

Volume 10

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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 winter edition of the Board Insider. We also want to wish you all a wonderful and restorative holiday season.

This has been a year of changes for the NCBLCMHC. In July, I was honored to be passed the gavel as Chair of the Board by our previous chair, Dr. Kyla Kurian. Dr. Kurian is a fierce advocate for our field and she, along with members of our Board, made important changes and improvements to the licensure process in North Carolina. Additionally, this year we welcomed our new Executive Director, Melonie Davis and Assistant Executive Director Brandice Bell to the staff of the NCBLCMHC. Ms. Davis and Ms. Bell have already made significant improvements in the experiences and interactions of our licensees with the Board staff and in the overall licensure process. I look forward to continuing working with them in serving the incredible counselors in our state.

Contained in this edition of the Board Insider is a white paper outlining some changes being proposed by the Board around graduate training experiences and educational requirements and course work for licensed clinical mental health counselor associates. We hope that you find this helpful in understanding the reasoning behind the proposed changes. The Board believes that these proposed changes reflect the current needs of the profession and the public we serve, and will increase the capacity for competent clinical practice. Proposals like these are arrived at after much thought, debate, and feedback. We hope to continue the conversation on how to best position Clinical Mental Health counselors in a global system of care.

Finally, please reach out to me or Ms. Davis with any concerns or suggestions. We have committed to being an open and transparent Board and staff even when the answers are sometimes hard to give or hear. Thanks for all that you do.



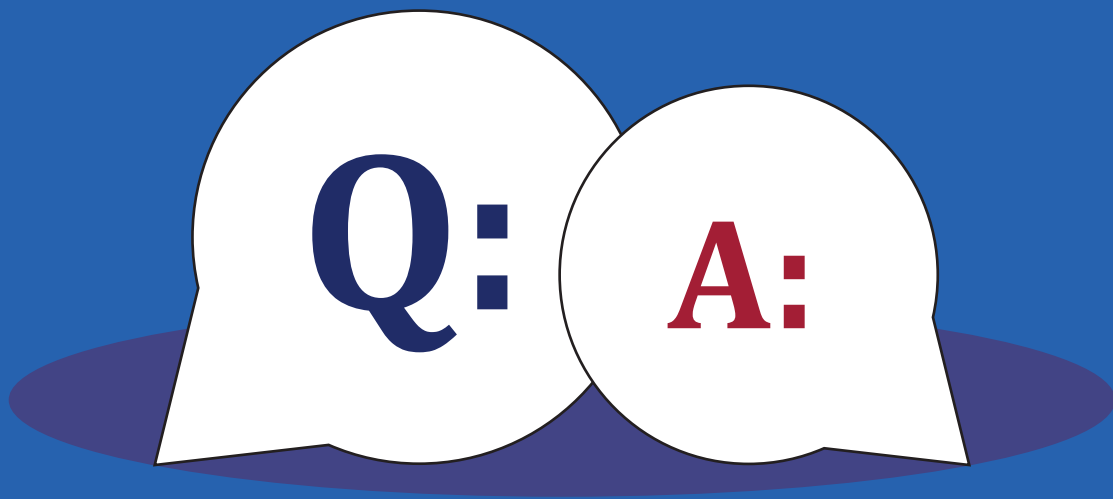
Dr. Mark Schwarze
LCMHCS, NCC, LCAS, CCS
Board Chair

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.



Supervision FAQs

Q: Do I need to submit the Supervision Contract prior to receiving supervision?

A: Yes. LCMHCAs must receive approval of the Supervision Contract before rendering counseling services. Any supervision conducted prior to the approval of the Supervision Contract will not count. Notifications of approvals (or denials) are sent to the supervisor. LCMHCAs can view their approved supervisors by logging in to their online portal. Contracts are usually reviewed within 2 weeks of receipt.

Q: When do I submit Quarterly Supervision Reports?

A: Quarters are based on the calendar quarter system and should be submitted no later than the end of the month after the quarter ends. Quarterly Supervision 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.)

Q: Who can submit Quarterly Supervision Reports?

A: They must be submitted by the supervisor. Reports submitted by the supervisee will not be accepted. (Supervision Contracts must be mailed; no emails or faxes will be accepted.)

