



# Clinical and Counseling Psychology at Lehigh Valley

## Welcome!

**Program Director's Statement:**  
**Professor Mark E. Kenney, M. Ed., NCC, LPC**



### Newsletter Theme: Professional Organizations and Advocacy

Throughout this semester's newsletter, you will notice in our articles a focus on the importance of belonging to professional organizations and being an advocate for our clients as a student and professional. With Counselor Awareness Month coming up in April, I wanted to highlight the salience of social justice and advocacy work in the counseling profession as shown in our 2014 ACA

Code of Ethics as well as the Multicultural and Social Justice Counseling Competencies and the ACA Advocacy Competencies. All of these documents provide us with the information to take action with and on behalf of our clients beyond our offices. Even before you start your field placement semesters so that you can acquire your liability insurance, please consider becoming a student member to a counseling professional organization so that you can start taking action now! Here are some professional organizations for you to consider:

- |                  |   |
|------------------|---|
| <b>National:</b> | American Counseling Association (ACA)<br><a href="https://www.counseling.org/">https://www.counseling.org/</a>  |
| <b>State:</b>    | Pennsylvania Counseling Association (PCA)<br><a href="http://www.pacounseling.org/aws/PACA/pt/sp/home_page">http://www.pacounseling.org/aws/PACA/pt/sp/home_page</a>  |
| <b>Regional:</b> | Lehigh Valley Psychological & Counseling Association<br><a href="https://lehighvalleypsych.org/">https://lehighvalleypsych.org/</a>   |
|                  | Greater Philadelphia Area Counseling Association<br><a href="http://www.pacounseling.org/aws/PACA/page_template/show_detail/194011?layout_name=layout_details&amp;model_name=news_article">http://www.pacounseling.org/aws/PACA/page_template/show_detail/194011?layout_name=layout_details&amp;model_name=news_article</a> |

## AT LEHIGH VALLEY

### Upcoming Events

**April 21, 2022, 6:30-7:30 PM**  
**Virtual Information Session**

### TO REGISTER:

[Virtual Graduate -Desales Admissions Information Session \(Clinical and Counseling Psychology & School Counseling\) \(chc.edu\)](#)

E-mail: [gradadmissions@chc.edu](mailto:gradadmissions@chc.edu)

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### Office Location

DeSales University  
Dooling Hall, Room 219  
2755 Station Avenue  
Center Valley, PA 18034

### Office Hours:

Mon. 9 am - 4 pm  
Thurs. 12 pm - 7 pm

--Virtually--

Tues., Wed., Fri. 9 am - 4 pm

*Appointments upon request.*

## **Student Spotlight: Paul Thomas Insley, B. S.**

*Paul Insley is in the Diverse and Underserved Communities Concentration. He is completing his Internship at Ethos Clinic, a progressive private practice that emphasizes healing through a holistic and balanced approach to wellness. At Ethos, Paul currently works with clients in every decade of life from birth to 90 years old. Paul is a long-time volunteer with Special Olympics International, having held various leadership and board positions in Special Olympics Pennsylvania. He is also involved in advocacy work with the LGBTQ+ community and volunteering in The Trevor Project. Paul works full-time as a bartender. Self-care for Paul includes being an avid runner and baker, as well as spending time with his 1-year-old godson, who keeps Paul grounded in childlike wonder. Paul hopes to be a part of creating systems that advocate for and advance access to mental health services for underserved communities. He believes that everyone has a story to share and strives to cultivate spaces that center historically peripheral voices.*



### **Tell us about your ongoing internship experience: was it what you expected it to be?**

At my internship, Ethos Clinic has afforded me invaluable opportunities to work as part of a multidisciplinary team of psychiatrists, physician assistants, nurse practitioners, counselors, art therapists, nurses, and office personnel. That was a guiding motivation when I applied to Ethos, but I am frequently surprised by and grateful for the level of cooperation and coordination among the team. As a student intern, I feel that my voice is heard and valued, developing fluency within healthcare systems and working in coordination with other helping professionals.

