to stay current in the counseling field. They know that you are professionally accountable. Your credential gives them confidence in you and what you have to offer when they choose you.

**Benefits to the Profession.** Credentialed counselors promote the counseling profession to the general public and raise the stature of counseling. Credentialed counselors take pride in their work and give credibility to the counseling profession.

As a student in our counseling department, you can be nationally certified by virtue of being in a CACREP-accredited program and are permitted to sit for the certification exam before you graduate. You meet all the academic requirements for licensure in Florida as a LMHC and/or LMFT depending on your major specialization or for certification as a school (guidance) counselor. The credential you hold marks you as a professional!

# Insurance Benefits and Reimbursement

By: Robyn Friedman

Since the Affordable Care Act has been implemented, all Americans are required to have health insurance. This means that more people will be covered by health insurance. However, they may not have mental/behavioral health benefits on their policy because not all policies have mental/behavioral health benefits attached to it. Some health insurance companies manage their own mental/behavioral health benefits but some hire another insurance company to manage those policies. For instance, Coventry Health Care is the health insurance company the State of Florida employees receive. Coventry manages the employees' health care, however they use MHNet and Psychcare to manage their mental/behavioral health policies. Most people wouldn't know this information.

Once the managed care holder has been identified, the next step is to inquire what are the actual benefits for the policy. Benefits consist of what the client is responsible to pay (either a copay and/or a deductible), how many sessions are allowed during their policy year, and if an authorization is required. Benefits can run on a calendar year or on a policy year. If the policy is on calendar year, the benefits are effective from January 1 to December 31 of that year. If the policy is on policy year,

it can start at any point during the year and end one year from that date. For example, a policy year can start on July 1, 2014 and expire June 30, 2015. It is significantly important to know when the policy begins and ends because this affects the number of sessions as well as authorizations.

Over the past 10 years, I have seen positive changes regarding mental/behavioral health benefits. Previously, insurance companies would require an authorization to be obtained prior to the first session of therapy. The authorization would determine how many sessions a client is allowed. However, most insurance companies no longer require authorizations for counseling sessions conducted in an office setting. Usually, when no authorization is required, the client is allowed unlimited counseling sessions as long as it is medically necessary. If an authorization is required, it is the clients and/or providers responsibility to obtain it preceding the first session. If an authorization is required and not filed, the insurance companies will not cover the sessions prior to the authorization being filed. Providers are not allowed to bill the client for any sessions not paid by the insurance company because no authorization was filed which means un-

fortunately, the provider wouldn't get paid. This is just one example why checking benefits prior to the first session is crucial.

After the provider has seen the client, it is time for the provider to be reimbursed by the insurance company for their services. The provider files a claim using the CMS 1500 form. It is extremely important to fill out the claim form correctly the first time because the insurance companies can deny a claim for various reasons. If a claim is not processed correctly, it takes several additional steps to reprocess the claim and it prolongs payment to the provider.

As of April 1, 2014, all providers were required to use the 2012 version of the CMS 1500. The changes on the form are to accommodate the new ICD-10 coding system, which was supposed to start being implemented on October 1, 2014. However, on April 1, 2014 President Obama signed a bill postponing the use of the ICD-10 coding system until October 1, 2015.

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## Insurance Benefits and Reimbursement

By Robyn Friedman

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In recent years, licensed counselors have started to get more recognition with the military. Previously, military families were unable to see licensed counselors, however, this has changed. Now licensed counselors are allowed to get paneled with Tricare and Value Options to provide counseling to military families. This gives the military member and their families

an opportunity to seek counseling with more providers.

As of April 1, 2014, Medicare does not allow licensed counselors to become in network providers. They only acknowledge clinical psychologist and licensed social workers to provide therapy for their members. If a licensed counselor wants to become paneled with Medicaid in Florida, they have to be part of a group that has a psychiatrist within the group.

Because of these limitations, clients have difficulties finding mental health providers who are able to accept their insurance.

Mental/behavioral health insurance coverage has been moving in the right direction, but there is still plenty more work to be done. It is our responsibility as future counselors to advocate for our profession, so we can grow and provide services for those in need.

## When A Client is Baker Acted

By: Amber Carreau Davidson

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### 7. Enumerate the consequences of various decisions.

How can you best evaluate the potential consequences of each course of action, before implementing a particular action plan? What ethical principles can you use as a framework for evaluating the consequences of a given course of action? Examine the consequences of various decisions for your client, for you as counselor, and for the profession in general.

