

## Volume 9

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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 am - 5 pm
Tuesday	8:30 am - 5 pm
Wednesday	8:30 am - 5 pm
Thursday	8:30 am - 5 pm
Friday	8:30 am - 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. My name is Mark Schwarze, and I am excited to serve as the chair of the NCBLCMHC.

There has been a lot of excitement and progress in North Carolina around the advancement and development of professional counselors. Recently, North Carolina became the 16th state to join the Counseling Compact.

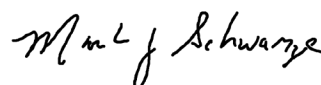
The compact will allow licensed counselors to practice within a participating state without the need for obtaining a license in that state as long as the counselor meets uniform requirements. Special thanks to the Licensed Professional Counselors Association of North Carolina (LPCANC) for their hard work and advocacy in the passage of this bill. The NCBLCMHC has appointed a board member, Dr. Denauvo Robinson, to serve on the Counseling Compact Commission. Additionally, July 1, 2022, became the first day of implementation that applicants in North Carolina will have obtained a 60-hour CACREP-accredited degree for licensure. This requirement, passed in 2015 and implemented in 2022, ensures uniform education and training standards for all those entering the field in our state.

Much dialogue is going on with the board, constituents, our state and national professional associations, and other professional boards to make sure that North Carolina is producing the highest quality professionals and ensuring the safety of the public we serve. I am excited to be on this journey and watch the growth of our amazing field.

Finally, I am excited to work closely with Dr. Yasmin Gay, who has been voted as the vice chair of the board. Dr. Gay joined the board last year and has done an incredible job. I also want to extend a warm welcome to our newest board member, Dr. Levette Scott. Dr. Scott comes to us as a counselor educator from N.C. Central University. She has already contributed great wisdom to our board.

Thanks for all that you do.

Warmly,



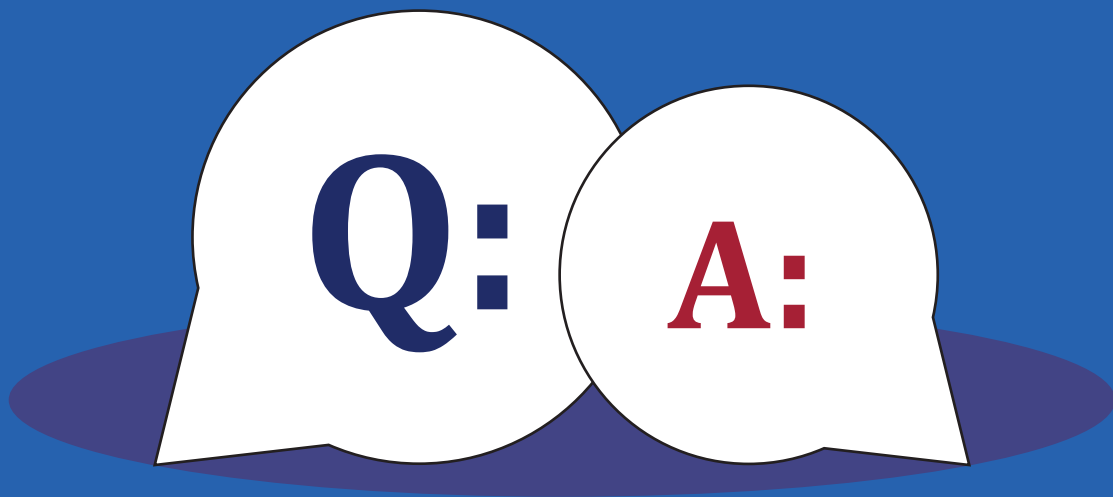
Dr. Mark Schwarze  
Board Chair, NCBLCMHC



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

#### 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.



## Licensure Requirements FAQs

**Q:** I did not renew my license and it is now expired. Am I required to meet CACREP requirements when I reapply?

**A:** Yes. All applicants are subject to meet license requirements at the time of application or reapplication, including CACREP requirements.

**Q:** I am applying for license by endorsement from another state. Do I have to meet CACREP requirements?

**A:** The license by endorsement process will not change. The current requirements are based on years of experience (5 years, unrestricted) and not education.