Q: Can I have more than one supervisor?

A: Yes, but a separate supervision contract shall be filed for each supervisor and approved by the Board. A Final Supervision Report must be filed with the Board by each supervisor, even if no supervision took place. The Report must indicate that no supervision took place.

Meet the Board

Mark Schwarze
Board Chair
LCMHCS
Congressional District 5

Dr. Yasmin Gay
Vice Chair
LCMHCS
Congressional District 6

Gussie Tate
Secretary/Treasurer
Congressional District 7

Edward “Neal” Carter
Public Member
Congressional District 1

Dr. Levette Scott
LCMHC
Congressional District 2

Charles Wentz
Ethics Chair
LCMHCS
Congressional District 9

Dr. Denauvo M. Robinson
LCMHCS
Congressional District 3



Awareness Months

- **January is Staying Healthy Month.** Celebrate National Staying Healthy Month throughout January to kick off the new year with a special health-focused celebration. After the partying and festivities of the previous year, this month encourages everyone to focus on overall well-being and self-care.
- **February is Teen Dating Violence Awareness Month.** This is a national effort in the United States to raise awareness about abuse in teen and 20-something relationships and promote programs that prevent it.
- **March is Self-Harm Awareness Month.** To combat the pervasiveness of self-harm, dedicated to sharing information and resources about self-injury.

A Note to LCMHCS

When applying for or renewing LCMHCS license or the Qualified Supervisor (QS) credential, 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 (crrcertification.com); and
- National Board for Certified Counselors (nbcc.org).

Supervisor Responsibility Reminders

- **As an LCMHCS you are responsible for submitting a Quarterly Supervision Report within the month following each calendar quarter (for example, the Q1 report for January-March should be submitted by the end of April).**
- **You are also responsible for submitting a Final Supervision Report within 2 weeks of ending supervision with the associate.**
- **Supervisor (and licensee) together are jointly responsible for submitting the Supervision Contract, maintaining a supervision log, and meeting together as appropriate throughout the supervision time.**
- **Both the Quarterly and Final Supervision Reports can be submitted either by mail or through the Counselor Gateway.**
- **Note: Only LCMCHS can access reports using the Counselor Gateway. If you are a “Qualified Supervisor” you will need to submit reports by mail.**



Mark Your Calendars 2023

Jan. 26-27

Board meeting

Feb. 18

Deadline: Receipt of application material to be reviewed at April 2023 Board meeting.

March 3

Board Hearings

April 13-14

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.

NCBLCMHC Holiday Schedule 2023 (January-April)

MLK Jr.Holiday.....	Monday, Jan. 16
Presidents' Day.....	Monday, Feb. 20
Spring Holiday.....	Friday, April 7

* Please note that the NCBLCMHC Office will be closed for winter break from Dec. 22-Jan. 3.

Professional Corporations Renewal Deadline is Dec. 31

SAVE TIME BY RENEWING ONLINE!

The 2023 license renewal window opens on Jan. 1

Click Here to
Renew Now 

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

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

White Paper

Revision of Administrative Rules for North Carolina Licensed Clinical Mental Health Counselors: Protecting the Public by Growing, Developing, and Ensuring Clinical Mental Health Counselors' Competencies

1. Introduction

The North Carolina Clinical Mental Health Counselors Act (the "Act") authorizes the North Carolina Board of Licensed Clinical Mental Health Counselors (the "Board") to establish and approve the requirements and standards for licensure, including the education, necessary training, and accreditation standards of any recognized counselor accrediting agency. See N. C. Gen. Stat. §90-334 (g) (2022). To that end, the Board has the power to adopt, amend, or repeal the Board's administrative rules. See N. C. Gen. Stat. §90-334 (h) (2022).

The process of establishing the standards for licensure is a long, laborious and intense process in which the Board draws upon many sources for review. The Board carefully considers the mental health needs of the citizens of North Carolina, trends in law and ethics that affect how we protect the public, reports of professional misconduct and ethical violations, feedback from clinicians and counselor educators, and national developments in the regulation of the counseling field. Furthermore, the Board carefully examines the educational standards and policies of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) in establishing the standards for licensure, to insure the protection of the public when counseling services are rendered. Upon careful and thorough review, the Board has determined that the licensing criteria must reflect not only the demands and growth of the counseling profession, but also the mental health needs of the North Carolina public our licensees serve.