### 8. Decide on what appears to be the best course of action.

After carefully considering all the information you have gathered, how do you know what seems to be the best action to take? Once you have formulated a plan of action, ask for feedback from a colleague or supervisor. Once the course of action has been implemented, evaluate the course of action.

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## “How Oonah Da Do?” Immersion in the Gullah Culture

By: Gina Petithomme

How oonah da do? That means “how are you all doing” in Gullah! This spring break alongside my friend Kayla Anthony, I was able to immerse myself in the culture known as Gullah or Geechee.

The Gullah/Geechee (also sometimes referred to as the Black Seminoles) culture is one of the oldest surviving African cultures in the United States. These Africans were brought to the United States as slaves to work in rice plantations, cotton fields, and indigo plantations in the Carolinas, Georgia, and Florida. The Gullah/Geechee people live along the Atlantic sea coast of Florida, Georgia, and the Carolinas on barrier islands that are separated from the mainland United States by creeks, rivers, and marshes.

Through my culture immersion experience I was able to learn and experience something new such as important values found in this culture which includes storytelling, cuisine, music, folk beliefs, crafts, farming and fishing which the Gullah have preserved for hundreds of years. I was also able to learn about the culture’s strong values placed on food, family, spirituality, and

death (fact: it's important for their feet to face towards the water so that their spirit can leave their body and travel back to Africa).

While there I was able to enjoy some of their “hum hum” good cooking. Some of the Gullah’s main dishes include: Low Country seafood boil, shrimp, crab, collard greens, lima beans, okra, red rice, pullet, stew fish, bread pudding, sweet potato poone, sweet bread, raccoon, and conch.

Moreover, through conversations with the locals I also learned of how their islands are being taken away from them. “The rich are driving the poor out of their home to build resorts. The depression of our people has been high but we just pray about it,” explained an unknown person on one of the Gullah inhabited islands. The Gullah/Geechees are very religious and believe that “God All Mighty” will make a way. As future counselors, advocating to help preserve this culture is important. Overall, my experience was great and being able to learn about a new culture was very fulfilling.



A Gullah Church

## Alumni Spotlight: Leon Bannister Jr., NCC

By: Nicole Lewis



Chi Sigma Iota International member Leon Bannister Jr. is an alumni of the Beta Upsilon chapter of the honor society. After completing his master's degree in School Counseling at Barry University, he is continuing his edu-

cation in the University's Department of Counseling as a doctoral student in the Counselor Education and Supervision program. Currently completing his third year, Leon hopes to become active within Chi Sigma Iota at both the chapter and national level as his coursework comes to an end and he transitions into his dissertation process.

Through an email interview, I had the chance to ask Leon a few questions about his experiences with Chi Sigma Iota.

**N.L.:** Tell me about your experiences in CSI-BU as a graduate student.

**L.B.:** My experience in the CSI program was quite rewarding while I was a Master's level student as I got the chance to work alongside other Master's level students as well as Doctoral students and Faculty. This

allowed me the chance to work in collaboration with more experienced individuals that constantly pushed me to achieve at a higher level. This also gave me the courage to take on more leadership roles, which lead me to become Vice-President of CSI, as well as co-chair the membership and fundraising initiatives.

**N.L.:** What stood out to you the most?

**L.B.:** The thing that stands out the most to me was getting the "The Most Outstanding Pledge Award" and "Outstanding Service to the Chapter Award".

**N.L.:** What did you bring to the chapter?

**L.B.:** We had just lost a lot of members right before that time and we were working hard to rebuild our award winning chapter, which required everyone to step up to the plate and be active members.

**N.L.:** How has CSI affected you as a person and a clinician?

**L.B.:** CSI has shown me how to go above and beyond what I think I am capable of accomplishing. It was a great time and I encourage anyone who is sitting on the fence to join in and become a part of this great organization.

# Structural Family Therapy

By: Michaelia Robinson

Salvador Minuchin is the founder of Structural Family Therapy (SFT). SFT is a strength-based modern theory. The therapist focuses on what is happening among the family rather than on the individual. SFT believes that context organizes us and that our behaviors are a function of our relations with others. The family is in constant transformation and is the primary context where one develops her/himself. According to the Minuchin Center for the Family (2012), "the family structure consists of recurrent patterns of interaction that its members develop over time to accommodate one another".

Structural Family Therapy combines some elements of systems and communication theory. Structural Family Therapists strive to enter, or "join", the family system in therapy in order to understand the invisible rules which govern its functioning, map the relationships between family members or between subsystems of the family, and disrupt dys-

functional relationships within the family, causing it to stabilize into healthier patterns. In accordance with Minuchin and Structural Family therapy, pathology is approached as a symptom of the family not the individual.

