

AMHCA Goes International!

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“Meditate often on the interconnectedness and mutual interdependence of all



things in the universe. For in a sense, all things are mutually woven together and therefore have an affinity for each other.”

—Marcus Aurelius

Like many belief systems, Stoicism, the ancient philosophy that informs cognitive behav-

ioral theory, teaches that although we are citizens of neighborhoods, municipalities, states, and nations, we are also citizens of the world and of the universe it is housed in. While the mission of the American Mental Health Counselors Association is focused on the advocacy of clinical mental health counselors (CMHCs) in the United States, we can also play a role in the broader international counseling profession.

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Sample Messages to Send to Senators Urging Medicare Inclusion

Here’s a sample message for your call or email to request Medicare coverage for CMHCs (see page 6). Replace the bracketed sections below with information about where you’re from and which senator you’re contacting:

I am a mental health counselor from [city/state]. I urge Senator [_____] to include S. 286 in the COVID-19 relief bill currently under development. This legislation authorizes licensed mental health counselors to provide mental health and addiction services to Medicare beneficiaries.

Research shows the COVID-19 pandemic is likely to create a behavioral health crisis, and there are not enough mental health professionals to meet the needs of the Medicare population. I urge Senator [_____] to increase the availability of behavioral health services by including S. 286 in the COVID-19 relief bill.

Thank you for your consideration.

If you would like to write your own message to your elected representatives, AMHCA President Eric T. Beeson, PhD, LPC, NCC, ACS, CRC, recommends that it:

- Remind them of your readiness to aid in the mental health care response to COVID-19 as a clinical mental health counselor.
- Urge the inclusion of all qualified mental health care providers, including clinical mental health counselors, in any new policy regarding the mental health care response to COVID-19 and beyond.
- Reference H.R. 945, The Mental Health Access Improvement Act.
- Explain why Medicare provider recognition matters to you and those you serve.

Here’s the letter Beeson plans to send to his senators, which is also on AMHCA’s Open Forum at bit.ly/2SEuqd9:

My name is Eric Beeson, and I am a clinical mental health counselor. As a qualified mental health care provider, I am uniquely trained and ready to assist in the mental health care response to COVID-19. I am also the 43rd president of the American Mental Health Counselors Association.

I am recognized by private insurance companies, the National Health Service Corps, the Department of Veterans Affairs, and TRICARE to provide mental health care to our citizens; however, I am prohibited from doing so if a client is a Medicare beneficiary.

Therefore, I urge you to ensure that all qualified mental health care providers, including clinical mental health counselors, can practice at the top of their license and are included in any new policy that is created. This call to action aligns well with H.R. 945, The Mental Health Access Improvement Act.

People are struggling and will continue to struggle to recover from the recent pandemic. Therefore, I encourage you to eliminate barriers that prevent our citizens from accessing a ready and willing workforce of clinical mental health counselors who are ready and able to care for the mental health care needs of our citizens.

Thank you for your consideration!

*Respectfully,
Eric T. Beeson, PhD
Licensed Clinical Mental Health Counselor
Licensed Professional Counselor
43rd President of the American Mental Health Counselors Association*

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Last summer, long before COVID-19-related travel restrictions, I visited Ireland with a group of American counselors through a training academy organized by the University of the Holy Cross in New Orleans. Our delegation included private practice therapists like myself, counseling students, and counselor educators. Most of us were not affiliated with the university; we heard about the training institute through the National Board for Certified Counselors. The two-week trip included collaboration with members of the Irish Association of Counselling and Psychotherapy (IACP) and the International Association of Counselling (IAC).

Over the two weeks, I spoke with Irish historians, visited historic sites, learned more about “the Troubles” in Northern Ireland, visited the town where some of my ancestors lived before migrating to the USA, attended a training conference with Irish counsellors, toured a community mental health program, and interviewed Irish counsellors. The experience was interesting, informative, and exciting.

I learned that throughout Europe, professional counselors aren’t licensed. Their scope of practice generally doesn’t include the diagnosis of mental disorders, a function typically reserved for psychologists or psychiatrists. Both in Europe and abroad, counselors in some countries can say that they practice “psychotherapy” aimed at treating mental disorders, and others can’t.

Due to the lack of government regulation of the profession, counseling associations understandably play an important role in establishing standards for the profession, just as they do here in the United States. I got the impression that there was openness to American associations like



The author (*middle row, far right*) was part of the delegation of American CMHCs who visited Ireland in 2019. The group of counselors included Krystian Fikert (*middle row, second from right*), the founder of MyMind, a community-based counseling program headquartered in Dublin. The group toured MyMind to learn more about counseling in Ireland.

AMHCA providing information on the evolution of our profession here in the United States, so that association leaders abroad can determine whether anything that we have done to advocate for our profession might be helpful to them.

I also learned that some international issues just make good sense for counseling associations of various nations to collaborate on. Perhaps the current pandemic is an illustration of one such issue. Additionally, because of the tremendous diversity in American culture and the corresponding need for cultural competency among CMHCs, I believe that what we can learn from our colleagues around the world is unlimited.

I became very interested in whether IAC would be open to including AMHCA in its “roundtable” of counseling associations. I also decided to become an IAC member so that I could learn more about the counseling profession abroad. In subsequent months, AMHCA took three historic steps towards building relationships with international counseling organizations:

1. AMHCA became an organizational member of the IAC (see bit.ly/2XVjw4M, enabling AMHCA to partner with IAC on specific

projects of mutual interest.

2. AMHCA’s board of directors voted to create an international membership category, permitting counselors in other countries to become non-voting members of AMHCA who enjoy benefits such as subscriptions to *The Advocate Magazine* and the *Journal of Mental Health Counseling*, access to our online forum, and all other benefits extended to associate members. AMHCA offered membership to three key international counseling leaders—now our first international members:

- Naoise Kelly*, the chief executive officer of the International Association of Counselling,
- Ray Henry*, the cathaoirleach of the Irish Association of Counselling and Psychotherapy, and
- Lisa Molloy*, the chief executive officer of the Irish Association of Counselling and Psychotherapy.

3. AMHCA and IAC leaders collaborated through a virtual meeting on opportunities for partnership, which will likely lead to the development of a joint task force.

The clinical mental health counseling profession, as well as the broader profession of counseling, was born here in the United States. Since then, it has grown in other countries. As those countries experience their own natural evolution of the counseling profession, AMHCA’s voice may be helpful to them. Conversely, as CMHCs here in the United States continue to develop their cultural competencies, AMHCA can benefit tremendously from the knowledge and experience of counseling associations across the globe.

I hope you find this opportunity as exciting as I do. More updates will follow on AMHCA’s collaboration with international counseling associations!