We are proud of the counseling roots from which clinical mental health counselors and other specialty areas were developed. We acknowledge and celebrate the rich history and foundation of the counseling profession that we share with other specialty area counselors (i.e. counselors in the addiction; career; college and student affairs; marriage, couples and family; rehabilitation; and school). At our core, we are counselors with a holistic and strength-based approach to clinical mental health counseling. However, Clinical Mental Health Counseling is

"evolving to meet the changing needs of persons across the globe as it has since the early parts of the 20th century. In addition to a growing need from mental health counselors, a changing professional landscape awaits those about to enter the profession. Shifting paradigms, evolving standards of care, and technological advances all are having a direct impact on the way mental health counselors practice, the services they deliver, and the clients with whom they will work. As a result, it is imperative for counselors to remain abreast of changes that may affect the work they do."

(Evolutions of Clinical Mental Health Counseling, 2020, Chapter 2, p. 43).

The Board's proposed amendments to its Administrative Rules are to reflect the current pressing needs of the profession and the public we serve, to increase competency, and further emphasize necessity and importance of competent clinical practice. The following section describes the proposed changes to the Administrative Rules. The rationale for these changes follows this section.

2. The Proposed Rule Amendments to Graduate Counseling Experience and Educational Requirements

21 NCAC 53 .0206 GRADUATE COUNSELING EXPERIENCE

The Board's amendment to this rule reflects statutory requirements regarding graduate counseling experience, clarifies the requirements for internship, practicum, and clinical mental health settings, as well as states the contents of Verification of Graduate Counseling Experience Form.

The Board is also amending the rule to require applicants to have practicum and internship courses that include graduate counseling supervision as defined by the current version of the CACREP Standards at the time of application. This amendment reflects the statutory provision of N.C. Gen. Stat. §90-336(b2)(1), which requires graduate training to be from a CACREP accredited program and which became effective on July 1, 2022.

Additionally, the Board is proposing that for applicants that apply for licensure on or after July 1, 2025, “All internship experiences shall be in a clinical mental health setting that provides substantial opportunities to assess, appraise, diagnose, and treat mental health disorders and shall consist of “direct counseling experience” as defined in the Administrative Rule .0205(a). Clinical mental health settings may include, private practices, college counseling centers, community agencies, managed behavioral health care organizations, integrated delivery systems hospitals, employee assistance programs, specialty treatment centers, vocational rehabilitation centers, marriage, couple, and family practices, addiction counseling sites, or school-based clinical mental health counseling sites.

“All internship experiences shall be in a clinical mental health setting that provides substantial opportunities to assess, appraise, diagnose, and treat mental health disorders and shall consist of “direct counseling experience” as defined in Rule .0205(a) of this Section. Clinical mental health settings may include private practices, college counseling centers, community agencies, managed behavioral health care organizations, integrated delivery systems hospitals, employee assistance programs, specialty treatment centers, vocational rehabilitation centers, marriage, couple, and family practices, addiction counseling sites, or school-based clinical mental health counseling sites.”

Verification of Graduate Counseling Experience Forms will have to identify the type of clinical mental health setting and describe the counseling experience acquired by an applicant in the areas of assessment, appraisal, diagnosis, and treatment of mental health disorders.

21 NCAC 53 .0701 LICENSED CLINICAL MENTAL HEALTH COUNSELOR ASSOCIATE

The Board is amending the rule to reflect the statutory educational requirements and course work for licensed clinical mental health counselor associates (LCMHCA). The applicants who apply on or after July 1, 2025, will have to complete the following requirements:

Graduate training as defined in G.S. 90-336(b2) and the required content areas of the current version of the CACREP, available at www.cacrep.org, at the time of the receipt of application as defined in Rule .0308(a). The graduate coursework shall include, but is not limited to, a three semester hours or five quarter hours in each of the required content areas of study as follows:

- (a) Theories of counseling and psychotherapy;
- (b) Evaluation and appraisal procedures;
- (c) Group dynamics, theories and techniques;
- (d) Counseling techniques and helping skills;
- (e) Multicultural counseling;
- (f) Introduction to clinical mental health counseling with professional issues and ethics;
- (g) Research;
- (h) Career counseling;
- (i) Psychosocial and human development across the lifespan;
- (j) Practicum and clinical mental health internship; and
- (k) Appraisal and assessment of mental health disorders with use and application of the current version of Diagnostic and Statistical Manual of Mental Disorders (DSM) to include psychopharmacology and differential diagnosis.