Family structural therapy operates using a hierarchy model where the parental hierarchy is the top most tier, followed by the spousal, and lastly the sibling. It is of utmost importance that the parental subsystem holds the most power and authority in order for the other subsystems to function properly.

It is imperative that the structural therapist "joins" with the family system in order to restructure the family to change from dysfunctional transactional patterns, and as a facilitator for positive change. This can be implemented through the use of a family map (maps display current family patterns), enactment (acting/playing out the scene), highlighting and modifying interactions, and boundary making

(shifting between various subsystems), to provide a few examples.

Structural Family Therapy may be beneficial for blended families, single parent families, families where there is a power imbalance between the parental and sibling (child) subsystems, or families where there is a parental and spousal dysfunction. The possibilities are many in which the Structural Family Therapist may use this approach with families.

*"Structural Family Therapists strive to enter, or 'join', the family system in therapy..."*

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# Eclectic Counseling and Psychotherapy

By: Kendra Williams

The Counseling and Therapy Field is composed of a multitude of theories designed to assist in helping clients solve their issues. The theoretical framework that we choose to work from helps to guide the types of questions we ask during sessions and the interventions we use with clients. Each framework has its own viewpoints on an individual's development and how to help a client resolve their problems based on the beliefs and research of the "father" of that therapy. Learning various counseling theories and how to apply them can be overwhelming for a student, especially when some of these theories appear to be similar in methods and beliefs.

It is the expectation of most graduate programs for students to identify a theoretical framework that works best with them for utilization with clients during session. At times the task of selecting a framework to work from can be difficult when you find pieces of several theories helpful and something that you would like to use. Eclectic (or Integrative) Counseling/Psychotherapy is a new framework that has gained notoriety in recent years. Research indicates

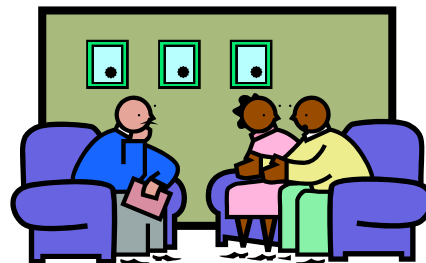
that about 50% of all therapists consider themselves "Eclectic," and that number is estimated to continue to rise (Rosenthal, 2008). Counselors from the Eclectic perspective "select treatment intervention strategies from diverse counseling models" (Rosenthal, 2008) for use with their clients in session, as they believe that there is no one true method of treating an individual's problems. Frederick Thorne is considered the primary figure for Eclectic/Integrative Therapy. He "maintained that a complete system of psychotherapy could be constructed by combining menus of actual therapeutic techniques rather than by using only procedures that drew from single theories" (Lazarus, Beutler, & Norcross, 1992).

Arnold Lazarus (1992) took Eclectic Counseling a step further and coined the term *Technical Eclecticism*, in which the counselor would use "procedures drawn from different sources without necessarily subscribing to the theories that spawned them" (Lazarus, Beutler, & Norcross, 1992). For Lazarus, using multiple theories in session with

clients was useless and confusing, but researching various techniques to use with clients was more effective. It would appear that overall, we may be evolving into a field in which Eclectic Counseling is more accepted as I, and I'm sure several other counseling students, have been told to use whatever theory works best for your client based on your client's personality. The key thing to remember, no matter what counseling theory you work with, is to work in a manner that is in your client's best interests.

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## Faculty Spotlight: Dr. Arleezah Marrah,

By: Robyn Friedman



Dr. Arleezah Marrah attended University of South Florida where she earned her Bachelor's of Arts degree in Psychology and her Master's of Arts degree in Counselor Education. While studying at USF she discovered her passion for helping those who have been ignored and/or misunderstood. She wants to give them opportunities and a voice to be heard.

At USF, she was the president of Chi Sigma Iota- Delta Gamma chapter. She also attended and presented at several national and international conferences. Upon graduating with her Master's degree, she went on to attain her PhD in Counselor Education at Old Dominion University (ODU). While at ODU, she became passionate about research. Her dissertation was based on the Perceptions of Standardized Test (i.e GRE) specifically with African American students. She would like to further and expand her research on this topic. One of her career goals is to be part of a

panel such as on CNN or MSNBC to discuss issues that are being ignored. "We can't deny what is really happening," says Dr. Marrah about her research interest.

