

The Counselor's Voice

Volume 3, Issue 2

June 2011



Upcoming Events

June 18, 2011

Region 2 -
Regional Meeting
Play Therapy
1.0 Contact Hour
New Bern, NC

June 24-25, 2011

July 29-30, 2011

Supervision Training
Presented by
Dr. Shirley Huffman
and Dr. Dwaine Phifer
45.0 Contact Hours
Advance, NC

October 27, 2011

Pre-Conference
Embassy Suites
Winston Salem, NC

October 28-29, 2011

LPCANC Annual
Conference:
Accepting the Challenge
Creating the Future
Embassy Suites
Winston Salem, NC

Visit www.lpcanc.org
for event details

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OUR ASSOCIATION: Opportunities for Professional Development

By Dwaine Phifer, LPC

LPCANC labors for its members. Of major importance is the Board's goal to offer accessible, quality, and worthwhile opportunities for continuing education credits. The fact that there's usually a dose of fun included is extra! The annual conference is a stellar example of the Board's commitment to offering outstanding educational opportunities which can meet up to half of our 40 hour requirement. All eight regions of the state have a Regional Representative. S/he is the contact person for one-hour lunch-and-learn workshops, three-hour workshops, OR -- *drum roll here* -- a workshop your region would like to organize and offer.

The Professional Development Committee (PDC) is responsible for organizing and conducting 3-hour workshops across the state, including our required "Ethics" training. Both the PDC Chairs and Regional Reps need and can use lots of help; therefore, go to lunch-and-learn meetings, receive 1 credit hour, and get actively involved in LPCANC right at home. Also, think about doing a workshop! If you have a successful approach or use a particular technique in your counseling, please consider doing a lunch-and-learn session. *None of us is as smart as all of us.* So share your talent with other LPCs. Check the website for PDC/Rep contact information.

LPCs are located everywhere from Manteo to Murphy; and your Board is focused on providing workshops close to everyone. Because there is a huge need for quality, experiential training for supervision, the 2011 board has pledged to offer several 45-hour supervision workshops, two 15-hour workshops for those holding the ACS, and a 10-hour advanced supervision course for those needing LPC-S renewal credits.

Please let your PDC Chairs know of any topics you would like to see offered as well as offering your own expertise to the Regional Rep in your area for a Lunch and Learn opportunity. To ensure all the effort required to offer 3-hour workshops is practical, a minimum of TEN participants is required for a workshop to "make." The best way to guarantee a workshop "makes" is to get nine other LPCs in your area to join you. Carpool and enjoy the opportunity to socialize, de-stress and build professional camaraderie.

OUR PROFESSION: DUTY TO WARN IN NORTH CAROLINA A Legal vs. Ethical Clarification

By Eugene Naughton, JD, MS

In 1976, the California Supreme Court handed down a decision that continues to define the limits of confidentiality between counselor and client in the US. The case of Tarasoff v. Regents of the University of California imposed on clinicians the duty to break confidentiality and to warn and protect third parties when a client makes threat of imminent harm against another person.

Most counselors learn about the 1976 Tarasoff decision in graduate school. Background for this case: in 1968 Prosenjit Poddar, from University of California, Berkeley, stalked a fellow student Tatiana Tarasoff after she rebuffed his romantic overtures. Poddar sought counseling with University Health Services and revealed to staff psychologist his intention to kill a woman identifiable as Tarasoff. The staff psychologist consulted with supervisors and subsequently notified campus police of the threat, also asking police to commit Poddar to a mental hospital for observation. The campus police questioned then released Poddar after he denied any intent to harm. Poddar then surprised Tarasoff in her home and murdered her. He was convicted of second-degree murder: a conviction that was subsequently reversed.

Tarasoff's parents brought suit against the campus police and University Health Services, arguing that clinicians failed to warn their daughter of the threat. The trial court ruled no duty for clinician to warn an intended victim of a threat made by client. The Tarasoffs appealed to California Supreme Court which ruled in 1976 that a clinician has a "duty to protect" when a client presents a "serious danger of violence." The Court held that warning the intended victim was one way to discharge that duty and "taking whatever other steps are reasonably necessary under the circumstances." The Court called on clinicians to use "a reasonable degree of skill, knowledge, and care ordinarily possessed and exercised by members of that professional specialty under similar circumstances."