### **With a concentration in Diverse and Underserved Communities, how have the MCCP courses prepared you for internship?**

The MCCP courses have set me up for success in managing a caseload that encompasses the entirety of the lifespan. Some elements have proven foundational to all aspects of fieldwork. My ethics course, for example, was critical to framing the integration of personal and professional ethics grounded in aspirational ideals. Psychological Assessment and Career Counseling have provided me with concrete tools and resources for use with clients. Each course has afforded me insights and reflections from professors and peers that have encouraged the development of adaptability, confidence, and insight into being a helping professional. I have worked with my internship site supervisor to integrate concurrent courses in developing goals for each semester. The courses prepare you for an internship, and they are an intrinsic part of ongoing competency and skill development across the fieldwork experience.

### **What do you hope to achieve? What critical lesson have you learned while in the field?**

I believe that everyone has a story to share and that people have a fundamental right to be

## **Student Spotlight: Paul Thomas Insley, B. S. (continued)**

supported in learning how to access and share that story. I don't think it's hyperbolic or idealistic to say that we have something of honor in bearing witness to individuals', couples', and families' stories as members of the helping profession. Holding space for our clients is a humbling experience. One of the critical lessons that I continue to learn through my fieldwork experience is the challenge of being present in each moment and holding a posture that eliminates presumption or expectation. Approaching each client with genuine curiosity is part of ongoing case conceptualization and refinement, as well as a demonstration of respect and deferment to the client's agency and expertise in their own life. It is also an important boundary in recognizing that supporting the client and elevating their autonomy means grounding oneself in deep and empathic regard for the client.

### **How does the internship work change how you view the helping profession and the contribution you will bring to it after graduating from the program?**

An internship is a theory that becomes practice. I value classroom learning and discussion and the opportunity to question, explore, and expand knowledge. However, training—and ultimately working as a member of the helping profession—is about applying that to the real world and real people. Understanding the social determinants of peoples' mental well-being, the issues that hold precedence in their lives, and the uniqueness of each interaction has been a part of how the internship has changed my perspective on this work. I have been challenged to see how every interaction must be grounded in meeting people where they are. "Mental health" is not a one-size-fits-all paradigm. While we can talk about attributes and aspects of mental health that have broad applicability, working with each individual to learn what that looks like in their context, in their life – the challenges and the joys.

### **What advice would you give to someone based on the track and the choice of internship location regarding private practice versus community-based agencies?**

I think it is important to recognize that the specificity defined by a concentration track may be encountered in the breadth of any internship experience. That is to say, the unique interests, perspectives, and passions that fostered your interest in a specific concentration carry through into your fieldwork. Finding a site that encouraged my development and aligned with the types of support that I felt I would need to succeed in my internship and feel confident after graduation was a priority for me. Finding a strong fit with a supervisor was something of a guiding principle while looking for someone whom I could respect and aspire to as a mentor.

### **How did the MCCP program change you as a person and an aspiring therapist?**

The MCCP program has been transformative, encouraging me in the development and integration of professionals with personal ideals and ethical values. It has challenged me to grow the boundaries of my worldview actively. It has also asked me to look critically at myself and recognize the things that will help me as an aspiring therapist, and to highlight and face the things that will

**Student Spotlight: Paul Thomas Insley, B. S. (continued)**

make it challenging. Looking inward in new ways has encouraged growth and development beyond the classroom knowledge.

**The MCCP encourages us to pursue advocacy. What causes are you willing to fight for?**

I have worked extensively with the LGBTQ+ community and individuals with intellectual disabilities. Advocating for equitable access to and quality of care for members of the LGBTQ+ community, especially LGBTQ+ young people, is of the utmost importance. I volunteer as a crisis counselor with The Trevor Project, a nationwide crisis intervention and suicide prevention service for LGBTQ young people. The social justice imperative of our work is not lost on me. I think it is essential that we recognize how the professional voices we are developing and that will be legitimized by our degrees are meant to be used in advocating for others. I hope that passion and aspiration can be a part of supporting longevity and finding ongoing meaning in this work.