Dr. Marrah was born and raised in Miami, FL. Moving back to the area has given her a chance to catch up with her family and friends, which are extremely important to her. She considers herself as a spiritual and religious person; church plays a significant role in her life. She has traveled to various countries and her favorite place so far is Costa Rica as she describes the citizens as "warm and friendly". In the future, she would like to travel to South Korea. She is fascinated with their culture and would love to learn more about it.

Dr. Marrah is currently a member of Chi Sigma Iota International and has been enjoying her time at Barry University. She wishes to have a great future here.

# Why We Should Enjoy **Wellness Week**: We Can't Help Others if We Don't Take Care of Ourselves!

By: Nicole Lewis

Self-care and wellness seem to be topics that are fading out of therapeutic conversations. Furthermore, many counselors do not practice self-care or wellness themselves. Did you know that using self-care to maintain wellness not only decreases symptoms and occurrences of mental health issues in counselors but that it also prevents burn-out? Research has shown that counselors who don't practice self-care eventually decrease their ability to actively listen and concentrate during sessions with clients. This means that the rapport and the therapeutic relationship can be threatened which could potentially harm the client. Ethically speaking, we can best follow the principle of beneficence by making sure we take care of ourselves mentally, emotionally, and physically.



As you can see, although we forget to care for ourselves due to the numerous roles and responsibilities

we all have as adults and counselors, self-care and wellness is essential to making sure we are

performing to the highest level possible.

This semester, the Beta Upsilon Chapter will be organizing and promoting Wellness Week in which activities will be scheduled each day during the week on campus for us future counselors to enjoy. Wellness Week has been organized by Beta Upsilon's 2014 Alumni Student at Large, Susan Rainsberger and Beta Upsilon Member Michaelia Robinson.



A tentative schedule of the activities follows.

**Monday April 21<sup>st</sup>:** A seminar titled *Counselor Self-Care* by Dr. Lisa Reiss (Location: Powers 137).

**Tuesday April 22<sup>nd</sup>:** A seminar on the importance of nutrition complete with nutritious snack samples. (Location: Powers 136B)

**Wednesday April 23<sup>rd</sup>:** Beach Volleyball from 3-6 p.m. at the Barry University sand courts and Zumba from 6-6:50 p.m. in the Miller Studio.

**Thursday April 24<sup>th</sup>:** A presenta-

tion on Essential Oils from 4-8 p.m. in Powers 144 and Meditation from 8-9:20 p.m. in the Miller Studio.

For more information contact Susan Rainsberger at [Susan.Rainsberger@barry.edu](mailto:Susan.Rainsberger@barry.edu) or Michaelia Robinson at [Michaelia.Robinson@barry.edu](mailto:Michaelia.Robinson@barry.edu).



## To Answer or Not to Answer? That is the question. The Consequences and Ethical Use of Cellular Communication with Clients.

By: Amber Carreau Davidson

Cell phones. Most of us have and utilize them frequently either for personal or business application. Within our field a cell phone can be a tool that benefits our clients. The usefulness and ease of access of the mobile device can be used to increase the communication between client and counselor. This device, however, can operate both with a beneficial purpose as well as an un-ethical exploit on the therapist-client relationship. Mobile phones are a great way to ensure a line of emergency communication with clients after the session is over as well as the time in between sessions. As long as you have battery life and service you can be connected to one another within seconds. Additionally, the rapid response can provide a client with a therapeutic outlet in emergencies on a daily basis.

Unfortunately there are some apparent cons to using a mobile device for client contact; one being boundaries. Giving your client a mobile number opens an avenue to test boundaries because there is literally nothing to stop your client from testing to see if they can get you to pick up the phone at any hour of the day.

Another drawback to giving clients access to your cellular device

is that they might become dependent. Clients may feel that being available through cell phone means that you will always be available via cell phone. A client may not be accepting of termination, vacation, or leave of absence and will try to contact you anyway. Some clients might try to take advantage of that fact and try to gain free sessions. Now ethically speaking answering the phone to help the client is not in itself an immoral action. While it is not uncommon for a therapist to see clients on a pro bono basis, if a client is making calls frequently the clinician may be essentially giving the client a free session over time. This can result in a drain on the clinician and can strain the client-counselor relationship. Nevertheless, the therapist giving out his/her cell phone number almost encourages the client to push the boundaries and test how long they can speak to the therapist on the phone.

Since it would be very difficult to not see the financial (as well as the convenience) of using a cellular device in the place of a traditional land line phone a few ideas come to mind as to how these issues can be combated. Having a single cell phone that can be used for work

can be problematic; luckily there are options. Other than buying another cell phone (details below) there is the free program ran through Google called Google Voice.