(Continued on page 2)

NEWS AND VIEWS

Nancy Howell Scholarship Winners: Dr. William Lawrence, University Relations Chair and LPCANC Board are pleased to announce the winners of the Nancy Howell Scholarship for 2011.

Sarah Bennett Kirkpatrick is the winner at the Masters' Degree Level. Ms. Kirkpatrick is enrolled in the Clinical Mental Health Counseling and Expressive Arts Therapy Program at Appalachian State University. Ms. Kirkpatrick is a member of LPCANC and is presenting a poster session at the annual conference in October 2011.

Taherra N. Blount is the winner at the Doctoral Level. Ms. Blount is enrolled at North Carolina State University pursuing a PhD in Counselor Education. Ms. Blount is a North Carolina Professional Counselor, a National Certified Counselor and a North Carolina Licensed School Counselor. Ms. Blount is an LPCANC member and is very active in the counseling profession.

Both winners will receive a certificate and an unrestricted award for \$500.00. The scholarship is given each year in honor of **Nancy Howell, LPC**.

Nominations for LPCANC Board of Directors are open. If you or someone you know is enthusiastic about our professional association and willing to serve, go to www.lpcanc.org for an application and instructions for filing. Also please review Board of Directors duties and responsibilities in the LPCANC Governance Manual. A members-only election for officers and Board members is held through website voting and at Annual Conference.

Legislative and Advocacy Update

By Ashley Matlock Perkinson, LPCANC Lobbyist and Counsel



As I write this update, the North Carolina General Assembly is debating issues that impact LPCs on a daily basis. These issues include Medicaid reimbursement rates, H Codes, and general funding for mental health services. I continue to monitor these areas on behalf of LPCANC

and will provide a summary of final budget and legislative decisions in the next newsletter. Please visit the LPCANC website for current legislative alerts, www.lpcanc.org.

Jason Menegio, LPC reminds all LPCANC members that The **American Red Cross** is in great need of licensed counselors and school counselors – even if not currently certified as a **Red Cross Disaster Mental Health Volunteer** – to provide support to the communities affected by the killer tornado in Joplin, Missouri and other recent tornadoes. Volunteers are needed if licensed as a counselor on the independent practice level, e.g. LPC, LCPC, LMHC, etc. or state certified/licensed as a school counselor. Please contact your local Red Cross for information or go online to www.redcross.org.

(Duty to Warn, continued from page 1)

Duty to Warn and Protect in North Carolina: Since the 1976 decision, state and federal courts and state legislatures across the country have looked to the Tarasoff decision as a guide when defining the limits of confidentiality for Counselors. In 1980 the U.S. District Court in Nebraska found that a clinician had a duty to protect not just individuals but the general public. A 1983 decision by the Ninth Circuit Court of Appeals held that a clinician was liable for injury caused by a client because of a general history of violence, even when no specific threat was made against a third party.

By contrast, North Carolina's legislature is silent on a clinician's duty to warn or protect, and the state courts have explicitly rejected the kind of broad duty to warn and protect found in the Tarasoff decision. Instead, North Carolina courts have found that a clinician practicing in the state has a "duty to protect" third parties from dangerous clients, but only in qualified circumstances: holding that clinicians have a "duty to protect" third parties only when the client making the threat is under the clinician's direct control.

In North Carolina's definitive 1985 case, Sheri Pangburn brought suit against Dr. M. Saad and Cherry Hospital in Goldsboro for injuries she suffered at the hands of her brother, Daniel, who had a long history of mental illness and violent behavior. Committed to Cherry Hospital in 1982, Daniel was treated by attending psychiatrist, Dr. Saad, who decided to release Daniel. A day later, Daniel attacked his sister with a knife, causing severe injury. Pangburn sued Dr. Saad for damages. Ultimately the North Carolina Court of Appeals held that Dr. Saad was liable, since he had some physical control over Daniel. This decision was confirmed in a 1995 case, *Davis v. North Carolina Department of Human Resources* when the North Carolina Court of Appeals held Cherry Hospital negligent in its duty to protect when a patient with a history of mental illness and violence was discharged from the hospital and subsequently killed someone.