**Q:** I am licensed in another state. I am applying for LCMHC because I do not meet the endorsement requirement. Do I have to meet CACREP requirements?

**A:** Yes. You must qualify based on the requirements at the time of application and will have to meet the CACREP requirements.

**Q:** I have a 60-hour CACREP degree. Do I automatically meet the CACREP requirements?

**A:** No. Having a 60-hour CACREP degree is not an automatic qualification. Applicants must still meet content area requirements as described by the board in NCAC 53 .0701(2).

# Meet the Board

**Mark Schwarze**

Board Chair  
LCMHCS  
Congressional District 5

**Dr. Yasmin Gay**

Vice Chair  
LCMHC  
Congressional District 6

**Gussie Tate**

Secretary/Treasurer  
Congressional District 7

**Edward “Neal” Carter**

Public Member  
Congressional District 1

**Charles Wentz**

Ethics Chair  
LCMHCS  
Congressional District 9

**Dr. Denuvo M. Robinson**

LCMHCS  
Congressional District 3

**Dr. Levette Scott**

LCMHC  
Congressional District 2

## Awareness Months

- **August** is National Breast-Feeding Awareness Month. National Women’s Equality Day is Aug 26.
- **September** is National Recovery Month, National Suicide Prevention Month.
- **October** is National Domestic Violence Prevention Month, National Depression & Mental Health Screening Month.

## 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](http://aascb.org))
- American Counseling Association ([counseling.org](http://counseling.org));
- Commission on Rehabilitation Counselor Certification ([crrccertification.com](http://crrccertification.com)); and
- National Board for Certified Counselors ([nbcc.org](http://nbcc.org)).

## Distance Counseling Policy Reminder

The Board considers that the practice of counseling occurs both where the counselor who is providing counseling services is located and where the individuals (clients) who are receiving services are located. In order for an individual to provide counseling services in North Carolina, that individual must be licensed by the North Carolina Board of Licensed Clinical Mental Health Counselors or be exempt under the Licensed Professional Counselors Act. On this basis, if an individual licensed in North Carolina renders services electronically to an out-of-state client, it is the responsibility of the counselor to ensure that the counselor is complying with the laws and rules in the other state. Licensees are advised to review the North Carolina Licensed Professional Counselors Act and Section H of the ACA *Code of Ethics* (2014). [Click here for more information.](#)

# Mark Your Calendars 2022

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**SEPT. 16**

Board hearings

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**OCT. 13-14**

Board meeting

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**NOV. 18**

Deadline: Receipt of application material to be reviewed at  
January 2023 board meeting.

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**DEC. 9**

Board hearings

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**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.

## NCBLCMHC Holiday Schedule 2022

HOLIDAY	OBSERVED
Labor Day.....	Monday, Sept. 5
Thanksgiving.....	Thursday, Nov 24–Friday, Nov. 25
Winter Break.....	Friday, Dec 26–Monday, Jan. 2



# Renewal Information

## Late 2022 License Renewals

The 2022 license renewal period has ended. If your license was due for renewal by June 30, 2022, you must cease the practice of counseling until your license has been renewed. Failure to renew by June 30, 2023, will result in reapplication and the applicant being subject to current requirements at the time of application, not initial application.

## What to Do If Your License Has Lapsed

If your license lapsed on June 30, 2022, 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 guidelines. You have one year from the date of expiration, June 30, 2022, to renew your license; therefore, you must renew your license no later than June 30, 2023. 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.

## 2023 License Renewals

The following licensure renewal procedures apply to Licensed Clinical Mental Health Counselor Associates (LCMHCA's), Licensed Clinical Mental Health Counselors (LCMHCs), and Licensed Clinical Mental Health Counselor Supervisors (LCMHCSs).

Licensee shall complete all requirements before renewal can be issued. Deadline for receipt of renewal is June 20 of the renewal year.

## SAVE TIME BY RENEWING ONLINE!

If your license is due to expire June 30, 2023, please visit our License Renewal page for updated 2023 guidelines. The board has a new simplified renewal process, although some candidates will be selected for audit.

