

Volume 13

In this Issue...

Message from the Board Chair	
Meet the Board.....	2
Awareness Months.....	3
What You Need to Know About Licensure Requirements.....	4-6
Mark Your Calendars.....	7
Renewal Information.....	8
Accessing Your Gateway.....	9
Artificial Intelligence and the Counseling Profession.....	10-12
Important Reminders.....	13
What's New.....	14
Just For Fun!.....	15

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 pm
Tuesday	8:30–5 pm
Wednesday	8:30–5 pm
Thursday	8:30–5 pm
Friday	8:30–5 pm
Saturday	Closed
Sunday	Closed

Message From the Board Chair

On behalf of the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC), we welcome you to the Summer Edition of the Board Insider.

For many, the summer means a time of slowing down, taking vacations, and enjoying the beautiful warm weather. At the offices of the NCBLCMHC, it's one of the many times of the year that things heat up. June licensure renewals bring a wave of activity to the board office. The staff work tirelessly to review and process thousands of renewal applications in addition to their ongoing daily responsibilities. We on the board greatly appreciate the meticulousness of the process and the hard work they put in every day.

I also wanted to take a minute to thank board member Gussie Tate for her service to the NCBLCMHC. Gussie is finishing her term on June 30 after 6 years of work on the board. Gussie served as the Treasurer of the board for the entire time she was with us. Her knowledge of finance and strategic planning allowed the board to make informed decisions about how to move forward and grow while also being fiscally responsible. As one of our two public members, we are indebted to her willingness to serve and take time away from her own career and family.

Please reach out to me or Melonie Davis with any concerns or suggestions. We are committed to being an open and transparent board and staff. Thanks for all that you do.



Dr. Mark Schwarze
LCMHCS, NCC, LCAS, CCS
Board Chair

Warmly,
Dr. Mark Schwarze
Board Chair, NCBLCMHC

NCBLCMHC Mission

The mission of the Board under NC GS Article 24 section 90-329 states that it is declared to be the public policy of this State that the activities of persons who render counseling services to the public be regulated to insure the protection of the public health, safety, and welfare.

