The Board Insider

Volume 7

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Board Office Hours

The Board Office is closed to visitors; board staff is currently working remotely so please email or leave a voicemail.

Monday  8:30—5:00
Tuesday 8:30—8:00
Wednesday 8:30—5:00
Thursday 8:30—8:00
Friday 8:30—5:00
Saturday Closed
Sunday Closed

Message from the Board Chair

North Carolina law now allows any individual interested in applying for licensure as a clinical mental health counselor or counselor associate to petition the Board Chair for predetermination regarding whether their criminal history will likely disqualify them from obtaining a license. A predetermination application can be submitted at any time, including before starting or completing any mandatory education or training requirements.

A predetermination applicant can submit the completed Predetermination Application, the necessary documents and fees for criminal background check, legal documentation/explanation, and references. Additional information regarding the necessary requirements is available at: ncblcmhc.org/Licensure/Applying

A predetermination applicant is required to pay for the cost of the criminal history record report. The cost varies depending on whether an applicant is a North Carolina resident or an out-of-State applicant. Currently, the Board does not charge a fee for predetermination. The Board will inform an applicant of its decision within 45 days after the Board receives all the necessary information and criminal background check report.

("Message From the Board Chair” continues on the following page)
A predetermination applicant cannot challenge the Board’s predetermination. However, the predetermination does not preclude an applicant from applying and completing the necessary requirements for licensure. The Board will consider their application and any other evidence of rehabilitation in its regular application process.

Sincerely,

Dr. Denauvo M. Robinson, NCC, LCMHCS
Board Chair, NCBLCMHC

Reminders about Supervision:

Supervision contracts must be mailed — No emails or faxes.
You must hold the LCMHCA license or work in an exempt setting (school, university, government agency) before we can approve a supervision contract.
The supervision contract must be completed using the form provided by the Board. LCMHCAs must receive approval of the supervision contract before rendering counseling services. Notifications of approvals (or denials) are sent to the supervisor. However, LCMHCAs can view their approved supervisors by logging in to their online portal. Contracts are usually reviewed within 2 weeks of receipt.
If receiving supervision from more than one supervisor, a separate supervision contract form shall be filed for each qualified clinical supervisor. A separate supervision contract form shall be filed for each separate work setting, and each supervisor must be approved.
Quarterly Supervision Reports (QSRs) should be submitted. Doing so helps to ensure that supervision is properly documented and that your supervision contract was approved. **QSRs cannot be submitted by the supervisee; they must be submitted by the supervisor.**

Quarterly report due dates are:
- **Q1** (Jan. 1 – March 31) – report must be submitted by April 30
- **Q2** (April 1 – June 30) – report must be submitted by July 31
- **Q3** (July 1 – Sept. 30) – report must be submitted by October 31
- **Q4** (Oct. 1 – Dec. 31) – report must be submitted by January 31

The Board does not require the submission of hours on QSRs. **All hours are to be reported to the Board on final supervision reports.**

Scenario: A LCMHCA who had been receiving supervision for more than a year cannot count those hours because the supervision contract was never received, and since the QSRs were not submitted, we had no way of knowing. If the QSR was received, we would have been able to notify the LCMHCA to let them know that they did not have a supervision contract on record.

Supervisors who are not an LCMHCS must submit an official transcript documenting the equivalent of three-semester graduate credits in clinical supervision from a regionally accredited institution of higher education or 45 contact hours of continuing education in clinical supervision as defined by Rule .0603(c), or you can apply to be a Qualified Clinical Supervisor. **Click to find out more.**
Meet the Board

Denauvo Robinson  
Board Chair

Kyla Kurian  
Vice Chair

Katherine Glenn  
Ethics Chair

Charles Wentz  
Board Member

Mark Schwarze  
Board Member

Gussie Tate  
Board Member

Edward “Neal” Carter  
Board Member

Awareness Months

March is...

- International Women’s Day (Mar. 8)
- Anxiety & Depression Association of America online conference, March 18-19
- World Autism Awareness Week (Mar. 29-Apr. 4)/ World Autism Awareness Day (Apr. 2)

April is...

- National Autism Awareness Month
- Stress Awareness Month/National Stress Awareness Day (Apr. 16)
- National Counseling Awareness Month
- National Minority Health Month
- American Society of Addiction Medicine online conference, April 22-24

May is...