In order to activate Google Voice you must first set up a Gmail account (free) which can be done on any android mobile device (or if you are of the Apple persuasion you can do this through the iTunes store, also free). You will then choose a mobile number that is different from your personal number and can be linked to your mobile device through the app. This way you can give your Google Voice number to your clients instead of your personal one. A downside is that calls will still be sent to one device and you will only be able to access voice mails left in this application from the website.

As far as buying an additional mobile device for professional needs some may be concerned that this purchase would be financially burdensome. On the contrary, by doing a search for cell phones and prices on BestBuy.com I was able to locate a cell phone for \$4.99.

*Continued on page 19*



## The Use of Apps for Learning, Self Care, and Practice

By: Nicole Lewis

CSI-BU Faculty Advisor Dr. Raul Machuca and CSI-BU members Susan Rainsberger (alumna), George Harrington, and Adam Fishel (alumnus) have been interested in Graduate Counseling students' use of apps in relation to counseling practices. The group has also focused their research on Graduate students' attitudes toward using these apps.

Their research study titled *Counseling Graduate Students Attitudes towards the Use of Technological Applications for Learning, Self Care and Counseling Practice* was conducted with Graduate level counseling students across the United States. The researcher sought to in-

crease awareness of the use of apps in clinicians with uses ranging from retrieving information during sessions with clients to using physical activity apps to track clinicians' use of self care while outside of practice.

After taking the proper IRB and National Institute of Health measures, the research team developed an anonymous 66 item questionnaire that measured the students' attitudes about using any of the various 90 clinical usage applications which the researchers compiled into an application guide.

After receiving responses from 195 master and doctoral level students, the researchers found that the re-

spondents' attitudes towards the use of apps were positive. Many respondents felt that using these apps were necessary and that they would purchase and use them in the future.

Dr. Machuca, Susan, George, and Adam have had the opportunity to present their research at multiple national and state conferences including the 2013 American Counseling Association Conference and Expo. They have also published an article about the research in *Counseling Today*, a publication by the American Counseling Association. For more detailed information about the procedures and results of the study, please contact Dr. Machuca at [rma-chuca@barry.edu](mailto:rma-chuca@barry.edu).

## The Black Male Success Initiative in Broward County

By: Mirsha Alexandre, CSI-BU 2014 President

CSI International member Dr. Lauren Shure along with colleagues (Dr. Gerene Starratt, Steve Rios, Mirlenda Noelliste, Isadore Newman, Russel Clement, Ann Evans, and Dr. Mehmet Türegün) have teamed up with Broward County Public schools and the South Florida Education Research Alliance to conduct research with the aim of better supporting black males in public school systems while reducing the disproportionality in the resources available to black males in Broward County, FL.

Through a three year case study approach, the researchers will study the school settings, implement interventions, and assess the effectiveness of the interventions with the hope of better understanding and supporting the target group.

Although not the lead researcher on the team, Dr. Shure is a major component in identifying the ethnic/racial disproportionality and cultural competence on a qualitative level. At the end of this study she is hoping to volunteer her time to provide Professional Development op-

portunities to educators on this study as well as how to analyze data.

The researchers have invited a panel of graduate students on board to assist the collection and analyzing the data. The panel of students include CSI-BU's own Carmen Bolivar and Mirsha Alexandre.

For more information about this study, contact Dr. Lauren Sure at [lshure@barry.edu](mailto:lshure@barry.edu) or Dr. Gerene Starratt at [gstarratt@barry.edu](mailto:gstarratt@barry.edu).

## Chi Sigma Iota—Beta Upsilon Chapter Fall 2013 Induction and Awards Ceremony

By: Nicole Lewis

As the year 2013 came to a close, the Beta Upsilon Chapter looked forward to holding its Fall Induction and Awards Ceremony on December 7th. Attendees of the event includes new inductees, recently nominated 2014 board members, graduating members, CSI International members and supporting friends and family of CSI members.

Former Beta Upsilon faculty advisor, Dr. Sylvia Fernandez was invited as the Keynote Speaker and shared words of wisdom and encouragement to all those in attendance.