Save time and renew online! The board is excited to offer the renewal process online. To renew your license, please visit the Counselor Portal page

**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 received by the office prior to the deadline(s) above.

**Click Here to  
Renew Now** 

# Managing Measures of Imposter Phenomenon

by Yasmin Gay

PhD, CCJP, LCAS, LCMHCS, CRC, MAC, CCTP, CCS

LCMHC board member

*“Am I qualified and competent enough to be a counselor?” ..... “What if my clinical supervisor finds out that I feel inadequate?” .... “I am not sure if my clinical skills are good enough to be an effective counselor; it’s only a matter of time before they find out.” .... “I bet my colleagues think I have valuable information to offer, but am I knowledgeable enough to contribute?” .... “I lack clinical experience; my clients view me as being too young, and no one will respect me or what I have to offer.”*

As I think back on my process of becoming a clinical mental health counselor, I can’t exclude the internal dialogue that would sometimes create so much anxiety and stress that I felt parallelize as it related to my growth and overall development. There were moments when I felt inadequate, unworthy, unsure, and unprepared to provide effective therapeutic services and supportive care to individuals, who in my mind, deserved someone more qualified to address their respective needs. Although I had the knowledge, skills, and abilities to be an effective clinical mental health counselor, the internal dialogue was so strong at times that I began to feel fraudulent as a professional therapist. Filled with anxiousness and confusion, I began to speak about my experiences with my clinical supervisor and learned that all that I was feeling and experiencing was very common. In fact, what I was experiencing during my process was indeed Imposter Phenomenon, which is also referenced as imposter syndrome and/or “imposter experience.” The term “imposter phenomenon” was first identified in a study by Clance and Imes (1978) that explored the traits and behaviors of high-achieving women who were struggling to internalize their success and achievements. The study found that despite significant evidence of their education, experience, knowledge, skills, and abilities, they perceived themselves as fraudulent and feared that it would be discovered by peers. Clance (1985b) further noted there were six components consistent with imposter phenomenon that included:

- 1. Engaging in self-doubt**
- 2. Need to be the best**
- 3. Need to do everything perfect: Superwoman/Superman/Superperson complex**
- 4. Fear of failure associated with shame and humiliation**
- 5. Denial of competence and discounting praise**
- 6. Fear of and guilt around success**

Imposter phenomenon has and continues to be an area of interest yielding more opportunities to gain more insight and understanding of its overall impact and ways to prevent and intervene when risks associated with imposter phenomenon present themselves. As researchers continue to explore, there are findings that suggest the risks for imposter phenomenon are much broader and affect people across gender, race, level of education, and family of origin (Badawyt et al., 2018; Bernard et al., 2018; Cokley et al., 2015; Hoang, 2013). The professional environments are also an area in which imposter phenomenon is often triggered (Gibson, 2014; Urwin, 2017). This is an important finding as the clinical setting and environment for clinical mental health counselors is an essential factor for comprehensive learning. The clinical setting provides students, counselors in training, and licensed professionals the opportunity to apply the knowledge and skills gained through their process in real time. Vitoria (2021) notes that environments where learning and treatment of vulnerable patients happen concurrently place a unique pressure upon helping professionals. The clinical environment for clinical mental health counselors is unpredictable, as there are many unknowns and gray areas.

There is an intensity to correctly assess, diagnosis, counsel, prevent, intervene, and in many cases, stabilize individuals just in order to manage where they are. This unique pressure that Vitoria describes leaves students, counselors-in-training, and licensed professionals at a heightened risk of experiencing measures of imposter phenomenon. Imposter phenomenon is a common experience that impacts professionals across the spectrum. The circumstances and origin vary from person to person, but the feelings, emotional tides, and components associated are relatively consistent. As a counselor educator, licensed therapist, and supervisor, I believe it is important to disclose my experiences of feeling like an imposter with my supervisees and trainees so that they know they are not alone in their developmental process. I have accomplished and achieved a great deal over time, and as I continue to explore, I still have moments of imposter phenomenon. I am often asked, “How did/do you manage imposter phenomenon?” While the answers continue to evolve and will be unique to the beholder, here are a few tips I utilize and share with students, trainees, and licensed professionals to consider when looking to manage measures of imposter phenomenon.