In addition, the Board is amending the rule to clarify that to qualify for licensure, an applicant must have earned 60 semester hours or 90 quarter hours of graduate training in counseling or related fields from a program that is accredited by CACREP. This provision will require the applicants with CACREP degrees of less than 60 semester hours or 90 quarter hours to complete the missing hours only in CACREP accredited programs. This section of the rule will become effective on the day the amendment is published.

3. Rationale for Administrative Rule Changes

The Board has gone through a rigorous process in evaluating and proposing the amendments to the above Administrative Rules.

Specifically, the Board considered the varied feedback from the public both in writing during the public comment period and during the public rules review hearing. The Board's amendments also reflect the statutory adoption of solely CACREP educational standards in North Carolina on July 1, 2022 (N.C. Gen. Stat. § 90-336(b2)) and its implementation to the current applications for licensure, CACREP policies and specialties, the American Counseling Association Code of Ethics, 2014 Edition (the "ACA Code of Ethics"), as well as N.C. Gen. Stat. §90-330(a)(3) and § 90-349.2(20), which provide the definition of the "practice of counseling."

Furthermore, the Board conducted a thorough analysis of the common trends of ethical violations as well as feedback from clinicians and counselor educators. The Board also considered the expected standards of clinical competencies to practice, for example, as a first level commitment evaluator, a licensee eligible to practice pursuant to the Interstate Professional Counseling Licensure Compact, and as a licensee eligible for the Certified Clinical Mental Health Counselor credential.

A. Varied feedback from the public in written communication to the Board and during the public rules review hearing.

To give students, faculty, programs, and licensees time to prepare for and make the necessary adjustments, the Board is proposing that some of the rule amendments for graduate counseling experience and educational requirements for LCMHCA, become effective on July 1, 2025.

B. CACREP

1. The statutory adoption of CACREP educational standards which became effective on July 1, 2022.

The Board believes that fundamental education and training increases clinical knowledge and skills. Furthermore, the Board is proposing a requirement that graduate counseling experiences be further defined to include conducting a 600-hour internship in a clinical mental health site. The CACREP policies address this concern as well as the ACA Code of Ethics support this amendment.

Specifically, several provisions in the CACREP policy have helped to shape the Board's approach to amending the rule for supervised graduate CMHC internships and coursework. In particular, the CACREP "Guiding Statement" provides:

CACREP also recognizes that graduates of one CACREP accredited program area may at some point in their career decide to seek licensure or certification in a specialization of counseling for which they have not been trained. For example, a state certified school counselor may decide to become a Licensed Professional Counselor (LPC) or conversely an LPC may decide to seek certification as a School Counselor. In these cases, the state may require the graduate to take additional coursework or complete a supervised internship in a work setting appropriate to the credential they are seeking before the new license or credential is awarded. To assist with these state mandated requirements, CACREP accredited programs often choose to offer non-degree options to students seeking to satisfy the state's requirements. (CACREP Guiding Statement, 2022)

Note: Using this guidance, it is the position of the Board that both requirements (additional coursework and supervised internship) will need to be complete before the new license is awarded.