2013 CSI-BU president Adam Fishel formerly inducted 22 new members into the chapter who were met with warm greetings and welcome from existing chapter members. 12 graduating members were honored with CSI-BU cords to wear with their cap and gowns during the commencement ceremony. The chapter went on to install new board members President Mirsha Alexandre, President-Elect

Kayla Anthony, Secretary Jeanevra Pearson, Doctoral Student at Large Carmen Bolivar, Masters Student at Large Maite Rodriguez, and Newsletter Editor Nicole Lewis for the 2014 year while welcoming returning board members Treasurer Tina Juya, Alumni Representative Susan Rainsberger, and Events Chair Khalid Allafattah.

Awards were presented to outstanding members and are as follows:

**Outstanding Service to the Chapter:** 2012-2013 President Adam Fishel.

**Outstanding Doctoral Student:** George Harrington.

**Outstanding Masters Student:** Adam Fishel.

**Outstanding Alumna:** Susan Rainsberger.

**Outstanding Faculty Member:** Faculty Advisor Dr. Raul Machuca.



CSI-BU graduates receiving honor cords.



A group of new inductees.



2013 President-Elect Sara Berkowitz

### Fall 2013 Chi Sigma Iota — Beta Upsilon Chapter Inductees

Crystal Alfonso, Kayla Anthony, Joan Bojnansky, Amber Carreau Geowanda Dixon, Robyn Friedman, Vanessa Granados, Estela Guardo, Clayton Harrison, Hilary Jameson, Tania Jorge, Nicole Lewis, Gabriela Martinez, Katherine Pascaul, Jeanevra Pearson, Gina Petithomme, AnnMarie Rodriguez, Yolanda Rucker, Elizabeth Sanchez, Jenifer Smith, Matthew Volker, Kendra Williams.

### Beta Upsilon Chapter Graduating Members

Isabel Amicy, Weedney Andre, Shamaree Archer, Virginia Baez, Sara Berkowitz, Onix Dobarganes, Adam Fishel, Tina Juya, David Paul, Ayesha Siddiqui, Marissa Vento.

## Chi Sigma Iota—Beta Upsilon Chapter Fall 2013 Induction and Awards Ceremony



A group of new inductees.



Outstanding Member recipients.



2013 President Adam Fishel & Dr. Fernandez



2013 President Adam Fishel & wife Erica.



Outstanding Members & Dr. Shure



Graduating members with honor cords.

## To Answer or Not to Answer? That is the question. The Consequences and Ethical Use of Cellular Communication with Clients.

By: Amber Carreau Davidson

*Continued from page 16.*

This particular model was a no contract phone which means that one would have to buy a prepaid card when minutes needed to be added to the phone as opposed to paying a monthly bill. \$29.99 will get you 120 minutes that do not expire, as well as having no limits as to the times of day when you can utilize them. With tax that would come to \$37.98 in total (keep in mind that \$4.99 is a one-time only charge and the phone

card will probably last you about 3 months if you continue reading on).

A voicemail message can also be used to convey boundaries to the clients who call you. Whatever device you choose to use for client communication you should always insert the message that if this is an emergency that they (the client) should immediately dial 911 or 211. Broward 211 and Switchboard 211 are two reputable suicide hot-lines that can assist your client after hours if they are in crisis.

Additionally, you should note how long conversations will be when you do return a client call. If you have a second line, enforcing hours of operation would bolster the strength of your boundaries. For example, having hours of operation concretely informs the client that this phone will only be on and available from 4-8 and that the device will be off during hours before and after the operating times; and that you will not return calls until operating hours.



## Chi Sigma Iota—Beta Upsilon Chapter Hosts the Barry University 6th Annual Graduate Student Conference

By: Nicole Lewis

On April 5, the Beta Upsilon Chapter was proud to host the Barry University 6th Annual Graduate Student Conference on in Miami Shores. Previously hosted by the Orlando Beta Upsilon members, the members at the Miami Shores campus were proud to carry on this tradition in its sixth year.

With a total of nine informational session presentations and eight poster session presentations, nineteen separate students presented their interests and work to audiences of their peers. Of the nineteen students one is a doctoral student enrolled in the Counselor Education program here at Barry and another student attends a graduate psychology program at Lynn University in Boca Raton, FL. Two students from the Movement Science (Exercise and Sport Psychology) graduate program in Barry's School of Human Performance and Leisurely Sciences presented posters on their areas of research.

Among the students presenting were Beta Upsilon Members Kay-

la Anthony, Maite Rodriguez, AnnMarie Rodriguez, Caitlin Vijayanagar, Mirsha Alexandre, Nicole Lewis, Gina Petithomme, Diann Toney, and Jenifer Smith.

A total of 32 students and three faculty members and CSI International members (Drs. Raul Machuca, Lauren Shure, and Regina Moro) were in attendance as they participated in sessions with topics ranging from substance abuse in the military, positive psychology, Humanistic therapy, MBTI research, and mental toughness.