What made the Tarasoff case, and subsequent cases based on that decision, so important is that it imposed a legal duty on the clinician to warn or protect – a duty that goes beyond any ethical responsibility imposed by groups like the ACA or APA.

What is important to remember is that a legal duty to warn or protect is distinct from an ethical duty to warn or protect. If a clinician fails his/her ethical obligations, s/he is subject to discipline such as licensing board actions or civil lawsuits. If s/he fails a legal obligation, s/he is liable to severe monetary fines and very rarely, jail time.

The North Carolina General Statutes do not impose an affirmative duty on clinicians to warn or protect a threatened third party. Chapter 122C of the General Statutes informs clinicians only that they "*may* disclose confidential information when in his opinion there is an imminent danger to the health or safety of the client or another individual" (italics added). Thus there is an ethical obligation, but there is no legal obligation.

Courts in North Carolina have gone further and explicitly rejected the affirmative duty to warn and protect found in Tarasoff. In the 2002 case *Gregory v. Kilbride*, the North Carolina Court of Appeals flatly rejected the Tarasoff decision, holding that clinicians in North Carolina had no affirmative duty to warn or protect third parties from their clients. However, other North Carolina court decisions have held that a clinician may have the legal duty to protect in limited circumstances.

In summary, North Carolina rejects the broad duty to warn and protect found by the Tarasoff Court and in other jurisdictions. Nevertheless, clinicians in North Carolina have a legal duty to protect third parties where the client who is violent or making threats is under therapist's physical control, i.e. institutionalized.

LPCANC PLANS FOR ANNUAL CONFERENCE

By Tammie Breitschneider, LPCANC Conference Chair

October 27-29, 2011 marks the 14th Annual LPCANC Conference, “**Accepting the Challenge; Facing the Future.**” An exciting two-day event is planned with up to 20 credit hours available for attendees. Conference Committee has developed a strong clinical program which will provide many interesting opportunities for learning and networking as well as some fun and fellowship with other LPCs.



Salem Lake Area in Fall

For those attendees who like to include sightseeing or exploring in their travel plans, our host city, Winston Salem, is the backdrop for Conference and has much to offer its visitors. Known as the “City of Art and Innovation,” visitors have many opportunities waiting: Old Salem and the Reynolda House Museum of American Art are sure to entice the history buff; a stroll through the downtown streets of Winston-Salem offers many art galleries exhibiting local artists; there are numerous nearby vineyards and wineries to tour; and for the outdoor enthusiast, Tanglewood Arboretum and Rose Garden are available. Winston-Salem is also home to a Children’s Museum, and the NC Zoo is only about an hour’s drive away.



Conference Planning Meeting
Tammie Breitschneider and
Shirley Huffman
Conference Co-Chairs with
Debora Steenson and Mardi Sutton
From Blue Star Services

The Embassy Suites will be the host hotel in Winston-Salem, accommodating overnight guests and conference attendees. The special rate of \$135.00 includes cook to order breakfast and a manager’s reception each evening. To make your reservations, please call 1.800.696.6107 and ask for the special Conference rate for Licensed Professional Counselors Association of North Carolina. We look forward to seeing you in Winston-Salem, October 27-29, 2011.



Winston-Salem Skyline



Dr. Charles Raison to be Conference Keynote

By Linda Makinson, PhD, LPC

This October, those attending LPCANC’s annual conference will have the privilege of hearing Dr. Charles Raison present the keynote address entitled “Compassion Training as a Path to Emotional and Physical Well-Being.” Dr. Raison is a well-known expert in the area of the mind-body research. He is currently an associate professor in the Department of Psychiatry and Behavioral Sciences at the Emory University School of Medicine where he also serves as Clinical Director of the Mind-Body Program.

Dr. Raison’s research focuses on bi-directional relationships between stress and immune systems, especially as these pertain to depression in the medically ill. Furthermore, his research centers on immune system effects on central nervous system functioning and the application of compassion meditation as a strategy to reduce inflammatory responses to psychosocial stress.