2. CACREP policies.

Another source is CACREP Policy 5c, entitled "Dual Degree Programs." It states that if a student wishes to graduate from two counseling specialty areas concurrently, he or she must meet the degree requirements for both CACREP accredited specialties. This requirement includes completing the curricular requirements for each specialty, a minimum of a 600 clock hour internship for each specialty, and any differences in the core curriculum. The awarding of the degree(s) must occur simultaneously. (CACREP Policies Governing Recognition of Graduates, 2022)

3. Consideration of CACREP specialty area standards

In addition, CACREP specialty area standards indicate that the education and training outlined in CACREP specialty area standards for various specialties, such as addiction; marriage, couples and family; rehabilitation; and clinical mental health counseling, require the particular and necessary knowledge and skills to meet the statutory definition of the “practice of counseling” in each given specialty and therefore have a direct path to licensure. Students matriculating in a CACREP accredited program or graduates from CACREP specialty areas of career, school, and student affairs have a path to licensure as well by meeting the requirements necessary for the practice of clinical mental health counseling in North Carolina. Required courses are as follows:

1. Introduction to clinical mental health counseling with professional issues and ethics (minimum of 3 credit hours);
2. Appraisal and assessment of mental health disorders with use and application of the current version of DSM to include psychopharmacology and differential diagnosis (minimum of 3 credit hours); and
3. Clinical mental health counseling internship 600-hours (at a clinical mental health site) (minimum of 6 credit hours).

C. ACA Code of Ethics

Furthermore, several provisions of the ACA Code of Ethics have helped shape the Board’s approach to graduate CMHC internships. The specific provisions include:

C.2.a. Boundaries of Competence

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population.

C.2.b. New Specialty Areas of Practice

Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and protect others from possible harm.

D. Statutory definition of the “practice of counseling” (NC Gen. Stat. §90-330(a)(3) and N.C. Gen. Stat. § 90-349.2(20))

A close review of the definition of the “practice of counseling” under North Carolina law also provided additional guidance for the Board’s proposed amendments. Under N.C. Gen. Stat. § 90-330(a)(3), “counseling” includes services such as “assisting individuals, groups, and families through the counseling relationship by evaluating and treating mental disorders and other conditions through the use of a combination of clinical mental health and human development principles, methods, diagnostic procedures, treatment plans, and other psychotherapeutic techniques, to develop an understanding of personal problems, to define goals, and to plan action reflecting the client’s interests, abilities, aptitudes, and mental health needs as these are related to personal-social-emotional concerns, educational progress, and occupations and careers.” In addition, the “practice of counseling” includes appraisal activities, consulting, as well as referral and research activities. N.C. Gen. Stat. § 90-330(a)(3)(b-e)(2022).

Furthermore, the newly enacted “Professional Counseling Licensure Compact” defines “professional counseling” as “[t]he assessment, diagnosis, and treatment of behavioral health conditions by a licensed professional counselor.” N.C. Gen. Stat. § 90-349.2(20)(2022). The amendments specifying the additional requirements in education and training reflect the necessary competencies expected to meet these statutory definitions.

Finally, the Act prohibits the Board’s licensees from practicing “clinical mental health counseling outside the boundaries of demonstrated competence or the limitations of education, training, or supervised experience.” See N.C. Gen. Stat. § 90-340 (12) (2022).

E. Expected standards of clinical competencies to practice: first level commitment evaluator, a licensee eligible to practice according to the Counseling Compact, and a licensee eligible for Certified Clinical Mental Health Counselor.

As legislation is changing to accommodate the mental health needs of citizens of our nation and State, the Board recognizes that LCMHCs must have more in-depth education, training, supervised practice, and competency in assessing, diagnosing, treatment, treatment planning and documentation, to qualify for (a) a first level commitment evaluator, (b) a privilege to practice pursuant to the Counseling Compact and (c) a Certified Clinical Mental Health Counselor. The amended rules are in line with these opportunities, which will also give LCMHCs access to more employment options.

First level commitment evaluator/examiner.

As of October 1, 2019, LCMHCs are eligible to become certified to perform the first level commitment examinations. The law enables “a professional whose scope of practice includes diagnosing and documenting psychiatric or substance use disorders and conducting mental status examinations to determine capacity to give informed consent.” N.C. Gen. Stat. § 122C-263.1 (2022).

Licensee eligible to practice according to the Professional Counseling Licensure Compact.

The Compact, and specifically NC Gen. Stat. § 90-349.2, defines the “practice of counseling” and specifies the professional conduct in which the practitioner can engage. Specifically, Section (15) defines “Licensed professional counselor” as “[a] counselor licensed by a member state, regardless of the title used by that state, to independently assess, diagnose, and treat behavioral health conditions.” Section (20) defines “Professional counseling” as “[t]he assessment, diagnosis, and treatment of behavioral health conditions by a licensed professional counselor.”