Meet the Board

Dr. Mark Schwarze

Board Chair
LCMHCS
Congressional District 5

Dr. Yasmin Gay

Vice Chair
LCMHCS
Congressional District 6

Gussie Tate

Secretary/Treasurer
Congressional District 4

Edward “Neal” Carter

Public Member
Congressional District 1

Dr. Levette Scott

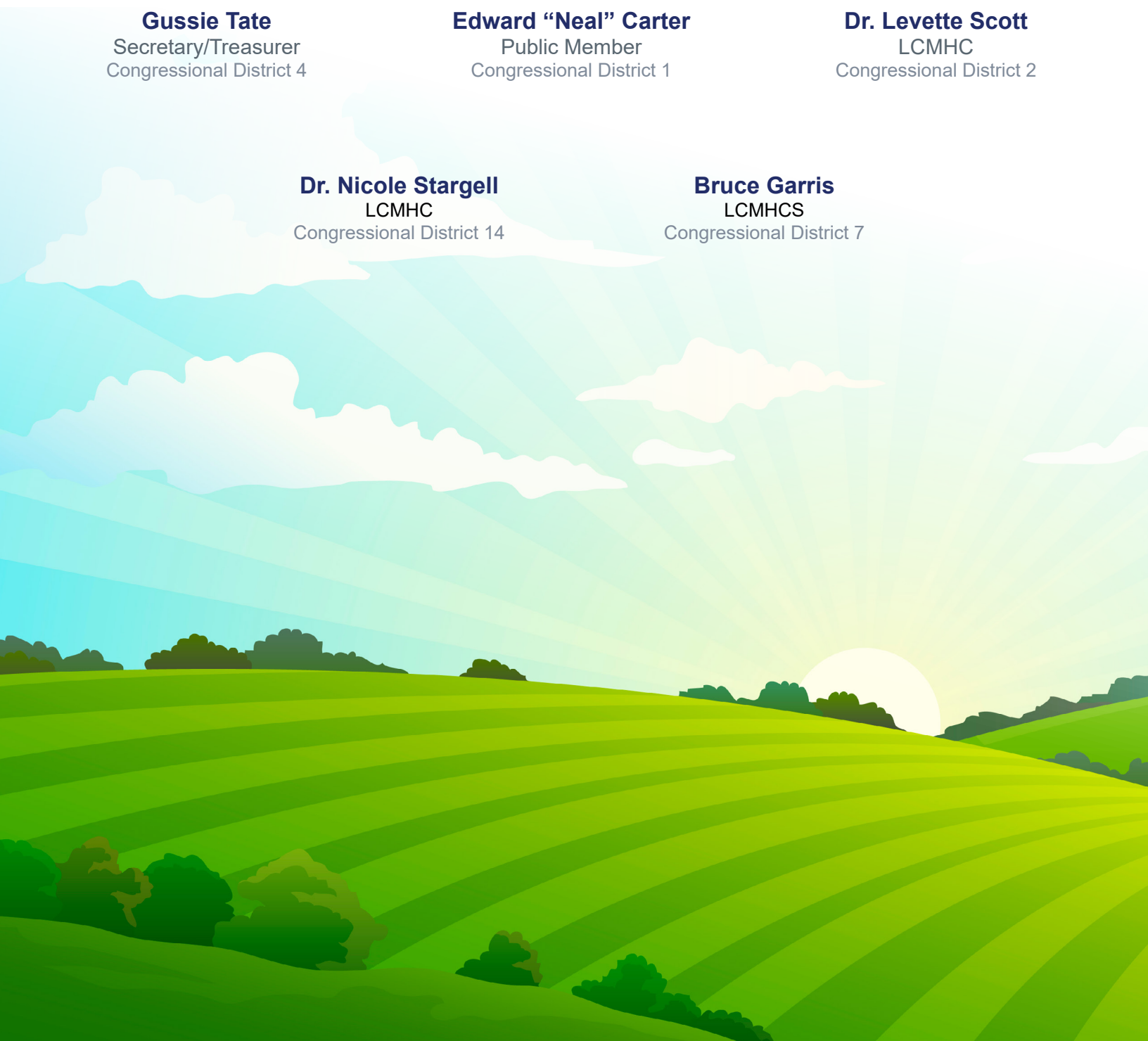
LCMHC
Congressional District 2

Dr. Nicole Stargell

LCMHC
Congressional District 14

Bruce Garris

LCMHCS
Congressional District 7



Awareness Months

Awareness is Prevention

APRIL

Sexual Assault Awareness Month

Sexual Assault Awareness Month calls attention to the fact that sexual violence is widespread and impacts every person in the community.

MAY

Mental Health Awareness Month

This is a crucial period for spotlighting mental health issues and combating associated stigmas. Recognizing that mental health is as vital as physical well-being is paramount.

JUNE

Men's Mental Health Awareness Month

With the stigma surrounding men's mental health issues, this month is key for visibility and spreading awareness.



What You Need to Know About Changes for Licensure Requirements!

The North Carolina Board of Licensed Clinical Mental Health Counselors would like to remind you that starting July 1, 2025, there are new requirements for individuals aspiring to become Licensed Clinical Mental Health Counselor Associates. These changes aim to ensure that our counselors are well-prepared as they begin their careers in the profession. Here's what you need to know about these important updates.

First, all graduate program internship experiences must take place in clinical mental health settings. This means aspiring counselors must gain experience in clinical settings that provide substantial opportunities for assessing, appraising, diagnosing, and treating mental health disorders. Some examples of suitable settings include private practices, college counseling centers, community agencies, managed behavioral health care organizations, hospitals, employee assistance programs, specialty treatment centers, vocational rehabilitation centers, marriage, couple, and family practices, addiction counseling sites, and school-based clinical mental health counseling sites.

The type of work performed during these internships is crucial. Aspiring counselors must engage in direct counseling experience (as defined by the board). This involves activities such as assessing clients to understand their issues, appraising the seriousness of these issues, diagnosing the problems (like identifying depression or anxiety), and providing treatment to help clients improve.

Upon completing their internship and other requirements, applicants must complete the Verification of Graduate Counseling Experience Form. This form is essential for verifying that they have met all the required criteria. The form requires several pieces of information: the name, title, contact information, and signature of the person verifying the experience; the name of the agency where the experience took place; details about the university supervisor overseeing the experience; the name, title, and credentials of the site supervisor; the total hours of individual and group clinical supervision received; whether the experience was a practicum or internship; the beginning and end dates of the experience; and the total number of direct and indirect hours worked, as defined by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Additionally, for those applying on or after July 1, 2025, it is necessary to describe the type of clinical mental health setting and detail the counseling experience in assessing, appraising, diagnosing, and treating mental health disorders. The form is available on the Board's website at www.ncblcmhc.org.

