

# The Great Pivot: The Profession of Counseling has Changed, Has Your Pedagogy?

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## Abstract

The profession of counseling is impacted by more than mental health theories and models. COVID-19, external or adjacent industries, and technology have all left their imprint on the provision of competent and relevant counseling services. In general, most counselor educators were clinically trained prior to many of these influences. Which begs the question, if the profession has changed, should your pedagogy? This paper introduces some of the challenges and opportunities in training clinicians impacted by these forces.

## Keywords

*mental health; COVID; technology; industry*

The world of counseling is constantly evolving; this evolution has been expedited because of COVID-19. Not only has the way we do therapy- including the modalities we use- had to adapt to the times, COVID-19 has also generated more interest in the mental health arena, thus substantial external influences are impacting the mental health system in a myriad of ways. This conference presentation focused on the ways that we, in academia, are shifting our teaching to adapt to these changes. In addition to reviewing the current literature, we also spoke to faculty about how they are modifying teaching strategies to meet the needs of emerging counselors.

## Professional Impact: Mental Health Services

COVID-19 has influenced the profession of counseling and has placed additional pressure on strained mental health systems. The uncertainty of COVID-19 itself and subsequent containment strategies, had a number of adverse mental health effects (Moreno et al., 2020). These mental health implications related to the pandemic continue until today. Given the nature of the malady, counselors had to adapt mental health services, most notably adjusting care to include topics

such as infection control and modifying access to care by providing teletherapy (Moreno et al, 2020). Given that teletherapy was generally considered an innovative practice prior to COVID-19, the profession has had to adjust both application and outlook toward its use.

## External Influences: Mental Health System

Given the adverse impact of COVID-19 on mental health and increased need for care, a number of non-mental health entities have become more interested and involved in the services we provide including a focus on mental health innovation (Doraiswamy Fox, & Gordon, 2021). The involvement of industry, finance, and technology are creating change in the overarching mental health system.

For example, we are now seeing systems modeling techniques which originated in the finance world being used to forecast incidents of mental health and client needs (Doraiswamy, Fox, & Gordon, 2021). The ubiquitous smartphone with its massive capabilities, put the tech industry in the mental health arena using digital models to identify and monitor all manner of health and mental health concerns. Apps can track our sleep, our heart rate, and our mood. We see bil-

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lions invested in the mental health space by venture capitalists, who have no real interest in client care but do have an interest in funding initiatives that will be profitable. Finally, the pharmaceutical industry is more invested than ever. Clients are telling their prescribers what they want prescribed and are serving as their own treatment manager (Betts, Korenda, & Guiliana, 2020). The reintroduction of psychedelics and other alternatives to traditional pharmaceuticals creates both opportunities and challenges to our profession that practitioners, faculty, and students need to wrestle with.

### What Did Faculty Say?

As part of a series of discussions in what are known as Faculty Learning Communities, we posed the question to faculty: now that the profession has changed, how has your pedagogy changed? Three themes emerged as the result of these conversations.

#### *Non-Traditional Conversations*

Counselor educators find that bringing the outside in is one of the best ways to introduce the concepts previously discussed. Most courses contain information related to the profession and to the theories that support it. Non-traditional conversations invite students to shake up that narrative. For example, the influence of Big Pharma is prevalent within mental health. Counselor educators find that allowing students to debate the place of Big Pharma in American mental health versus its influence, and the associated costs, presents ethical and philosophical challenges to their thinking (Briggs, 2015).

A second form of conversation is related to professional development. Many of us were trained to practice in community mental health agencies or schools then perhaps secure a license for independent practice and hang our own shingle. What other career opportunities exist besides agency and private practice? Bringing mental health and counseling into alternative spaces has created tremendous opportunities for alumni of our programs (Phillips, 2020). Having those alumni return to the classroom and share their trajectory can be enlightening for students.

Finally, for students who do pursue the private practice, they report back to faculty that they find themselves ill prepared to manage a small business (Myers, 2019). How can we, as counselor educators, build business skills into our courses and curriculum?

#### *Current Clinical Experience*

Another area of interest that will allow us to pivot our teaching to match practice is to look at the current clinical experience of counselors and bring that into the classroom.

One way to do that is to take a closer look at telehealth. It used to be that telehealth was only practiced

by some licensed professionals with experience. What we now know, largely as the result of COVID-19, is that telehealth can be helpful in building community and reducing access disparities (Becker, 2020). Many of our current courses can leverage the use of telehealth in the classroom, such as teaching students how to effectively use telehealth services in assessment. In addition, having students use some of the technologies before a clinical placement can establish an opportunity for success in those placements.

Another opportunity is to think outside of the therapy room. Counselor educators can fold in speakers who do different aspects of work that are related to our profession. For example, bringing in speakers from the insurance industry or community health and welfare agencies can help provide students with necessary context in preparation for when they go out practicing in the community.

#### *New Technologies*

As previously mentioned, technology has expanded its place in counseling. Formerly relegated to the use of electronic health records and digital recording of sessions, emerging counselors have a plethora of options within the tech field to enhance practice.

Counselor educators can teach students how to use practical therapeutic tools in person and virtually. Most assessments can be deployed in person or online. Other therapy tools such as sandtray work can also leave the in person arena and be done virtually (<https://www.virtualsandtray.org/>).

Helping student access emerging technologies may prove useful to their practice. Counselor educators can introduce them to sites such as the Silicon Valley Digital Apothecary (<https://i4health.paloalto.edu/digitalapothecary.html>) or the collection of mental health apps found on One Mind PsyberGuide (<https://onemindpsyberguide.org/>). We can let them practice these tools in and out of class time just as they would practice using techniques such as the empty chair or a role play. These new technologies allow students the opportunity to think about expanded ways of assessing and working with clients.

### Conclusion

Overall, we find that counselor educators are excited to bring the influences on modern day practice into their classroom. As educators and clinicians ourselves, we want to shape students to be the best possible clinician in the current era and beyond. By allowing them to think critically about the varying modalities as well as external influences on the profession, we are able to support the growth of competent, ethical, well rounded clinicians.

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