### **1. Give yourself grace!**

Allow yourself time, space, and grace to learn, grow, and develop, as you will build confidence and assurance of and in yourself along the way.

### **2. Understand that you know what you know and what you don't. You have the ability to learn!**

Normalize the essence that “not knowing” or feeling “unsure” is very natural throughout the developmental process when providing clinical mental health counseling. We are “practicing” clinicians, which means that one must continue to learn and try new approaches, interventions, orientations, assessment tools, and so on to sharpen our skills and master our clinical craft. Absorb and embrace the process!

### **3. Disclose it!**

Though the feelings of imposter phenomenon can drive feelings of being inadequate, incompetent, and even fraudulent, it is important to seek clinical supervision, peer supervision, and/or professional counseling to process and talk about what you are experiencing as it relates to imposter phenomenon and ways in which it impacts you personally and professionally.

Though I have provided a few tips to manage measures of imposter phenomenon, I am sure there are many others to consider, and I would love to offer the opportunity to hear from you. I would like to continue the dialogue and invite you to share your experiences as a clinical mental health professional and offer any tips you'd like to share regarding ways to help manage measures of imposter phenomenon. If you are interested, please send your experiences and/or tips into the North Carolina Board of Licensed Clinical Mental Health Counselors. I look forward to the continued conversation.

## **Absorb, Embrace, and Be Amazingly You!**

**Dr. Yasmin Gay**

### **When You Know You're ENOUGH!**

“When you stop focusing on all things that you're not. When you stop fussing over perceived flaws. When you remove all imposed and unbelievable expectations on yourself. When you start celebrating yourself more. When you focus on all that you are. When you start believing that your perceived flaws are just that—perception...”

**— Malebo Sephodi**

## References

- Badawy, R. L., Gazdag, B. A., Bentley, J. R., & Brouer, R. L. (2018). Are all impostors created equal? Exploring gender differences in the impostor phenomenon-performance link. *Personality and Individual Differences*, 131(1), 156–163.
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- Gibson, M. (2014). Social worker shame in child and family social work: Inadequacy, failure, and the struggle to practice humanely. *Journal of Social Work Practice*, 28(4), 417–431.
- Hoang, Q. (2013). The impostor phenomenon: Overcoming internalized barriers and recognizing achievements. *The Vermont Connection*, 34 (6), 42–51.
- Urwin, J. (2017). Imposter phenomena and experience levels in social work: An initial investigation. *British Journal of Social Work*, 48(5), 1432–1446.
- Vitoria, A. (2021). Experiential supervision: Healing imposter phenomenon from the inside out. *The Clinical Supervisor*, 40(2), 200–217.



# Just for Fun!

A H S L J J C A K N O V G J U F L V G T  
 E I A H A K Q X O D R K Z P A S Z O L L  
 C P V T C D A L I C E N S E D P D S H U  
 I E J L H Q P N O R T H C A R O L I N A  
 F L Q A M K P R E F E R E N C E B H R B  
 F H G E C J L C M H C S Y A F A X N W O  
 O U P H L S I R E G I S T R A T I O N A  
 D U C L W T C L A W S A N D R U L E S R  
 R B O A R D A D M I N I S T R A T O R D  
 A N T T B J T V W W R V U O W N N C C C  
 O C D N F M I E H C L T T M M O P H O H  
 B E H E A E O Z S S J H J N I I J M U A  
 X X E M Q B N E W Z Y R X C L T A C N I  
 T R A N S C R I P T J R U B E A Y L S R  
 O F D E I X C L I N I C A L C R E C E Z  
 S C O R E R E P O R T K O C H O P I L R  
 L I C E N S U R E A C A R M M P L L O Q  
 D K E T H I C S R E N E W H C R L B R N  
 S U P E R V I S I O N G N C N O C U I P  
 P R I V A T E P R A C T I C E C I P K G

Application  
 Board Administrator  
 Board Chair  
 Board Office  
 Clinical  
 Corporation  
 Counselor  
 Ethics