Members of the Beta Upsilon Chapter welcomed Dr. Katharine Campbell, LCSW as a Keynote speaker for the conference. Dr. Campbell advice and tips for new counselors working in agencies and private practices. Her speech was both inspirational and informational to all of the future counselors in attendance. The Beta Upsilon chapter recognized Dr. Campbell with a commemorative appreciation plaque.

Awards will be presented to those presenters who were evaluated to have the best informational session and the best poster at Beta Upsilon's Spring Induction Ceremony.



CSI-BU member Maite & partner



CSI-BU member Caitlin & Dr. Shure



CSI-BU members Kayla, Jenifer, Gina, & Maite

2014 President Mirsha & Dr. Shure





## 6th Annual Graduate Student Conference Reflection

By: Kayla Anthony, CSI-BU 2014 President-Elect

The opportunity to present at a conference is not new to me. However, presenting at a conference completely arranged by and composed of students was a unique experience. What was most appealing in presenting at this conference was the ability to present without the pressures of presenting at a larger state or national conference. It was a great way for students to “get their feet wet.” I definitely felt more comfortable with my own material and presenting skills this go-round than I have at other conferences.

With students from Lynn and Barry Universities presenting discus-

sion sessions or posters, there was an array of research topics and students with varied backgrounds. Most presentation topics were ongoing research while some were completed works. It was eye opening to see what students were interested in and to know there are so many avenues for research, especially in the counseling field.

Dr. Katherine Campbell was an engaging Keynote Speaker with her top 10 need-to-know facts of working for agencies. Although a Licensed Clinical Social Worker, Dr. Campbell made sure we knew her partner was a Mental Health Counselor, and she made the sub-

ject of her address focus on the central tasks of both Social Workers and Counselors.

As the day wound down we could tell the conference was a success. Presenters were ecstatic about their participation; students and professionals in attendance congratulated presenters and event organizers. The aim next year is to incorporate more ongoing research, especially from Barry students. I hope that this year’s conference peaks your interest in the all possibilities presenting at a University level conference can offer – we look forward to seeing your amazing next year!



Conference Attendees



CSI-BU 2014 Board members and Keynote Dr. Campbell



CSI International members Drs. Moro, Machuca & Shure



CSI-BU member AnnMarie



2014 President Mirsha & Keynote Dr. Campbell



2014 Newsletter Editor Nicole & President Mirsha

## Chi Sigma Iota—Beta Upsilon Spring 2014 Events Recap

By: Amber Carreau Davidson

### Comps Review—February 8th

With the assistance of doctoral students Laura Meyers and Gemma Philage, Masters Students prepared for the Comps. The doctoral students gave out the first case study as a practice test, which was followed by a review of the eight core competencies. The doctoral students gave the Masters ample opportunity to ask questions, and they continuously checked in on the Master's students' anxiety level. At the end of the review, the doctoral students gave out an additional case study for students to practice independently.



CSI-BU member Hilary & 2014 President-Elect Kayla

### CSI-BU Social—February 11th

As the first official social of the semester, all counseling students were invited to view a presentation prepared by the chapter president, Mirsha Alexandre, on what CSI is and what we do as a chapter. Light refreshments were served while students and faculty members had the opportunity to meet and socialize



CSI-BU members & Special Olympic Athletes

with each other about things both CSI and non-CSI related. Prospective CSI members were invited to apply to join the chapter and current members were invited to sign up for CSI committees such as Mentorship committee, events and planning, newsletter, professional development, volun-

teer, and awards committee. Approximately 30 guests, members, and faculty attended.

### CSI-BU Volunteer Event—March 2nd

Members of CSI-BU gathered to give their time at the 32nd Track and Field Special Olympics Competition held at the Traz Powell Stadium at Miami-Dade College. About 12 members arrived to volunteer and had a wonderful time assisting the athletes on their day. The volunteers also had an opportunity to learn about disability services in the community and the chapter was invited back to volunteer again.



CSI-BU members volunteering for Special Olympics

### Journey Into the Field—March 15



CSI-BU members and non-member students at Journey into the Field

The Barry University Alumni Alba Tarre and Harouna Soumah presented to CSI-BU members and Barry University students on the processes for preparing for exams and getting licensed. Harouna gave information regarding helpful books and websites that are instrumental in preparing for exams. The alumni explained the

process of becoming a registered intern, getting a supervisor, and working towards your hours for licensure. In terms of finding a job after graduation, the alumni emphasized persistence in completing job applications, doing your research prior to a job inter-

viewing, newsletter, professional development, volun-



## Chi Sigma Iota—Beta Upsilon Spring 2014 Events Recap

By: Amber Carreau Davidson

view, and being ready to sell and defend the work experience you have.