**The U.S.A. is at an impasse where systemic racism is on the radar of our consciousness and has dominated a lot of conversations. How will this impact your counseling relationships? What have you learned over the past year that will give you a new approach on cultural competencies?**

“Cultural competency” is one of a handful of buzzwords that have come to dominate the field, and with good reason. Competency in any domain is aspirational, especially true of cultural competency. We use tools like Pamela Hay’s ADDRESSING model to conceptualize culture and give our inquiries direction. One of the most important lessons I have learned in my adult life, highlighted in new ways through my internship experience, has been to operate from an open, empathetic, and unassuming heart. I believe that we can only be experts in our own lives, and it is a privilege to learn about someone else’s. In doing so, I work to ground myself in engaging the individual. I think a trap of the aspirational nature of cultural competency can be magnifying a specific cultural identifier that the individual does not themselves emphasize. For example, I may read an intake interview and note the ethnicity or sexual orientation of the client as areas of special relevance to what brings them to therapy. When I meet with the individual, these may be of little interest to the client. I think it is essential to see the individual for the individual and to continuously operate from a place of genuine curiosity while being cognizant of one’s own biases.

**Practicum/Internship:**

If you are preparing for your practicum/internship and want to learn more, please visit TEAMS at the provided link to get all the information you need:  
<https://chcedu.sharepoint.com/:v:/s/PSYGDeSalesCampusInformationSite/ERhTGsz3ujhBjfRmKjMkecwBatR1mQ2GreyebDHcR4Zg0A>

## **Instructor Spotlight: Joanne Krug, D. A.**

*The CHC DeSales campus is rich with experienced and advocacy-driven instructors with a passion for the community in which they live. We are fortunate to have Dr. Joanne Krug, who has cemented herself in the Lehigh Valley community within various disciplines of psychology, and a professorship at six local colleges. Talking with Dr. Krug is a history lesson in trauma and grief for first responders and their dedication to disasters like hurricane Katrina, 911, etc. Her shared experiences cover her professional and academic journeys, showing how both traveled in parallel and sometimes intersected the professor's passions as a helping professional. The courses taught include Behavior Disorder; Personality Theories; Advanced Applied (internships plus seminar); Social Psychology; Psychology of Women; Assessments; Life-Span Developmental Psychology; Death and Dying; Psychology of Aging; Responding to Trauma; Working Effectively in Trauma-Intensive Communities; Complex PTSD; and are evidence of her range of knowledge and experiences. Dr. Krug reflects on her dreams from her days as a psychology student at Pennsylvania State University to an adjunct professor at CHC from 2000 to the present.*



### **Professor Krug, can you tell us what made you decide to pursue psychology and what track you followed at the master's and doctorate levels?**

I started undergraduate education at Penn State in the pre-veterinarian curriculum, following my life-long love of animals and working for vets in Georgia and Reading during high school. A summer's work as an occupational therapy aide at Wernersville State Hospital led me to become a psychology major while also pursuing a biology major. I was headed to the University of California, Berkeley, with a US Public Health Fellowship for graduate school, but my husband had no job in California, so we came to the Lehigh Valley in 1959, and I found a psychology graduate program at Lehigh University. My Master's program was a mixture of clinical (with Ted Millon and intern work at Allentown State Hospital) and experimental/research, but my heart was always with clinical outcomes. I then worked as Director of Haven House and got a Teaching Fellowship at Moravian College that sparked interest in college teaching. I knew I didn't want a pure research doctorate. Fortunately for me, Lehigh University opened a Doctor of Arts that focused on higher education teaching with a broad curriculum specialty – seemed like a good fit at the time, and I became their first graduate with a D.A. By then, I had four daughters who came to my graduation. That breadth of the knowledge base in psychology has been an asset that I treasure and use daily in my clinical work, consulting, and teaching.

### **What can you tell us about your academic experience as a student at the master's level, and what made you want to pursue your doctorate?**

At the Master's level my heart was always in a clinical psychology direction. The terminal degree for psychologists is a doctorate; college teaching required a terminal degree, and I have always been eager to learn more. The D.A. became available close by.