FAQs  
 Laws and Rules  
 Licensed  
 Licensure  
 LCMHC  
 LCMHCA  
 LCMHCS  
 Mental Health

NCBLCMHC  
 NCE  
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 North Carolina  
 PA  
 PC  
 PDS  
 PLLC

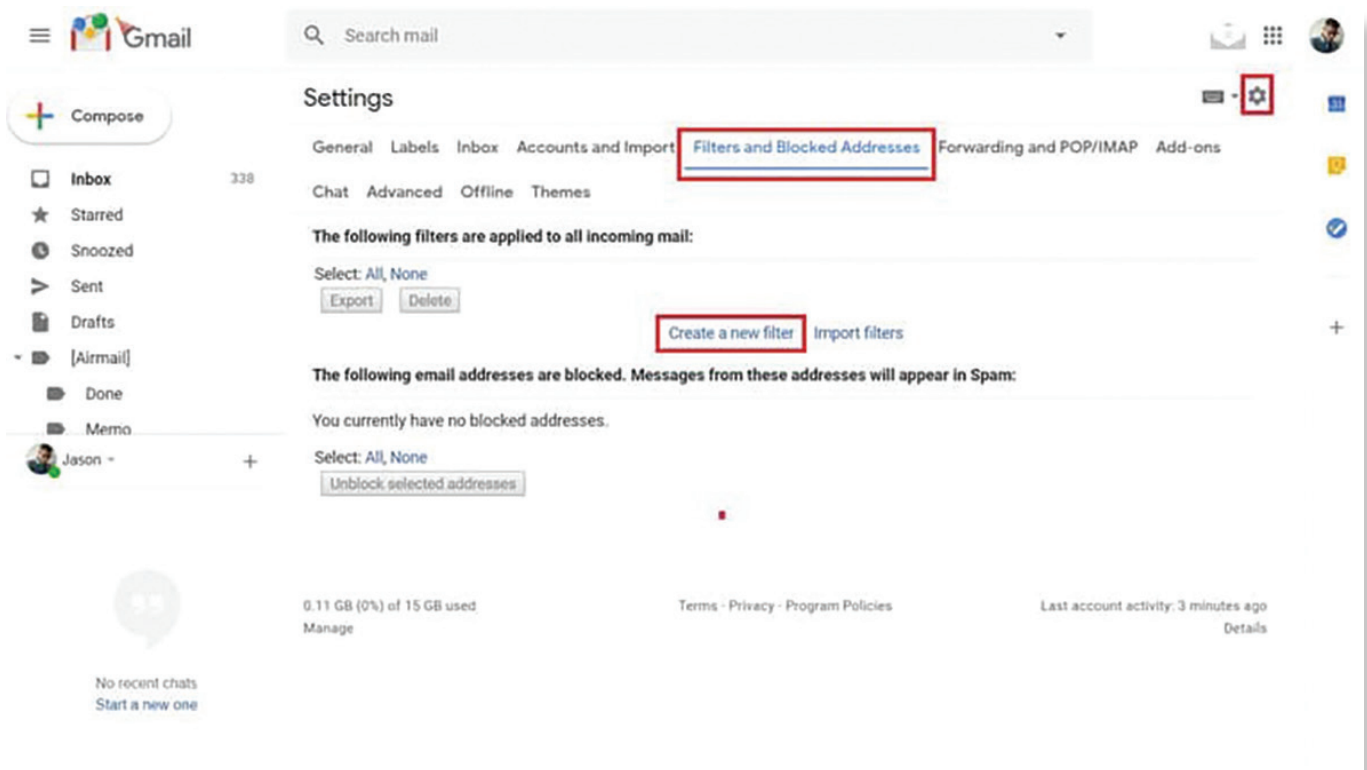
Private Practice  
 Public  
 Reference  
 Registration  
 Renew  
 Score Report  
 Supervision  
 Transcript

# Don't Miss Important Messages About Your License!

Here's how to add the NCBLCMHC to your safe senders "Whitelist":

## How to Whitelist an Email Address in Gmail:

1. Click the settings button in the top-right corner of the screen, then select "Settings" from the drop-down menu.
2. Navigate to the tab labeled "Filtered and Blocked Addresses" to access information about your existing filters.
3. Select "Create a new filter" and enter the emails or domains you'd like to whitelist.