These new requirements are designed to ensure that new counselors have the right kind of experience and training to effectively support and treat individuals with mental health challenges. By working in appropriate settings and performing clinically sound work, future counselors will be better prepared to meet the needs of their clients. If you're planning to become a counselor, make sure you understand and follow these new rules to be well-equipped for your future career and the licensure application process.

Key Takeaways Regarding 2025 Rule Changes:

Where Do You Need to Complete Your Graduate Internship Experience?

When you are training to become a counselor, you need to get experience in specific places. These places are called clinical mental health settings. Here are some examples of where you can get this experience: (This is not an exhaustive list, but rather examples of acceptable sites).

Private Practices
College Counseling Centers
Community Agencies
Managed Behavioral Health Care Organizations
Hospitals
Employee Assistance Programs
Specialty Treatment Centers
Vocational Rehabilitation Centers
Marriage, Couple, and Family Practices
Addiction Counseling Sites
School-Based Counseling Sites

What Kind of Work Will You Do?

For your graduate internship experience, you need to do certain types of work. This is called “direct counseling experience.” It means you have to do things like:

Assess
Appraise
Diagnose
Treat

What Forms Do You Need to Fill Out?

When you are done with your training and are ready to apply for your associate license (LCMHCA), you will need to fill out a form called the Verification of Graduate Counseling Experience Form. This form helps you verify that you have done all the work you were supposed to do. Here is what you need to include on the form: (There will be additional forms required).

Person Verifying Your Experience: This is the person who will say that you did the work. You need to include their name, title, contact information, and signature.

Where You Worked: You need to say where you got your counseling experience.

University Supervisor: This is the person from your university who supervised your work.

Site Supervisor: This is the person at the place where you worked who supervised you. You need to include their name, title, and credentials.

Supervision Hours: You need to say how many hours of individual and group supervision you received.

Type of Experience: You need to say whether the experience was a practicum or an internship.

Dates of Experience: You need to include the start and end dates of your experience.

Hours Worked: You need to say how many hours of direct and indirect work you did. Direct work is when you are directly helping people. Indirect work is other work related to counseling.

Client Contact Hours: You need to say how many hours you spent directly and indirectly with clients.

Details About Your Experience: For people applying after July 1, 2025, you need to describe what kind of clinical mental health setting you worked in and the kinds of work you did, like assessing, appraising, diagnosing, and treating mental health disorders.

You can find the form and the full administrative rule on the board's website at

www.ncblcmhc.org.

Mark Your Calendars 2024

May 16

Board meeting

May 25

Deadline: Receipt of application material to be reviewed at April 2024 board meeting

July 18-19

Board Meeting

August 24

Deadline: Receipt of application material to be reviewed at April 2024 board meeting

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.

Please visit ncblcmhc.org/boardinfo/calendar to view the full board calendar.

NCBLCMHC Holiday Schedule 2024 (April –June)

Memorial Day.....Monday, May 27

Juneteenth.....Wednesday, June 19

Does Your License Expire This June?

SAVE TIME BY RENEWING ONLINE!

The 2024 license renewal window opened on Jan. 1

Licensure renewal procedures apply to LCMHC Associates, LCMHCs, and LCMHC Supervisors. Renewals may be submitted as early as Jan. 1 of the renewal year.

All licensees shall complete requirements before renewal can be issued.

Deadline for receipt of renewal is June 20 of the renewal year. You must renew prior to June 30 to avoid a lapse.

Tip: Add a recurring event to your phone's calendar to remind you when renewals are due.

Be sure to keep your contact information updated to avoid missing important emails from the board.

Accessing your Counselor Gateway

Check the status of your renewal, view your supervision documents, and manage your contact information via the Counselor Gateway Online Portal.