### **You have done a wide range of therapeutic help with individuals, couples, families, and**

## **Instructor Spotlight: Joanne Krug, D. A. (continued)**

**group therapy in your work experience. Can you tell us if these were all primarily in your private practice? Would you still pursue a private practice versus a community-based agency so early in your career?**

I was self-aware enough to know that a single focused career/life was not a good fit for me, so I always chose variety and diversity – in theoretical base, skills, clients, assignments, consults, jobs, volunteer work, and personal life. I have also been drawn to the excitement and challenge of a large proportion of the unknown in my work and life and have a relatively high risk tolerance. Like many women, my choices were often opportunistic, i.e., what is available in the place and time in which I find myself for other reasons? Private practice, consulting and presenting workshops allowed me to pursue various changing interests, and teaching kept me grounded in the basics.

**Your consulting work involves social service agencies, educational institutions, hospitals, businesses, cancer care, and morbid obese programs. Can you tell which of these changed you as a person and how you approach life?**

The variety ticked several boxes for me: challenges to stretch my knowledge; to do creative problem-solving; to keep associated with the medical field (I also became a volunteer EMT for my township for 20+ years); networking with diverse groups and individuals; opportunities to do something different – often; and giving back to the community, individuals and causes dear to my heart.

**You've been the Clinical Coordinator for the Eastern PA Regional Critical Incident Stress Management (CISM) Team since 1988. Can you tell us how the level of work has evolved and how diversity and inclusion may or may not impact the choice of communities needing help?**

A small group (trauma surgeon, paramedics, police officer, community agency, firefighter, the Eastern PA EMS Council staff person, hospital chaplain, and me (representing mental health professional and EMT combination)), got together, recognizing the need for some interventions to help first responders deal with the incidents they encounter on the job. We got ourselves trained by Jeff Mitchell, who developed the CISM system to help first responders deal with experienced stress that would allow them to stay on the job. Becoming coordinator just happened, but I am proud to say that under my leadership of an extraordinary group of trained first responders, the team flourished and pioneered in an evolving system. For example, we were the first CISM team nationally and internationally to use therapy dogs in our work; and one of the first to use peers (trained first responders from any service) as team leaders doing interventions (Jeff Mitchell insisted at the time that only mental health professionals should lead interventions).

Upon formation, the team's mission was service to First Responders, but early on, there were no crisis teams in schools, businesses, or many communities. And when you have a system that works to relieve suffering, saying "No, we don't do that for your group" is not an option, so we fulfilled all those other needs until agencies were formed to handle those groups, e.g., flight teams in schools, EAP crisis teams for business and industry, county crisis teams, a Red Cross crisis team to address civilians, Crime Victims Council NOVA team to handle crime victims. All team members, including the coordinator, are volunteers and the services we provide 24/7 are free of charge. I started looking for someone to assume leadership of the team in my mid-70s, which was finally

## **Instructor Spotlight: Joanne Krug, D. A. (continued)**

accomplished three years ago when I was 81. I am still active on the team, serve on its leadership committee and provide training for our regional team and other teams in PA and NJ as an approved instructor for several ICISF (International Critical Incident Stress Foundation) courses. All the work I have done and do for the local regional team (serving six counties: Carbon, Berks, Schuylkill, Monroe, Lehigh, Northampton) is pro bono, but I do charge for training other teams and consulting with starting up new teams.

### **What motivated you to remain rooted in the Lehigh Valley?**

I landed here by accident in 1959 but found a professional community and a personal community that has grown from sparse beginnings. Being proactive is essential to building connections and bonds, and I took advantage of what was available and took off from there. Professional opportunities in teaching and clinical practice were plentiful (then); being a single parent of 4 daughters required some networking and fancy footsteps. I moved to the country in 1964, which satisfied my family's needs to have more space, more animals, and some dirt to dig in (my roots tend to wither in concrete). So, once some balance in life became one of my goals, the Lehigh Valley seemed like a good place to let that unfold.