Dr. Raison received his medical degree from Washington University in St. Louis, MO. He completed residency training at the UCLA Neuropsychiatric Institute and Hospital in Los Angeles. Dr. Raison served as Director of Emergency Psychiatric services and Associate Director of consultation and evaluation services at UCLA prior to joining the faculty at Emory University. The recipient of several teaching awards, Dr. Raison receives research funding from the National Institute of Mental Health, National Center for Complementary and Alternative Medicine and the Centers for Disease Control and Prevention and the Georgia Department of Human Services.

In addition to his activities at Emory, Dr. Raison is the mental health expert for cnn.com; serves as Chief Scientific Advisor for Contemplativehealth.com; and has been selected to serve as Chairman for the 2011 U.S. Psychiatric and Mental Health Congress.

OUR PRACTICE: A REVIEW OF BRAIN BASICS: Web-Based Resource to Help Clients Understand the Brain

By Daniel Paredes, PhD, LPC

Sometimes clients present with a limited understanding of the relationship between biology and feelings of distress. As counselors, we can help provide information that facilitates understanding of the relationship between the functions of the brain, genetics, brain chemistry, and environmental risk factors. One resource that LPCANC members might find helpful for clients is the National Institute of Mental Health’s *Brain Basics* (<http://www.nimh.nih.gov/brainbasics/index.html>). This free web-based resource provides information on how the brain works, how the brain develops, and on the relationship between the brain and mental illness.

Visiting *Brain Basics* can be assigned as homework to clients and other stakeholders who could benefit from understanding how the brain works. For example, clients often present using language such as “chemical imbalance,” but do not have an understanding of what the term means. Asking clients to explore the neurotransmitters section provides an opportunity for them to better understand the relationship between neurotransmitters and their subjective experience. Arming clients with information and establishing the connection between the mind and body makes referral to medical providers, if necessary, more logical to the client. Certain interventions, such as breathing techniques for anxiety management, could be couched in terms of using the body to “trick” the brain. Furthermore, a client

who understands the relationship between the environment, the brain, and mental illness might be more receptive to having a discussion about concerns such as genetic predisposition and the importance of enhancing therapeutic success by assuring self-care.

LPCs that choose to refer clients to the website should be aware of the limitations of *Brain Basics* and also make clients aware of those limitations. The language used and concepts discussed in *Brain Basics*, may not be easily understood by all clients. It would be important to normalize the fact that some of the content is academic and that questions can be addressed in later counseling sessions. Pointing out the emphasis on mental illness rather than mental health and how that view may not be consistent with the Counselor’s philosophy also is warranted. Finally, *Brain Basics*’ authors mention psychiatrists, social workers, and psychologists, but not professional counselors. Although clients may not understand the difference between health providers, it might be helpful to assure clients that professional counselors typically are regarded as frontline mental health service providers.

Review of *Brain Basics* may be helpful to some clients, but is not appropriate for all clients. LPCs are encouraged to visit the site (<http://www.nimh.nih.gov/brainbasics/index.html>) and make a determination of how *Brain Basics* might be incorporated into his or her work as a counselor.



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ASSOCIATION OF
NORTH CAROLINA

c/o Blue Star Services
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PRESIDENT'S PONDERINGS:

The Power of Volunteerism

By Lili Sznaidman, MS, LPCS, ACS LPCANC President

I continue to find myself impressed by the volunteers that LPCANC has been fortunate to have during these past fifteen years, and the extent of energy and effort that has been put forth by these invaluable facilitators of change.

Volunteering for LPCANC has afforded people a myriad of opportunities at various levels of commitment: from donating a couple of hours assisting at our Annual Conference, through acting as a Regional Representative for an entire geographic area, to serving as a member of the Board of Directors.

Given the predominantly isolated nature of private practice, our professional lives coalesce in broader and deeper ways when we join forces to attain a common goal via serving our association. The prospects of meeting other LPCs, networking, and collaborating with colleagues are infinite and priceless.

This time of the year lends itself perfectly for contemplating and planning for involvement in one of these capacities with our Annual Conference only a few months away and the rotation of leadership positions taking place at that time.

I wish to thank all of you who have already donated your talents and efforts to LPCANC. We have come this far because of each and all of YOU! My hope is that by looking at the past, others too will be inspired to participate so as to advance the future of LPCANC, an association that belongs to all of us!

SAVE THE DATE!!

accepting the **CHALLENGE**

Over 20
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