<https://portal.ncblcmhc.org/>

To watch video tutorials on how to navigate the application process, access documents, and complete forms, visit www.ncblcmhc.org/Resources/Tutorials

The screenshot shows the website's navigation bar with the following items: Board Info, Licensure, Complaints, Laws & Codes, Resources, Portal (highlighted in red), and a search bar. Below the navigation bar is a breadcrumb trail: Home > Video Tutorials. The main heading is "Video Tutorials" in large white font. To the right is the Great Seal of the State of North Carolina. Below the heading is a paragraph: "In preparation towards your journey for licensure, here are some videos on how to navigate the application process, access documents, and complete forms found in the licensure portal." Underneath is a "General" section with three video thumbnails. Each thumbnail has a red play button and a duration. Below each video is a caption button: "Placing requests" (03:23), "Sending online form requests" (03:15), and "How to submit requests" (00:34).

Artificial Intelligence and the Counseling Profession

Brenden A. Hargett, PhD, NCC, MAC, LCMHC, LCAS

Since 2020, the counseling profession has increased with new counselors with many persons engaging in their own counseling for the first time. In 2024, the Biden administration proposed increased funding for mental health services, which point to the growing need for professionals and reflects on the need for counselors (White House, 2024). This effort is designed to promote health and well-being by growing the mental health and substance use disorder workforce. Among the proposed budget is an allocation for telehealth to improve quality and access to underserved communities as well as funds to support suicide prevention.

Many of those who sought counseling during and after the onset of COVID-19 engaged in counseling via telehealth. While online counseling has been available since 1982, circumstances associated with COVID-19 made it more available based on necessity (Holmes and Foster, 2012). During the immediate aftereffects of COVID-19, we experienced an increase in the use of technology, with many organizations implementing remote work. With this expansion in the use of technology and new counselor trainees, university faculty, supervisors, and clinicians were faced with the idea of incorporating technology into counseling. Technology companies have greatly benefited from the increased use of technology and many allocated resources specifically to meet the needs of those seeking counseling services as well as those who are providing services.

With the increased use of technology, there also was an explosion of Artificial Intelligence and its application to counseling. According to IBM (2024), Artificial intelligence, or AI, is considered as technology that enables computers and machines to simulate human intelligence and problem-solving capabilities. One could expect “digital natives” to be more accepting of using technology in counseling but more “digital immigrants” are taking advantage of the various platforms and options of technology to assist in their counseling practice. The “natives” are those who were born into the digital age, while the “immigrants” are those who learned to use computers/cell phones, etc., during their adult life (Wang and Myers, 2003).

In most of our lives, our day-to-day functioning has some aspect of AI incorporated whether via advertising algorithms on social media platforms or chatbots that predict typical questions when we make an online purchase. The many advances in our society moving forth will not likely be free from some use of AI. AI has made life simpler in many aspects but has also created levels of dependency where human logic has been left to machines and their predictive programming based on human patterns and interactions. Can robots and technology within its capability replace human intelligence and human interaction?

The entertainment industry has been incorporating various technologies within its productions for many years whether via avatars or some form of animation. Computer technologists and programmers have configured various platforms that simulate humans, and, in many regards, the images created are so “lifelike” they cannot be detected with the natural eye. The proficiency of this technology continues to emerge and become more and more integrated within our daily lives. Therefore, as society moves forward, it will be more and more difficult to avoid some aspects of AI.

Many proponents of AI have given us various advantages in using AI. Forbes (2022) identified nine advantages of AI that included: reduction in human error, automation of repetitive tasks and processes, easily handles large data, leads to quick decision making, performs risky tasks, improves work processes, addresses customer queries via digital assistants, assist with medical application and have full time availability. Conversely, others have identified disadvantages in the use of AI such as it is costly, lacks emotion and creativity, degradation of technology (becomes inefficient over time), harms the standard of living, can hurt underserved persons by exacerbating racism, privacy risks, and lastly, ethical problems (Tableau, 2023).



As our society moves, so does the counseling profession. AI has become a reality for the counseling profession, and many counselors are integrating the use of technology via virtual assistants, chatbots, virtual counseling, and the integration of AI within electronic health records. More counselors are embracing the available technology to assist with administrative tasks (i.e., writing progress notes; treatment plan development, etc.) in their day-to-day practice. Furthermore, some are utilizing AI tools in client services and activities whether symptom identification and tracking through apps (applications) or to evaluate/confirm diagnoses.