### **Tell us about The Lehigh Valley Psychological and Counseling Association (LVPCA), its history, your role, its contribution to the Lehigh Valley Community, and its future.**

I have not held any leadership roles in the LVPCA organization for years but am still an active member. It began in the early 1960s as a group of academicians and clinicians meeting informally but regularly to discuss Psychology, e.g. who was doing research and what were they working on, what was happening in private practice and clinical work. We all learned from each other, and it was stimulating and fun. I was part of that group as a graduate student and beginning professional and faculty wife at the time. We became more formal, naming the group (LVPCA), writing by-laws, electing officers, providing formal presentations, and inviting outside guest speakers. It was a diverse group of academicians, school psychologists, clinical practice psychologists – privately or for agencies and hospitals (Allentown State Hospital was booming with 1800 patients and a children's unit). Meetings and programming didn't focus on specific areas of interest, so the school folks formed a separate special interest group for School Psychologists, and some years later, there was a splinter of clinicians (APEPP) as well. Some maintained membership in LVPCA and their specialty group. Somewhere along the line, I was president of the group, newsletter editor, and chair of the ethics committee, not all simultaneously! The inclusion of non-psychologists was implemented – social workers, marriage and family therapists, then LPCs.

### **Do you have any parting wisdom for our students?**

Cultivate curiosity and seek learning in lots of areas and topics – it will take you to some exciting places. Continue to accumulate professional competencies as one size does not fit all, nor is one tool sufficient for even the most basic task. Keep in contact with yourself and improve self-awareness, so most of your decisions can be good choices. Seek community – in professional and personal life – there is joy in good connections. Hold some balance in work, family, play, self, others, and give back -- regardless of harsh beginnings and life troubles. You have so much you have been given/earned, share it while maintaining a solid sense of humor and the ability to be playful and have fun!

## **Alumni Spotlight: Luke Smith, M.S., LPC, Alumnus, 2013**

*After graduating from CHC, Luke Smith worked at Concern as an outpatient therapist for six months after completing his internship. He then worked at Valley Youth House, a Family Based Mental Health Program, providing counseling and case management for at-risk youth from 2013 to 2019. He worked at Colonial Intermediate Unit 20 from 2019 to 2021 in a middle school partial hospitalization program. He has worked part-time in private practice since 2019 and is currently working at the US Department of Veterans Affairs in the outpatient clinic in Allentown, PA.*



### **What made you choose the MCCP program, and how did the curriculum prepare you to be a licensed therapist?**

I heard about the program from a cousin who told me that Chestnut Hill had a master's program with the option to take classes at DeSales campus. I lived in the Lehigh Valley at the time, so that was appealing. The program provided all the necessary criteria to obtain my license as a professional counselor after I graduated, which is what I ultimately wanted.

### **Working at the US Department of Veterans Affairs mean that you are working with PTSD, grief, and most likely, bereavement. How do you facilitate all three aspects when working with a patient with compounded trauma through compassionate detachment?**

Working at the VA has been a rewarding, challenging, and unique experience. I have worked with veterans as young as 21 to veterans up to 85 years old. With that comes every possible situation or mental health issue you can think of. There are a lot of complex cases with veterans who have been through multiple traumatic experiences throughout their life. While it is intense, I find it to be gratifying. Often, they come to counseling feeling like something is wrong with them; they are broken, can't handle situations, and it leads to shame, guilt, anger, depression, and other mental health issues. Providing education and letting them know their traumatic experiences have shaped them and their expected responses within the context of trauma have been a great experience as a therapist. It helps normalize what they have been through, providing a beginning path to healing.

### **Have you ever referred a patient due to your competency level, countertransference, or limitations?**

Yes, I have on several occasions. I have been a jack of all trades when it comes to therapy. I still need to stay within my scope and level of competence and expertise. I find that providing people informed consent and making it clear what I can provide for them and helping to identify what they need helps in deciding if they need to be referred elsewhere.

***Advancing the Profession: Promoting Assessment and Effective Counseling Practices***

**DoubleTree by Hilton, Pittsburgh-Cranberry  
October 14-16, 2022**

Information: [PACA | Annual Conference \(pacounseling.org\)](https://pacounseling.org)



**Alumni Spotlight: Luke Smith, M. S., LPC, Alumnus, 2013 (continued)**

**How do you cope with vicarious traumatization; what do you do outside of work that helps you maintain a healthy, well-balanced life?**

Being self-aware is very important – some things tend to impact me more than others, so I try to be mindful of that and explore the reasons and then take action by talking to colleagues, engage in my personal therapy, etc. Self-care for me has been an ongoing process of trying to identify what re-charges my batteries. Changes in my personal and home life contribute to this as well. Lately, I have been trying to reach out to friends more, be intentional about reaching out to colleagues for support, getting outside, exercising, and things of that nature.