Licensee eligible for NBCC Certified Clinical Mental Health Counselor credential.

LCMHCs who wish to earn the Certified Clinical Mental Health Counselor (CCMHC) credential by the National Board for Certified Counselors (NBCC) certification have to meet the highest standards of practice in clinical mental health counseling through completing stringent education, examination, supervision, experience, and ethical requirements. While the CCMHC is not a requirement for licensure as a LCMHCA, the Board has similar goals to have highly trained LCMHCs in the field. The adopted requirements for licensure are similar to the requirements for the CCMHC. Coursework required for a CCMHC includes a course covering clinical diagnosis and treatment and clinical counseling field experience, an internship/practicum, must total at least nine semester or 15 quarter hours of graduate-level credit.

Conclusion

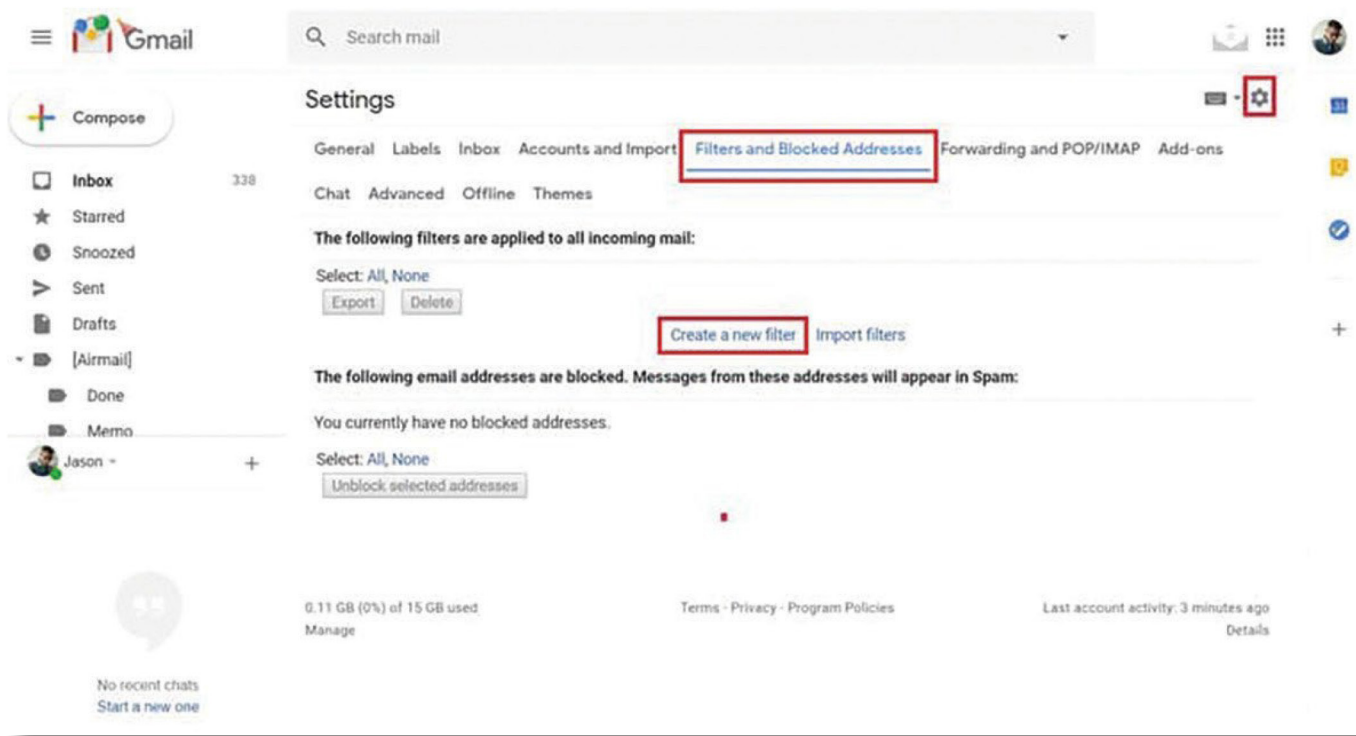
With the proposed amendments, the Board strives to meet the mental health needs in the State of North Carolina and to ensure that the Board’s licensees possess the necessary competencies and skills to provide care to North Carolinians. We believe that with these changes, the Board’s licensees will be adequately prepared to enter the field with the knowledge, clinical skills, and strength-based approaches necessary to be competent practitioners.