- Mental Health Month
- National Maternal Depression Month
- American Psychiatric Association online annual meeting, May 1-3
- Women’s Health Month/National Women’s Health Week (May 9-15)
- National Mental Health Counseling Week (TBA)
- National Children’s Mental Health Awareness Day (May 9)

A Note about CEUs

When applying for LCMHCS or the Qualified Supervisor (QS) continuing counselor education must be provided by one of the following national organizations, their affiliates or by a vendor approved by one of the following organizations:

- American Association of State Counseling Boards (aascb.org)
- American Counseling Association (counseling.org);
- Commission on Rehabilitation Counselor Certification (crccertification.com); and
- National Board for Certified Counselors (nbcc.org).

Click here for Approved Providers.
Mark Your Calendars
2021

8 APR
Board Meeting
April 8-9, 2021

28 MAY
Deadline
Receipt of application material to be reviewed at July 22nd Board meeting.

4 JUN
Board Hearings
June 4, 2021

22 JUL
Board Meeting
July 22-23, 2021

22 JUL
Board Meeting
July 22-23, 2021

27 AUG
Deadline
Receipt of application material to be reviewed at October 14th Board meeting.

10 SEP
Board Hearings
September 10, 2021

14 OCT
Board Meeting
October 14-15, 2021

26 NOV
Deadline
Receipt of application material to be reviewed at January 2022 Board meeting.

10 DEC
Board Hearings
December 10, 2021

NOTE: In order for an applicant to be licensed at the Board of Directors meeting, all application supporting documents should be in the office prior to the deadline(s) listed above.* G.S 143-318.18(6)

It’s Renewal Season

The following Licensure Renewal procedures apply to LCMHC Associates, LCMHCs, and LCMHC Supervisors. Renewals may be submitted as early as January 1st of the renewal year. Licensee shall complete all requirements before renewal can be issued. Deadline for receipt of renewal is June 20th of the renewal year.

SAVE TIME - RENEW ONLINE!

If your license is due to expire June 30, 2021, please visit our License Renewal page for updated 2021 renewal guidelines. The Board has a new simplified renewal process, unless you are selected for audit.

Save time, renewal online! The Board is excited to provide the renewal process online. To renew your license, please visit the Counselor Portal page.
If your license lapsed on June 30, 2020, you may renew your license by completing a late renewal packet. Your renewal must include the renewal fee of $200, a late fee of $75, and 20 additional hours of continuing education. Please visit our License Renewal page for the renewal guidelines. You have one year from the date of expiration, June 30, 2020, to renew your license. Therefore, you must renew your license no later than June 30, 2021. Licensees who do not renew during that time will need to reapply for licensure and will be subject to the rules in place at that time.

Don’t forget your Jurisprudence Exam: http://ncblcmhc.org/Licensure/Applying/Jurisprudence

**NOTE:** In order for an applicant to be licensed at the Board of Directors meeting, all application supporting documents should be in the office prior to the deadline(s) listed above.
How in the world would we as mental health counselors describe the past year? If you were asked to offer a quote about your experience since March 2020, what would you say? For myself, as a semi-retired mental health provider who returned to full time in March 2020, I would say this: “The past year has been the most challenging and stressful, both personally and professionally, in decades.” All of us could easily be diagnosed with F43.21, Adjustment Disorder with Anxiety. The agency I work went 100% telehealth starting the early part of April 2020 and as of this writing, we remain so. We went from no telehealth sessions to all telehealth within two weeks — what an adjustment with anxiety! The adjustment for ourselves and our clients was very difficult, to say the least.
All the while, the world was attempting to adjust to this new reality called Coronavirus or COVID-19. On May 4, 2020, in The Washington Post, William Wan wrote, “Just as the initial outbreak of the novel coronavirus caught hospitals unprepared, the United States’ mental-health system — vastly underfunded, fragmented and difficult to access before the pandemic — is even less prepared to handle this coming surge.” Wan’s article quoted Susan Borja, who leads the traumatic stress research program at the National Institute of Mental Health, as saying, “That’s what is keeping me up at night …; I worry about the people the system just won’t absorb or won’t reach. I worry about the suffering that’s going to go untreated on such a large scale.”