Though advancements are inevitable, the counseling profession must ensure client care happens at an optimal level, ensure client rights are adhered to, and that one's privacy is never compromised. AI has bombarded the counseling profession, and many new and experienced counselors will take advantage of the various platforms and options of AI to assist in their counseling practice. In considering whether to use AI or not, counselors should consider the pros and cons of AI in mental health counseling, suggested by Perry (2023). Among the pros, Perry identifies decreased wait times for services, conversation tracking in sessions, in-app interactions, and monitoring of psychotropic medication side effects. Perry, in cautions with the cons, notes that clients could become reliant on AI technology, AI technology is unable to empathize with human emotion, HIPAA protections, provision of inaccurate information, and the inability to apply logic as a trained counselor would.

Counselors are trained to understand client rights and establish a foundation in counseling that upholds the standards of the profession through professional codes of ethics. The National Board for Certified Counselors (2023), the American Mental Health Counselors Association (2020), and the American Counseling Association (2014) have each provided a code of ethics for counselors to subscribe to based on their state or membership affiliations. Though these are three distinct codes, they are in sync to support clients and guide the ethical work of the counseling profession so that counselors "do no harm" to their clients. Even with counselor training, continuing education, and updated codes of ethics, unfortunately many counselors fail to remain ethical or adhere to their professional responsibility.

Finally, counselors must consider liability and legal implications with using AI whether challenged about the authenticity of a client response or where and how information is stored or who has access to it. The Biden administration (2023) issued an executive order to establish standards for safe, secure, and trustworthy AI. Within the order, policy guidelines were constructed to assist individuals and organizations with AI. The order sets some parameters that can guide the ongoing development of AI that can be used in the practice of counseling.

Therefore, counselors must be well-informed about the ethical and legal implications of AI while consistently abiding by counseling professional standards and work tirelessly to support clients while avoiding any unnecessary scrutiny on the profession and one's individual practice. Earlier this year, the American Counseling Association released recommendations for the use of AI to support counselors. The National Board for Certified Counselors also released its Ethical Principles for Artificial Intelligence in Counseling (2024) to guide those who will implement it into counseling. For certain, we can anticipate more technologies to come forth to enhance the work of counselors, and counselors must prepare ourselves to address AI and the impending changes to ensure our clients have favorable outcomes.

Artificial Intelligence and the Counseling Profession

Brenden A. Hargett, PhD, NCC, MAC, LCMHC, LCAS

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Don't Miss Important Messages About Your License!

ATTENTION: Effective Jan. 1, 2025

Starting soon, supervisors need to document at least 10 contact hours of continuing education (CE) training related to professional knowledge and competency in clinical supervision. These 10 hours are now included in the 40 contact hours already required for renewal, not in addition to them.

This means you must demonstrate a total of 40 CEUs for renewal, with 10 of those hours specifically focused on clinical supervision.

This is a change from the previous requirement of 50 hours, where 40 hours were for renewal and an additional 10 hours were specifically for clinical supervision.

For information regarding the renewal process please visit:

<https://www.ncblcmhc.org/Licensure/Current/Renewal>

Reminder to LCMHSs!

Quarterly Supervision Reports (QSRs) **MUST** be submitted in a timely manner. 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 Oct. 31
- Q4 (Oct. 1–Dec. 31)..... report must be submitted by Jan. 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 (FSRs).

Note:

All supervisors are required to submit QSRs and FSRs. Parties agree to submit these documents as a part of the supervision contract submitted to the board. These documents must not be withheld for any reason. Issues that may arise during the supervision relationship must be reported on QSRs and submitted to the board.

What's New

The NCBLMHC is pleased to announce that you can now find us on Instagram.

We hope you will connect with us for updates and important news from the board.

This information-only page will help you stay up to date on important changes, announcements, and deadlines.