**What advice would you offer our students as they navigate the program?**

Embrace the season that you are in a while being in school. I enjoyed my time in graduate school and learned a lot about myself, which ultimately made me a better counselor. I loved the relationships I built with other students and leaned into the experience. Connect with others. Ask questions. The more you invest in it, the more you will get out of it.

**What would you consider the leading causes of mental health issues today? Does the COVID-19 pandemic validate your views?**

I would say the causes are the same as what they have been – genetic and biological factors, trauma, abuse, substance abuse issues, isolation, generational family patterns, and habits. COVID-19 has essentially exacerbated a lot of these issues. In today's society, with constant access to information and social media, I think we have seen an increase in mental issues – people are not meant to absorb all this information and be saturated by it.

**Do you have any parting words or last thoughts that you would like to share?**

The learning never stops – most of the knowledge and skills that I have now have come from being in the trenches in the field. You will make mistakes; it will feel stressful and overwhelming at times but don't let that discourage you. Use those experiences to grow yourself as a person and a therapist. Just as our clients don't fit in a box where one treatment will solve all their issues, I believe we as therapists are similar in that we are each wired uniquely, and I encourage each person to seek out work that connects with who they are as a person and how they see the world.

**Hope Walks Here: Help Us Stop Suicide**

*No fundraising required to participate.*

**Lehigh Valley Colleges & Sigma Nursing  
Out of the Darkness Walk**

**April 2, 2022, 9 AM**

**For information, please contact: Karen Peterson**

**Phone: 267-664-0231**

**Email: [kapcharlkp@gmail.com](mailto:kapcharlkp@gmail.com)**

**2700 Parkway Blvd., Cedar Creek Park, Allentown, PA  
[Register at afsp.org/LehighValleyColleges](https://www.afsp.org/LehighValleyColleges)**



American Counseling Association

April 7 – 9, 2022 | Atlanta, Georgia

**ACA CONFERENCE & EXPO 2022**

[REGISTER HERE](#)



## Graduate Assistant Highlights – Odelee Wint, B. S.



The Spring 2022 newsletter theme is advocacy work and belonging to a professional organization. You've heard from the individuals spotlighted that by being a part of a community outside of yourself, sharing your knowledge and talent by starting with the neighborhood you reside in, your work and impact will ripple out to the world. As Paul Insley emphasizes, use your voice in advocating for others now. Luke Smith, our alumni contributor, alluded to seeking out opportunities that connect us—by seeking out advocacy work that connects who we are and how we want to see the world. These connections can open us up to new experiences and acceptances towards inclusivity. They may change our perspectives to help us be better therapists and contributors because we become a part of our society's fabric. Make yourself impactful every day. Dr. Joanne Krug, our featured instructor spotlight, first introduced us to

the Lehigh Valley Psychological and Counseling Association (LVPCA) of which she has been a member since its inception. Professor Kenney and I had the privilege to attend one of the LVPCA meetings and we were impressed with the footprints made in the Lehigh Valley. We are encouraging the MCCP program students to explore volunteer and membership opportunities with the LVPCA. Dr. Krug shared this organization's need for student body membership:

"Since its inception, there has always been a student membership of LVPCA that I think is an important resource for those just beginning in the broader field of helping professionals. I hope some folks will step up and bring life back into what has been and can be a vital part of mental health services in the Lehigh Valley."

To learn more about this organization, see the website link: <http://www.lehighvalleypsych.org>

### ***Congratulating our alumni in Private Practice/New Positions!***

**Krista McDemus, MS, LPC**

Growthwork Counseling LLC (New Private Practice)

**Jasmine Berger, MS, LPC**

The Listening Space LLC (New Private Practice)

**Shelly Steiner, MS, CAADC, ICAADC, LPC**

Psychotherapist, Sara Taff Counseling LLC (New Employment)

**Kara A. Diefenderfer, MS, LPC, CAADC**

Founder of KAD Counseling, LLC/Clinical Director

**Katherine Zaccaro, MS, CADC, CCTP**

Clinical Director, Brookdale Premier Addiction Recovery