If we fast-forward to December 29, 2020, Ellen McCarthy, also of The Washington Post, wrote an article titled “An oral history of 2020, as told by therapists.” McCarthy quoted five therapists from across the United States on their month-by-month views regarding the unfolding mental health crisis. It is an excellent read and can be found at The Washington Post.

One quote came from Lori Gottlieb, author of “Maybe You Should Talk To Someone.” (This is another excellent mental health read!) In April, Gottlieb said, “People just panicked.” “[They were asking] ‘Are we going to get this virus? Who’s going to get sick?’ [It was] just massive anxiety in every way. How do we financially manage? How do we make sure we don’t get the virus? How much toilet paper do we get?” In August she said, “There were a lot of fights between couples about, ‘If our school gives us the option of going back in person, what should we do?’ And sometimes the parents were on the same page, but the kid wasn’t. I also saw lots of teenagers with a lot of depression who were just really, really suffering.” In October, Jessica MacNair, a practicing therapist in Virginia, said, “I was so burned out with my job in October, and then I just thought, ‘I don’t know if I can keep doing this.’ ”

What would you say about your personal and professional experience over the past year? Maybe you have been smooth sailing, or maybe not. Maybe you have had a strong support system helping to keep you on level ground, or maybe not.

Maybe you have lost a loved one or friend to this deadly disease. I hope not. Maybe you have clients who have died or suffered through long-term hospitalizations. I have. Maybe you have suffered with some of the terrible symptoms. I hope not. The truth is that the Coronavirus has impacted all of us in many significant ways both personally and professionally.

Despite feeling level and having a good support system, in September of 2020, I went to the emergency room with a very rapid heartbeat. The diagnosis was atrial fibrillation, a somewhat common but still disconcerting irregular rhythm of the upper chambers of the heart. In my history, this condition is caused by stress buildup and can only be relieved by active destressing. I made the decision to jump off the 80-90+ hours per month and back down to about 60. All of us in the field of mental health do this work because we want to help people. Sometimes we go to such lengths to help that we fall short on caring for ourselves. So, in September 2020, I had to remember once again the good self-care teachings of Dwaine Phifer, a faithful continuing education provider in self-care for supervisors with the Licensed Professional Counselors Association of North Carolina.

I would like to close with two points. First and probably foremost, our practices for good self-care are essential now more than ever to our providing excellent mental health care. Or as one of my wonderful mentors said to me long ago, “If we are in a bad place, we cannot help them in their place.” And we must promote self-care even more vigorously among our clients.
In an online article from Counseling Today on August 4, 2020, Scott Gleeson wrote, "Because of COVID, we were all going through the trauma and the grief process of our everyday lives at the same time. We cannot as clinicians expect to not be impacted by all this at the exact same time on a personal level. Then we add the extra layer of vicarious trauma from clients with intensified needs, where we take on their pain. That all adds up to extra layers that cannot be neglected." I hope that all of us will do whatever is necessary to stay healthy, safe and level as practicing clinicians. We must be mindful of our own fragility and seek repair "there are many avenues to good health" you know them (or can research them) as well or better than I.

My second point is that this pandemic horror is far from over. Or as one board member on our nonprofit agency said to me recently, "There is still a long way to go with this, Charles. When society starts to recover from COVID-19, then we will have to deal with the post-trauma created by COVID-19." I believe he is absolutely right. In the months and years ahead, those of us working in our field will be talking to clients who have been traumatized.

May we stay on top of good self-care and good continuing education as part of the mental health delivery system in North Carolina. It is imperative that we do just that. Our clients are counting on us to be in a good place when they bring themselves to our place. May we all be careful to take care.
Personal Disclosure Statements and Name Change

All licensees must submit an updated Professional Disclosure Statement (PDS) that includes the new license name for their license designation and the board’s name. We ask that you verify that you have made the appropriate changes before submitting your PDS for review during your renewal; otherwise, you will receive an email notification asking for revision in those two areas of the disclosure statement if the changes have not been made. We also ask that you verify that the address you are providing is the correct address for the board. The board’s addresses are the following,

Mailing address

P.O. Box 77819
Greensboro, NC 27417

Overnight Delivery

2 Terrace Way, Suite C,
Greensboro, NC 27403

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<th>Previous Name</th>
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<td>North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC)</td>
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