Don't Miss Important Messages About Your License!

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

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.

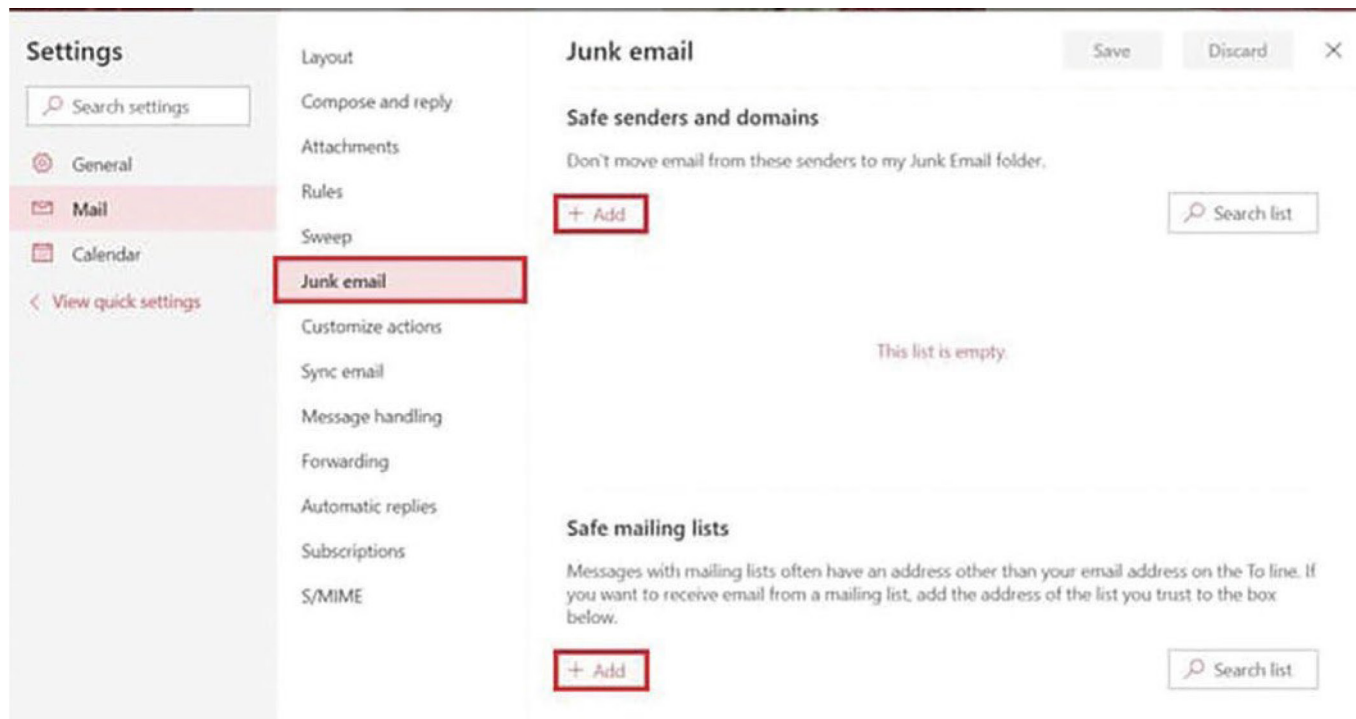


To whitelist a single email address, for example, type the entire address: LCMHCinfo@ncblcmhc.org.

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 (LCMHInfo@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.