### CSI-BU Member Social—April 10

Members met to learn about research opportunities within the Department of Counseling and how they could get involved. About 15 members were in attendance along with about 5 guests. Members and guest enjoyed dessert treats such as cookies, candy, chocolate, sherbet fruit punch, and ice cream and sherbet with all the toppings a dessert lover could imagine such as whipped cream, chocolate chips, gummy bears, caramel syrup and chocolate syrup.

### Sunshine Seminar—April 19

CSI-BU hosted its biannual Sunshine Seminar. This seminar, titled *Brief Interventions for the Addiction Spectrum: Tips and Tools for Counselors* was conducted by Barry University faculty member and CSI International member Dr. Regina Moro. Dr. Moro informed attendees about the spectrum of addiction as well as current trends in addictions such as process addictions (gambling, internet, sex, and more).



Dr. Regina Moro

Dr. Moro included assessment and screening tools commonly used in addiction treatment. The seminar was very interactive and included a variety of activities, discussions, question and answer sessions, and role plays.



CSI-BU 2014 Past President Adam Fishel & member Addis



Dr. Regina Moro presents to students



CSI-BU Faculty Advisor Dr. Machuca & 2014 Secretary Jeanevra



CSI-BU 2014 President Mirsha, Dr. Moro, & Faculty Advisor Dr. Machuca



Dr. Moro role plays with CSI-BU 2014 President Mirsha



CSI-BU 2014 President Mirsha thanks Dr. Moro for presenting



Dr. Moro role plays with CSI-BU 2014 Newsletter Editor Nicole



# Chi Sigma Iota

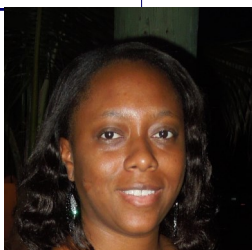
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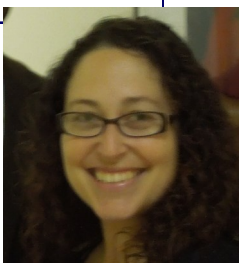
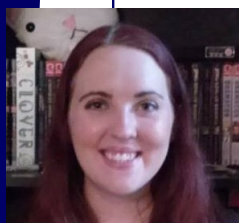
Nicole Lewis



### Assistant Editors

Amber Carreau Davidson

Robyn Friedman



## Now Accepting Submissions!

Are you actively involved in the Beta Upsilon Chapter? Do you enjoy reading *Beta Upsilon News*? Here's an opportunity to write academic articles, book, workshop, and conference reflections, and conduct interviews for *Beta Upsilon News*.

We are now accepting submissions to be published in the next edition of the newsletter. We are looking for a variety of writing styles and topics to include in our award winning newsletter.

Don't miss out on your chance to publish an article of your interest!

Please email submissions to Nicole Lewis at [Nicole.sambrano@barry.edu](mailto:Nicole.sambrano@barry.edu)

## Beta Upsilon Upcoming Events

**April 26<sup>th</sup>:** Spring Induction Ceremony and Honor Cord Presentation. (Location & Time: Thompson Hall—Kostka Room, 1—5 p.m.)

**May 17<sup>th</sup>:** COMPS Review with Laura Meyer and Gemma Philage. Review packages are available for purchase in the Family CARE Center for \$15 for CSI-BU members (Location & Time: Powers 144, 9 a.m.—3 p.m.)

**May 30<sup>th</sup>:** Menchies Restaurant Takeover. Join CSI-BU for a SWEET fundraising event. (Location & Time: Pembroke Pines, FL, 4—10 p.m.)

**June 7<sup>th</sup>:** Pool Party Social. (Location & Time: Penafort Pool, 11 a.m.—4 p.m.)

**June 24<sup>th</sup>:** Mandatory Member Meeting and Professional Development. Fall events will be discussed and the chapter will host a webinar on a topic to be announced. (Location & Time: TBA)

**July 11<sup>th</sup>:** Chili's Restaurant Takeover. Join CSI-BU for another fundraising event. (Location & Time: Miami Gardens, FL, 4—10 p.m.)

We're on the web!

[www.facebook.com/groups/betaupsiloncsi](http://www.facebook.com/groups/betaupsiloncsi)