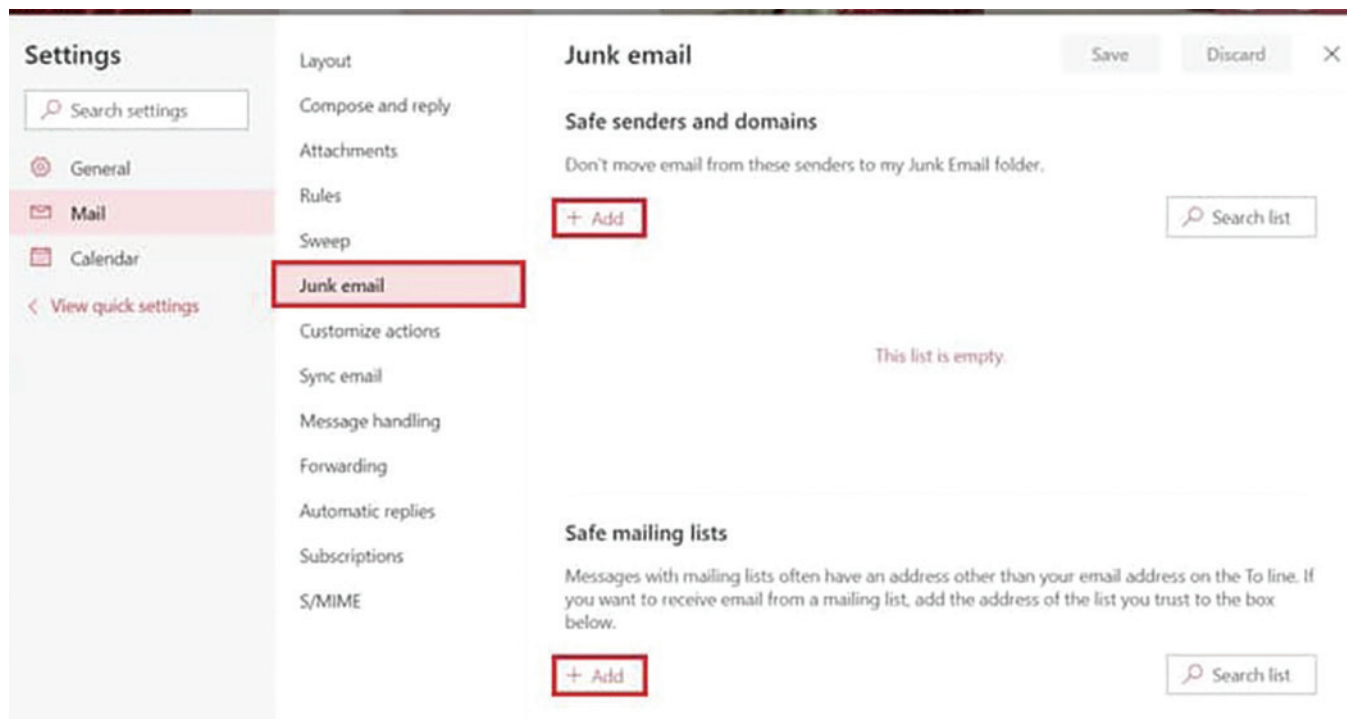


To whitelist a single email address, for example, type the entire address: [LCMHCinfo@ncblcmhc.org](mailto:LCMHCinfo@ncblcmhc.org).

## How to Whitelist an Email Address in Outlook:

An address that has been added to your safe senders list will be received in your inbox regardless of your **spam filters**. To **add an address** or domain to your safe senders:

1. Click on “Settings,” then “View all Outlook settings.”
2. Go to “Junk email,” then choose “Safe senders and domains” or “Safe mailing lists” to select the domain or email you would like to whitelist.



3. Enter the domain name or email address you would like to add to your safe senders list ([LCMHCinfo@ncblcmhc.org](mailto:LCMHCinfo@ncblcmhc.org)). Make sure to include the @ character for domain names in order to whitelist emails with only the exact string of characters you entered.