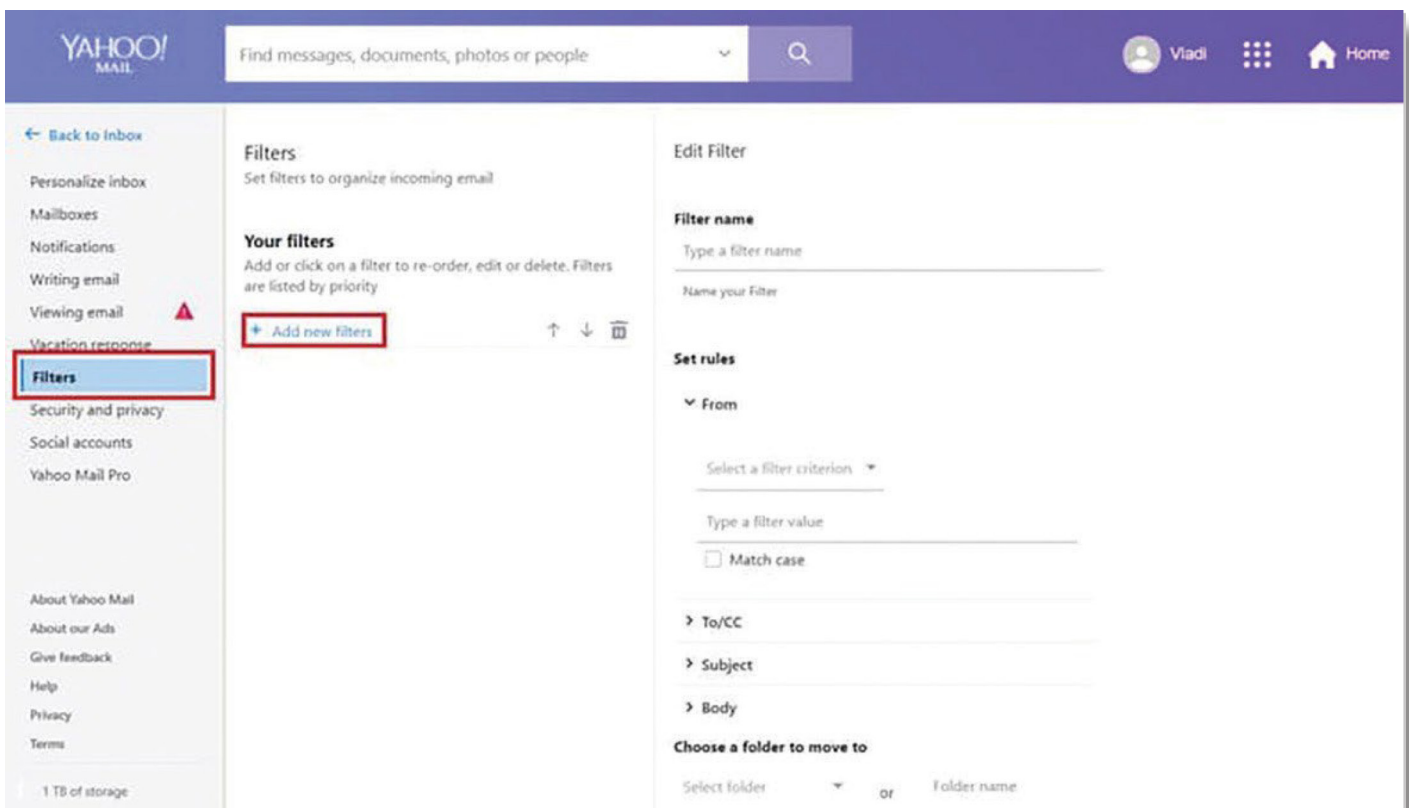
How to Whitelist an Email Address in AOL:

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 (LCMHInfo@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 (LCMHCinfo@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 consider using your personal email address in the Counselor Gateway (portal).

Important Reminders



Supervision Reports 4th quarter (Oct. 1–Dec. 31):
Supervision Reports must be submitted by Jan. 31.



Feb 18th: Application deadline for receipt of application materials to be reviewed at April 2023 Board meeting.

What's New?

NCBLCMHC to launch new website

The NCBLMHC is happy to announce our website is getting a new look in 2023. Stay tuned!



Just for Fun!

Coloring is a healthy way to relieve stress, reduce anxiety, improve focus and relax.
Decompress with this coloring page.





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ncblcmhc.org