Please be reminded the best way to contact the board is to email

lcmhcinfo@ncblcmhc.org

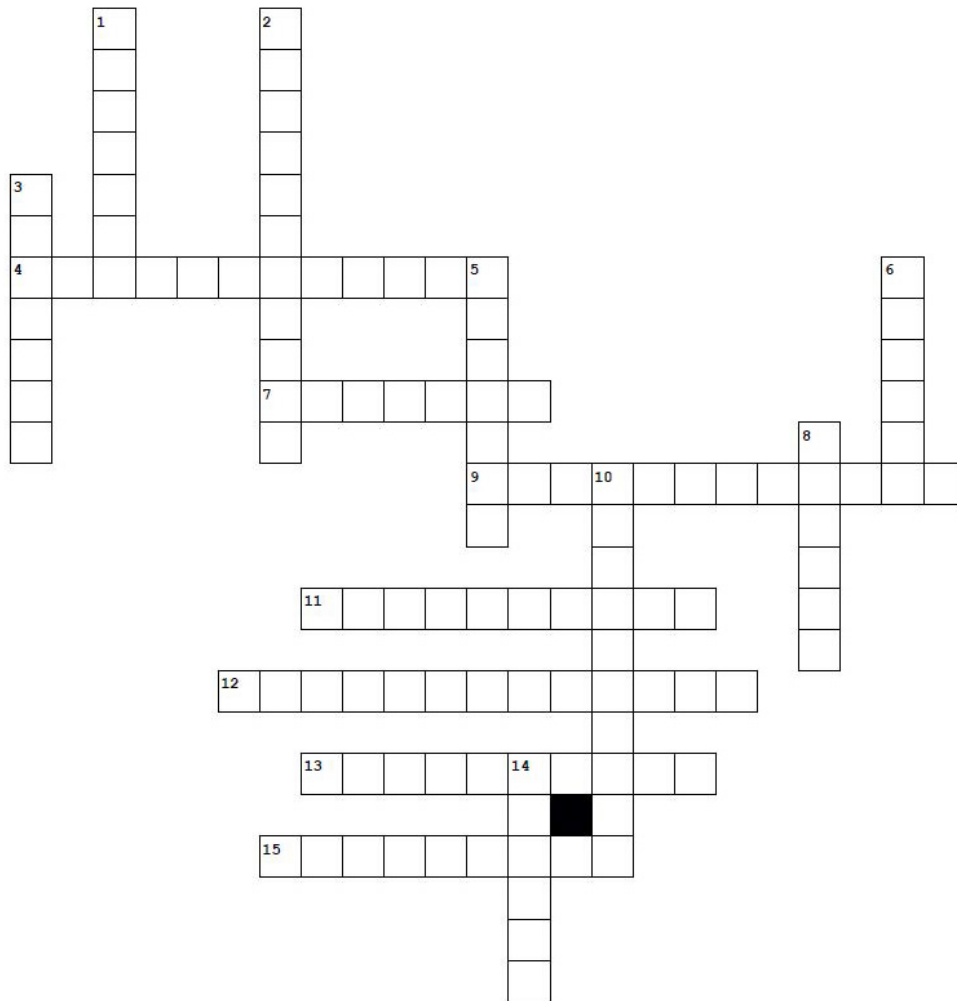
or call us at

(336) 217-6007



Just for Fun!

Puzzles are a healthy way to relieve stress, reduce anxiety, improve focus, and relax.
Decompress with this crossword.



Across

4. A professional specializing in diagnosing and treating diseases of the brain, emotional disturbance, and behavior problems
7. Assistance and comfort supplied to someone in need.
9. A medical practitioner specializing in the diagnosis and treatment of mental illness.
11. The capacity to recover quickly from difficulties.
12. A long-term mental disorder involving a breakdown in the relation between thought, emotion, and behavior
13. A mental health disorder characterized by persistently low mood.
15. The state of being comfortable, healthy, or happy.

Down

1. A feeling of worry, nervousness, or unease.
2. A mental state achieved by focusing one's awareness on the present moment.
3. A mental disorder marked by alternating periods of elation and depression.
5. Treatment intended to relieve or heal a disorder.
6. A state of mental or emotional strain or tension resulting from adverse or demanding circumstances.
8. A deeply distressing or disturbing experience.
10. Professional guidance in resolving personal conflicts and emotional problems.
14. A mark of disgrace associated with a particular circumstance, quality, or person.

ANSWERS ON NEXT PAGE

CROSSWORD ANSWERS

1. ANXIETY 2. DEPRESSION 3. THERAPY 4. COUNSELING 5. PSYCHIATRIST 6. PSYCHOLOGIST 7. MINDFULNESS 8. STRESS
9. RESILIENCE 10. TRAUMA 11. BIPOLAR 12. SCHIZOPHRENIA 13. STIGMA 14. SUPPORT 15. WELLBEING



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