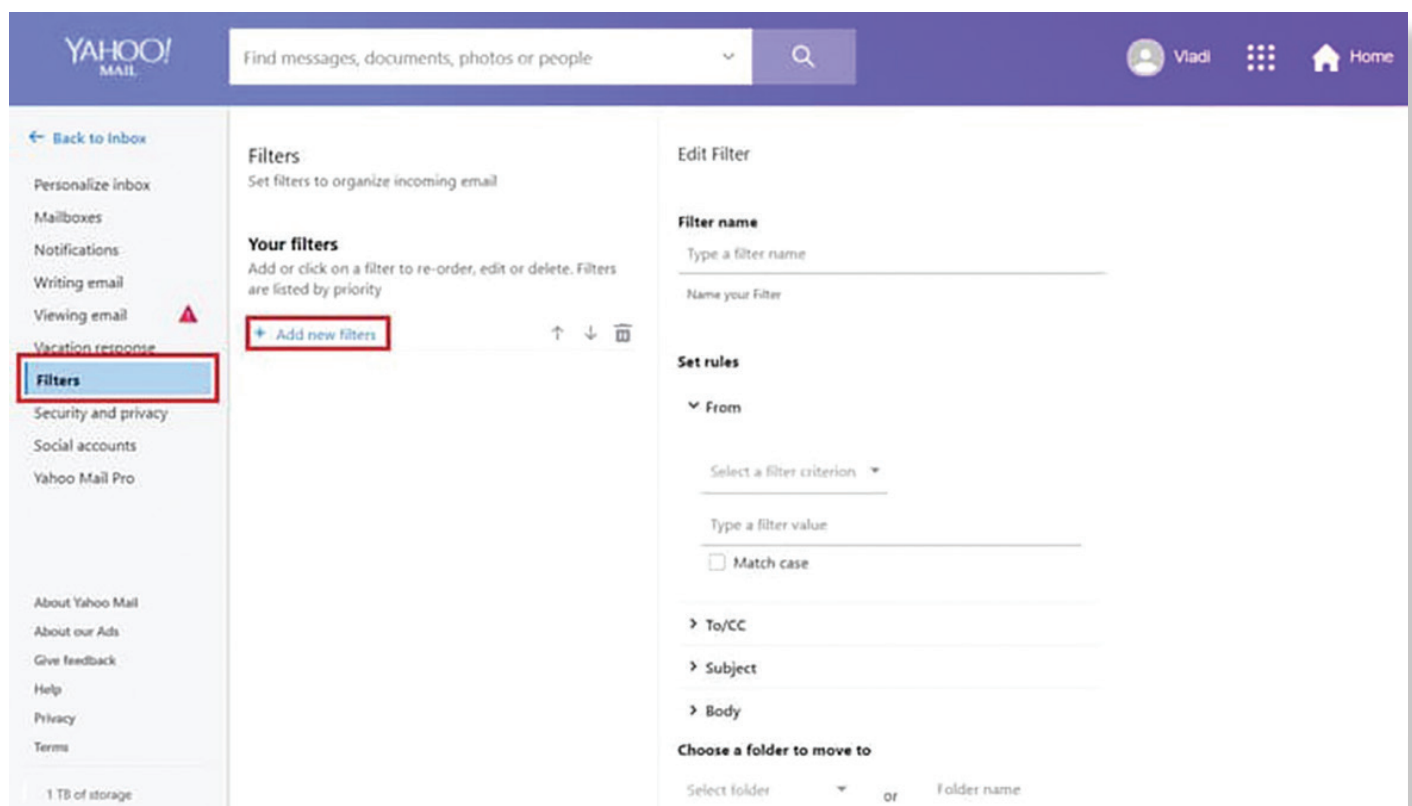
## How to Whitelist an Email Address in AOL:

1. Log in to your AOL account.
2. Open Contacts from the left navigation pane.
3. Click the New Contact icon and enter the required information ([LCMHCinfo@ncblcmhc.org](mailto:LCMHCinfo@ncblcmhc.org)).
4. Click the Add Contact button at the bottom.

# How to Whitelist an Email Address in Yahoo! Mail:

As long as you have already received at least one message from the address in question ([LCMHInfo@ncblcmhc.org](mailto:LCMHInfo@ncblcmhc.org)), all you have to do to whitelist it is highlight the message in the Bulk folder and mark it as “not spam.” Once you have identified a single message from a given sender, the Yahoo! Mail spam filters will automatically allow future messages from the same address to be received in your inbox. If the person you’re attempting to whitelist hasn’t yet sent you a message, you’ll need to go through the following steps to whitelist the email address:

1. Navigate to the “Settings” icon, then click “More Settings” from the Yahoo! Mail menu.
2. Select “Filters” and click “Add” to enter information about the domain name or sender.



3. From here, you can enter any string of text you'd like to whitelist in future emails. This can include an email address, domain name, or a word you expect to be in the body of the message.

**Some businesses “Blacklist” certain emails. You may want to considering using your personal email address in the Counselor Gateway (portal).**



# Important Reminders

## 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; 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:

### Mailing Address:

P.O. Box 77819	<b>Overnight Delivery</b>
Greensboro, NC	2-C Terrace Way, Suite C
27417	Greensboro, NC 27403

Previous Name	Current Name
The North Carolina Board of Licensed Professional Counselors (NCBLPC)	North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC)
Licensed Professional Counselor Associate (LPCA)	Licensed Clinical Mental Health Counselor Associate (LCMHCA)
Licensed Professional Counselor (LPC)	Licensed Clinical Mental Health Counselor (LCMHC)
Licensed Professional Counselor Supervisor (LPCS)	Licensed Clinical Mental Health Counselor Supervisor (LCMHCS)



# What's New?

## NCBLCMHC Selects Assistant Executive Director

We are happy to announce that Brandice Bell has accepted the position of Assistant Executive Director for NCBLCMHC. Initially hired as the Supervision Specialist for NCBLCMHC in 2017, she transitioned to the role of Volunteer Coordinator and Program Manager at the NBCC Foundation. Prior to joining NCBLCMHC, Brandice worked in the Economic Services Division of the Guilford County Department of Health and Human Services for eight years.

Brandice earned a bachelor's degree in criminal justice from Pfeiffer University and a Master of Arts in human services counseling with a concentration in crisis and trauma from Liberty University. She has over 12 years of experience in nonprofit settings.

## NC State of Emergency Lifted

Effective August 15, 2022, the authorization for professional health care licensing boards to waive requirements for out-of-state licensees will end and the authorization will not be extended. Any counselor outside of North Carolina who is currently providing counseling services to a North Carolina resident must terminate their services by August 2022.

Counselors who are providing services under the Emergency Order must notify the NCBLCMHC that services have ended, and the last date that counseling services were provided. Out-of-state counselors who wish to provide services to North Carolina residents must apply for North Carolina licensure.

Transcript  
Supervision  
Score Report  
Renew  
Registration  
Reference  
Public  
Private Practice  
PLLC  
PDS

PC  
PA  
North Carolina  
NCMHCE  
NCE  
NCBLCMHC  
Mental Health  
LCMHCS  
LCMHCA  
LCMHC  
Licensure

Licensed  
Laws and Rules  
FAQs  
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Counselor  
Corporation  
Clinical  
Board Office  
Board Chair  
Board Administrator  
Application

**WORD SEARCH KEY**

A H S L J J C A K N O V G J U F L V G T  
E I A H A K O X O D R K Z P A S Z O L L  
C P V T C D A T L I C E N S E D P D S H U  
I E J L H O P N O R T H C A R O L I N A  
F L Q A M K P R E F E R E N C E B H R B  
F H G E C J L C M H C S Y A F A X N W O  
O U P H L S I R E G I S T R A T I O N A  
D U C L W T C T A W S A N D R U L E S R  
B O A R D A D M I N I S T R A T O R D  
A N T B J T V W W R V U O W N C C  
O C D N F M I E H C L T T M O P H O H  
B E H E A E O Z S S J H J N I I J M U A  
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D K E T H I C S R E N E W H C R L B R N  
S U P E R V I S I O N G N C N C O I C U I P  
P R I V A T E P R A C T I C E I P K G